

Unannounced Inspection Report: Independent Healthcare

Castle Craig Hospital | Castle Craig Hospital Ltd | West Linton

1–2 September 2015

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Contents

1	A summary of our inspection	4
<hr/>		
2	Progress since our last inspection	7
<hr/>		
3	What we found during this inspection	8
<hr/>		
	Appendix 1 – Requirements and recommendations	22
	Appendix 2 – Grading history	24
	Appendix 3 – Who we are and what we do	25
	Appendix 4 – How our inspection process works	27
	Appendix 5 – Inspection process flow chart	29
	Appendix 6 – Details of inspection	30
	Appendix 7 – Terms we use in this report	31
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1 A summary of our inspection

About the service we inspected

Castle Craig Hospital is a private psychiatric hospital situated in a rural location near Peebles and Biggar. The hospital has 122 inpatient beds and provides care and treatment to adults with alcohol and drug misuse and addiction problems. Its team of doctors, registered nurses and therapists deliver treatment under the supervision of a consultant psychiatrist.

Patient bedrooms are a mix of single rooms and multi-occupancy rooms. Some have ensuite facilities, whilst others have communal bathrooms and toilets. Care and treatment are provided in two separate units. Each unit has its own communal sitting rooms, dining areas, group therapy rooms and meeting rooms.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Castle Craig Hospital on Tuesday 1 and Wednesday 2 September 2015.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

- Quality Theme 0 – Quality of information: 6 - Excellent**
- Quality Theme 1 – Quality of care and support: 5 - Very good**
- Quality Theme 2 – Quality of environment: 5 - Very good**
- Quality Theme 3 – Quality of staffing: 5 - Very good**
- Quality Theme 4 – Quality of management and leadership: 5 - Very good**

The grading history for Castle Craig Hospital can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- any notifications of significant events
- the previous inspection report of 3 and 4 December 2013, and
- complaints activity.

During the inspection, we gathered information from a variety of sources. This included:

- accident and incident reports
- audits and surveys
- cleaning schedules
- complaints information
- evidence folders
- information leaflets
- medication records
- minutes of clinical governance committee and senior staff meetings
- patient care records for people who use the service
- policies and procedures
- satisfaction questionnaires
- staff personnel files
- staff training records, and
- training plans and reviews.

We spoke with a number of people during the inspection, including:

- the registered manager/chief executive officer
- a human resources manager/governance administrator
- a senior staff nurse
- a charge nurse
- the pharmacist
- four therapists
- a healthcare assistant
- the international admissions secretary
- the personal assistant to the chief executive officer
- a staff nurse
- seven people who use the service
- the client services manager, and
- a housekeeper.

We inspected the following areas:

- communal lounges
- dining areas
- extended care unit
- hyperbaric chamber
- intensive treatment unit, and
- therapy areas.

What the service did well

- Castle Craig Hospital provided staff with a robust training and development programme.
- Castle Craig Hospital encourages service users and staff to provide feedback about all aspects of the service.
- Castle Craig Hospital provided an excellent environment for the provision of safe and effective care.

What the service could do better

- Castle Craig Hospital should review and improve the policy and procedure for medicines reconciliation.
- Castle Craig Hospital should ensure appropriate notifications are made to Healthcare Improvement Scotland.

This inspection resulted in one requirement and four recommendations (see Appendix 1 for a full list). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

Castle Craig Hospital Ltd, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Castle Craig Hospital for their assistance during the inspection.

2 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 3–4 December 2013.

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent

Castle Craig Hospital had a consent policy in place. Consent forms were completed by patients on admission. The hospital provided care for many patients from the Netherlands and we saw that, for these patients, consents to engage in treatment were completed at the pre-admission assessment. Patients were required to sign a range of consents. These included:

- commitment to treatment
- information release
- care and treatment plan
- commitment to family therapy, and
- rules and responsibilities.

As part of the admission criteria, all patients at Castle Craig Hospital must be able to understand and make decisions about their care. All new patients were made aware of the rules and responsibilities and the consequences of not engaging in their therapeutic treatment programme by their focal therapist. All treatment and care plans were discussed and developed in partnership with the patient.

We looked at five patient care records and these showed that the required consents were in place, signed and witnessed. We were accompanied by a public partner who spoke with seven patients. Feedback from all patients was positive about the amount and quality of information they received about their care and treatment.

- No requirements.
- No recommendations.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 6 - Excellent

We saw that Castle Craig Hospital had robust arrangements in place to ensure confidentiality of patient information. Confidentiality featured highly in staff training and ongoing discussion about its importance was evident in staff meeting minutes. We saw information governance was a distinct section within the staff intranet and there was a comprehensive, up-to-date policy for ensuring confidentiality of patient information and adhering to data protection requirements. All new staff received a one-to-one induction on the intranet and its contents.

Castle Craig Hospital had an appointed Caldicott Guardian who reported to the hospital's monthly governance meetings. This is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.

We spoke with staff about their awareness of the need for confidentiality and how they guard against disclosing personal information inappropriately. All staff interviewed were able to talk confidently about their duties in respect of this and we heard consistent answers from different staff on how they managed patient information.

We looked at patient files and saw all contained evidence of patients consenting to the sharing of information with others as appropriate. The patient information leaflet informed patients of their right to access their own information.

We asked how patient files were stored and saw clear processes for their management. We saw that files were kept in one locked filing cabinet within a locked office. The office door had a secure keycode entry system and the entry code was changed periodically to make sure only appropriate staff members had access. A sign-in/sign-out sheet was in use so that the whereabouts of any file removed from the locked office was known at all times.

When a patient is discharged, the patient's notes are scanned. The IT manager uploads the information to an encrypted file and these are stored on a hard drive for 20 years. The hard copies are shredded by a contracted professional shredding company. Information from referrals that do not lead to admission to Castle Craig Hospital are kept securely for 6 months then shredded.

During the inspection, we learned about Castle Craig Hospital's plans to further improve its systems for holding patient information. The hospital was currently planning the implementation of an electronic patient record system.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent

Castle Craig Hospital had a participation strategy pamphlet called 'Thank you for your participation' outlining the hospital's ethos of having an open dialogue with patients to help to improve the services offered and patient experience.

We saw clear evidence of methods for participation and the results of these leading to quality improvements in all aspects of Castle Craig Hospital's services. We saw three suggestion boxes for patients, families and staff to use. 'Have your say' cards were available to complete and post in each box, with the cards asking the following questions:

- What do you like best about this service?
- What do you like least about this service?
- What would you like to change about this service?

- How would you rate this service if 1 is poor and 10 is excellent?

At the point of transferring from one unit to another and again at the end of each patient's stay, patients are invited to complete a satisfaction survey which asks about all elements of the patient's experience. We noted that there was a good response rate of 75–80% for the completion of surveys. The survey asked patients to grade aspects of their stay on a scale of 1 to 6, for example:

- Overall how would you rate your:
 - stay at Castle Craig
 - introduction and orientation to the intensive treatment unit
 - detoxification
 - discharge planning
 - medical care
 - nursing care
 - individual therapist care
 - group therapy.

Weekly community group meetings, where patients could discuss their stay, were held in each unit. While these were chaired by a staff member, they were led by patients. A patient was elected as group leader, with a second patient elected as a deputy group leader. Following consultation with fellow patients, the leaders presented reports to the whole community. Weekly house meetings were also held, which again addressed any concerns patients had about any aspect of their stay from information to environment. These meetings demonstrated clear user involvement as patients set the agenda and ran the meetings. Minutes were taken of each meeting and we saw clear evidence of issues addressed as a result of this participation. Examples we saw included:

- making improvements to the buddy system so there was a more organised structure in place for patients to support and orientate new patients to the hospital
- improving breakfast provision to make sure there was enough choice for second sittings, and
- providing a new laptop for the patients' drawing room.

We saw minutes from focus group meetings for patients that were held periodically by the chief executive officer. These meetings were held as the need arose. Topic-specific questions were given out for consideration beforehand. One such group focused on the qualities patients felt nurses in Castle Craig Hospital should have and this helped shape the interview questions for nursing posts. We also saw that these qualities were included in the staff handbook. Another group focused on how patients rated communication in the hospital.

We heard that all patient information at Castle Craig was assessed for accessibility using the online 'Gunning Fog Index' tool. This tool measured the reading level of text.

We saw that audits of the satisfaction surveys were conducted every 6 months and subsequent action plans drawn up to address identified issues. There was good documentation of audit findings. For example, we saw a patient satisfaction survey report for July 2014–December 2014 showing an overall 97% patient satisfaction level. We also saw a report on service user suggestions, a corrective action plan from the intensive treatment unit focus group, and a participation and response report. All were presented in a highly informative format.

- No requirements.
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user's journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

Castle Craig Hospital used an external pharmacy contractor for its medicines management and the chief executive officer was the hospital's accountable officer for the use of controlled drugs. The service had a policy and procedure for the management of medicines. We also saw that medicines management was a standing item on the hospital's monthly governance meeting.

We saw all the documentation in use for medicines management:

- patient's own drugs (PODs) record
- prescription and administration record
- variable dose prescription chart
- discretionary medicines, and
- pharmacy order form.

We noted that Castle Craig Hospital had developed most of the documentation in partnership with the contracted pharmacy.

Castle Craig Hospital had clear processes in place for managing patient medication to maximise benefits and minimise risk. For example, we learned that before a new patient arrived at the hospital, they were asked to bring with them any medications they were taking. Patients were also advised at this point that all medication they brought with them would be stored in the pharmacy or destroyed as appropriate. This medication was then documented in the patient's own drugs record and if not to be used while in the hospital would be bagged, labelled and stored securely then either disposed of or returned to the patient on discharge. The admitting physician checked this medication and any discontinued medication was put in yellow tubs within a secure office for incineration.

Patients were given an appointment card with a time for arriving to receive their medication. We saw good practice of individual patient photographs being securely attached to prescription and administration records to avoid any chance of mistaken identity.

We saw the online auditing system the pharmacist uses weekly and this was a robust audit of patient medication. There was an 'intervention' column where the pharmacist flagged up any issues to be addressed such as 'date of administration left blank' or 'no signature'. This weekly audit was then sent to the hospital's quality assurance administrator who reviewed them on the day of receipt and ensured any issues were addressed promptly. The pharmacist also audited drug balances, the ordering system, equipment such as correct use of the controlled drug cupboard and drug fridge temperatures, and the use of PRN medication. PRN medication is medicine that is not regularly required by a patient. We saw

the weekly audits of controlled drugs conducted by the head nurse and the reports that were sent to the accountable officer every 3 months.

Induction training included a session on medication. With respect to staff competencies, the head nurse was able to show us the record of compliance for medical and nursing staff completing the online training medication module. This training is refreshed annually and can only be passed if staff answer all the questions correctly. The head nurse is also able to review the pharmacy audit and establish if any patterns are emerging with issues or errors with medication and can then support staff that may need further training.

Area for improvement

When reviewing the documentation used for medicines management, we noted that there was no comprehensive space for fully recording the process that should be followed for medicines reconciliation. The Scottish Government's national definition of medicines reconciliation describes it as the process that the healthcare team undertakes to ensure the list of medications the patient is taking is exactly the same as the list their GP, community pharmacist and hospital team have. The Chief Medical Officer's (CMO) guidance lays out the measures that should be taken within 24 hours of admission, including:

- patient demographics documented
- allergy status on admission documented
- two or more sources, one of which should be the patient or carer, used on admission to give the best possible medicines history
- medicines plan documented for each medicine specifying continue, withhold or stop, and
- safe and accurate transcription of clinically appropriate medicines on in-patient prescription chart.

While we could see patient demographics and allergy status on the prescription and administration record and a list of the medications brought in by the patient recorded on the patient's own drugs record, there was no space on the forms for recording the second source of obtaining the patient's medicines history and no space for the person carrying out the medicines reconciliation to sign. The CMO stipulates that a pharmacist should verify the medicines reconciliation as soon as possible after admission. There was also no space for the pharmacist to sign that this had taken place (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service's procedure for the management of medicines.

Quality Theme 2 – Quality of environment

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 - Excellent

During the inspection, we found that the hospital was very clean. The service had an ongoing plan of refurbishment. The standard hospital was maintained to a good standard and the recently refurbished areas were particularly well maintained.

The main building, which housed the intensive treatment unit (ITU), had 54 beds, over 25 rooms. There were single rooms and rooms for two, three and four patients to share. All rooms in this unit had emergency buzzers so assistance could be summoned at any time. Each bedroom also had either an ensuite shower and toilet or exclusive use of a nearby shower room. The rooms on the first floor were identified as the detoxification ward.

The extended care unit (ECU) was located within the grounds of the hospital, but away from the main building. This provided a further 68 beds for patients who were in the second phase of their treatment plan. There was a mixture of single and shared rooms.

There were three medical centres in the hospital. These provided space for GP or other medical consultations and for the administration of medication. Emergency resuscitation equipment was also stored in each of the medical centres. One of the medical centres was located on the first floor of the ITU so support could be easily provided to those patients in the early stages of detoxification. There was also a small examination room, used for electrocardiograms (ECGs) and other investigations.

Throughout the hospital, in both the ITU and the ECU, there were rooms and facilities for patients such as:

- lounges and living rooms
- multi-purpose rooms used for individual or group therapies or meetings
- lounges with televisions
- a gym
- dining rooms, and
- a chapel.

The hospital had a hyperbaric chamber on-site. This provided hyperbaric oxygen therapy, which is the delivery of increased levels of oxygen at greater than ambient pressure for a prescribed duration. This service was provided by a separate organisation, but Castle Craig Hospital was able to offer these treatments to their patients to complement their other therapies.

The hospital had an on-site laundry which provided a service for patients' clothes as well as washing all the hospital linen.

Staff and visitors to the hospital used a sign-in and sign-out system at the front reception. This helped staff monitor who was on-site which improved the security of the building.

Arrangements were in place to provide regular, planned preventive maintenance and repairs to all the mechanical and electrical equipment and systems in the hospital. Other arrangements were in place to cover the servicing and maintenance of the specialist medical equipment. The service also had a system in place to report and monitor reactive maintenance that was required.

The hospital, its facilities and grounds provided a good environment for the treatment of patients in a safe but homely setting.

- No requirements.
- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The service had a nurse who was identified as the infection prevention and control lead. This nurse was responsible for conducting the audits of infection control practice. They were also responsible for generating the list of actions to address any issues highlighted by the audit. The infection prevention and control lead supported staff by answering any infection prevention and control questions. The service had links with the infection control team at NHS Borders for advice and support if required.

The infection prevention and control lead also provided infection control training. We were shown the detail of the recent training delivered on hand hygiene and needle stick injuries.

The service did not have a dedicated infection control committee because it is a small hospital. Governance for infection control was provided through the clinical governance committee. We saw from the agenda and minutes of the meeting that infection control was a standing item on the committee meeting's agenda.

The service had an overarching infection control policy which set out the responsibilities of staff and stated that the service had adopted the Health Protection Scotland national infection control manual. The service had also supplemented this with a number of its own policies, such as:

- hand hygiene
- sharps management
- needle stick injury
- spillages of high risk bodily fluids
- contaminated linen, and
- an outbreak plan.

Areas for improvement

On reviewing the policy documents for the outbreak plan, dealing with spillages of high risk bodily fluids and the cleaning procedures, we noted that there were some discrepancies. The cleaning procedures set out different instructions for cleaning up bodily fluid spillages to those stated in the other two documents. It is important that all policies are consistent to make sure that the environment is properly disinfected following a spillage. The service should review these documents and make sure they are consistent (see recommendation b).

The record-keeping for the cleaning undertaken by the healthcare staff was erratic; there was almost no record of the cleaning carried out in August 2015. In addition, while there was a

brief cleaning schedule that indicated the cleaning that was required on each day it was not very detailed. The cleaning schedules for this area should be reviewed. A cleaning schedule should detail:

- the tasks that have to be completed
- when they should be completed
- how often they should be completed
- who is responsible
- the cleaning method and products (including how to dilute the products if necessary)
- any safety points or special instructions
- any personal protective equipment required, and
- include space for the person responsible to sign off that the task has been completed.

There should also be a system to check the standard of the cleaning and that the records are being completed as required.

While the cleaning schedules used by the housekeeping team were much more detailed and reliably completed, it still appeared that the records were not being completed as they should be. We spoke with the housekeeping staff and it became clear that while some tasks appeared to be daily on the schedule they were in fact weekly tasks with a requirement to check and spot clean on a daily basis. The cleaning records should be updated to reflect this (see recommendation c).

- No requirements.

Recommendation b

- We recommend that the service should review all policies that relate to the cleaning up of blood and other bodily fluids to ensure that the instructions are consistent in all policies and that they are in line with current national guidance.

Recommendation c

- We recommend that the service should review the cleaning schedules so they provide clear instructions for staff on the cleaning required and an accurate record of the cleaning completed.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good

Castle Craig Hospital had very good systems for staff recruitment and selection, including policies and procedures. The human resources manager co-ordinated all aspects of staff recruitment. Staff vacancies were advertised through a variety of websites and local publications.

All applicants submitted an application form and were interviewed by heads of department relevant to the posts recruited for. Each role had a job description which outlined the requirements of the post.

We reviewed four staff files and saw that these contained:

- application form and/or curriculum vitae
- confirmation of health status
- evidence of qualifications
- induction checklist
- job description
- details of Protecting Vulnerable Groups (PVG) scheme membership
- statement of employment, and
- two references.

All staff completed a generic and role-specific induction. We looked at the nurses' induction and saw that this included:

- fire safety
- infection control
- introduction to new staff
- management of patient files
- manual handling
- policies and procedures
- programme structure
- protection of vulnerable adults, and
- risk management.

All new staff completed an induction checklist which was signed off by an experienced staff member who was designated to support newly appointed staff. We interviewed a range of staff from different areas who told us they felt well supported during the induction period. There was a system in place to ensure that nursing staff had current registration with the national nursing and midwifery council.

We saw that there was a robust medical recruitment process. All medical staff were interviewed by the medical director. All relevant checks were carried out, including medical indemnity insurance, references, registration with the General Medical Council, appraisal with approved external appraiser and PVG checks were undertaken. Systems were in place to ensure all doctors took part in the revalidation process every year to maintain their registration with the General Medical Council.

An independent human resources company had been contracted to ensure the hospital's human resource management reflected best practice and that policies and procedures were current.

Areas for improvement

On reviewing staff personnel files, we saw that Protection of Vulnerable Groups disclosure certificates were kept in the staff file. In accordance with the Data Protection Act 1998, which

requires that personal information should be kept only for as long as it is required for the purposes for which it was obtained, these should be removed, destroyed and a reference number kept on file.

In one staff file, we saw that a verbal reference had been received for a member of staff. However, there was no information about the content of the reference or what had been discussed. The service should improve documentation of verbal references to support safe recruitment processes (see recommendation d).

Forms with interview questions were in staff files. However, these were completed inconsistently and often answers to questions were not recorded or whether the outcome was satisfactory. Recording of interviews should be improved to ensure robust recruitment methods are in place.

- No requirements.

Recommendation d

- We recommend that the service should ensure there are robust recording systems in place for the receipt of verbal references.

Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 6 - Excellent

Castle Craig Hospital had a range of policies and procedures that governed all aspects of staffing. These included whistle blowing, confidentiality, supervision and appraisal. Policies were referenced to best practice and current legislation.

The service had an annual training plan for nurses and therapists and this was reviewed to ensure the training objectives were met. The training plans were developed to make sure that the staff skill-set was appropriate to meet the needs of the patients.

We looked at staff training information. We saw there was a range of both mandatory and elective training opportunities for staff, dependent on their role. These included:

- customer service
- adult support and protection
- dialectical behavioural therapy
- eating disorders
- eye movement desensitisation and reprocessing (EMDR)
- sex addiction
- supervision, and
- trauma.

There was also a range of accredited training for staff that included a Masters degree in Counselling, a Masters degree in Addictions, a diploma in Person-centred Counselling and a Diploma in Counselling and Cognitive Behavioural Therapy. Staff told us the training

opportunities were excellent and there was a real commitment to developing staff within the service.

Staff had access to the internet and the hospital's intranet to refer to national guidelines and legislation and articles of interest. The hospital subscribed to a range of journals that staff could access. Policies and procedures were on the intranet and any amendments or reviews were communicated to staff to sign as understood.

All staff had an annual appraisal and this was monitored by the human resources manager. All staff we spoke with had received an appraisal in the last year and reported that this was a positive experience.

Nursing, care and therapy staff received regular clinical supervision to support their practice.

Staff told us they were kept informed about any service developments and spoke of management being approachable with an open door policy.

We saw information provided to nursing staff on revalidation and the hospital was making sure that staff received appropriate support and education for this.

We spoke with seven patients who spoke positively about staff and the support they received. All patients told us they were treated with dignity and respect. We also viewed communication from former patients commending staff on the care they had received.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2

We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 6 - Excellent

The management at Castle Craig Hospital worked hard to ensure communication flowed well throughout the hospital. We saw the communications policy, implemented in November 2014, which set out staff responsibilities to bring staff opinions and suggestions to the attention of management at the heads of department meeting. This policy was developed as a result of staff feedback from a questionnaire asking about communication in the hospital. The policy highlighted the importance of conveying information to staff and what should be communicated such as:

- information about care and treatment
- information about new developments
- information on the aims of the organisation, and
- feedback from satisfaction surveys.

Castle Craig Hospital gave new therapists and nursing staff the opportunity to undertake its patient experience programme. This means that staff can experience the service from a patient perspective, for example attending therapy programmes. We spoke to staff who had experienced the programme. They told us it gave them a unique insight and good

appreciation of the ethos and treatment at the hospital as well as the opportunity to comment on what they felt worked well and what could be improved.

The clinical governance committee had widened its membership to increase staff representation and the heads of department meeting continued to represent the full range of Castle Craig Hospital services. We saw evidence of staff involvement from various disciplines in the minutes of these meetings. We also heard about the staff information meetings held by the chief executive officer where staff could air their views and were told about the latest developments such as the implementation of electronic care records. Again, we saw minutes of these meetings and noted they also contained praise for staff who worked on specific issues.

Staff told us they felt involved in shaping the plans for the service's future. For example, they told us about the plans to expand Castle Craig Hospital as consultation had taken place. Staff felt able to express their opinions at any time and felt listened to. They said they were comfortable raising concerns or suggestions with their line manager at any time and at their 6-weekly support and supervision sessions and annual appraisal. Staff also told us that the chief executive was a visible presence whose door was always open should they wish to pop in and talk. They could also make use of the suggestion boxes in the hospital.

We heard that junior management staff had recently benefited from undertaking a 6-month management development programme run by an external provider and funded the service. Following the programme, staff expressed the need for junior management meetings and these were now in the process of being implemented. The meetings will take place monthly and each member of junior management will undertake an improvement project to benefit patients and support team building. The junior management staff we spoke with were looking forward to this.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and National Care Standards. We found very good quality information that we were able to verify during our inspection.

Castle Craig Hospital had very good robust systems and processes in place to monitor and assure the quality of the service. These included:

- accident and incident reporting
- audits
- comments and complaints
- patient meetings and focus groups
- satisfaction surveys

- staff focus groups
- suggestion boxes
- training needs analysis, and
- measuring the outcomes of training.

The service had appointed a quality administrator who provided administration support to the clinical governance group and who co-ordinated the audit programme. We found very well organised quality systems with clear action plans in response to any areas identified for improvement.

The governance structure comprised:

- the Board
- the clinical governance committee, and
- the senior management group.

The clinical governance committee was formed by heads of department and had responsibility for overall governance of the hospital.

The senior management group was under review at the time of the inspection and it was planned that its future focus would be on the therapy programme.

We looked at the minutes of the clinical governance committee and saw that these identified any necessary actions, who was responsible and when the actions should be completed by. We saw that actions from previous meetings were discussed and reinforced through email reminders.

Items discussed at the clinical governance meeting included:

- pharmacy report
- complaints
- monthly incident report
- audit plan update
- infection control
- relevant journal articles, and
- staff training.

Incidents were analysed for action and trends and we saw that adjustments were made to policies and procedures if issues were identified.

The service had a complaints log which detailed all the complaints received from patients. We saw that complaints were thoroughly investigated and that actions identified in response were implemented and reviewed.

We saw that the quality system was well managed and all feedback mechanisms were used to influence service development.

We noted that the service had retained the ISO 9001 award which is a certificate of assurance that it meets quality management standards set by the International Organization for Standardization.

Area for improvement

When reviewing accidents and incidents, we noted that notifications were not made to Healthcare Improvement Scotland in line with the reporting requirements. We saw that no notifications had been made to Healthcare Improvement Scotland about injuries to patients. Management told us they were not aware that this was a notification (see requirement 1).

Requirement 1 – Timescale: immediately on receipt of this report

- The provider must notify Healthcare Improvement Scotland about any events in line with the Healthcare Improvement Scotland Notification Guidance for Providers.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 1.4	
Requirements	
None	
Recommendations	
We recommend that the service should:	
a	<p>review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service's procedure for the management of medicines (see p12).</p> <p>National Care Standards – Independent Hospitals (Standard 20 – Medicines management)</p>

Quality Statement 2.4	
Requirements	
None	
Recommendations	
We recommend that the service should:	
b	<p>review all policies that relate to the cleaning up of blood and other bodily fluids to ensure that the instructions are consistent in all policies and that they are in line with current national guidance (see p15).</p> <p>National Care Standards – Independent Hospitals (Standard 13.3 – prevention of infection)</p>
c	<p>review the cleaning schedules so they provide clear instructions for staff on the cleaning required and an accurate record of the cleaning completed (see p15).</p> <p>National Care Standards – Independent Hospitals (Standard 13.3 – prevention of infection)</p>

Quality Statement 3.2

Requirements

None

Recommendations

We recommend that the service should:

- d** ensure there are robust recording systems in place for the receipt of verbal references (see p17).

National Care Standards – Independent Hospitals (Standard 10 – staff)

Quality Statement 4.4

Requirements

The provider must:

- 1** notify Healthcare Improvement Scotland about any events in line with the Healthcare Improvement Scotland Notification Guidance for Providers (see p21).

Timescale – immediately on receipt of this report

s10J (5) The National Health Service (Scotland) Act 1978

Recommendations

None

Appendix 2 – Grading history

Inspection date	Quality of information	Quality of care and support	Quality of environment	Quality of staffing	Quality of management and leadership
01/12/2011	Not assessed	5 - Very good	5 - Very good	5 - Very good	Not assessed
03-04/12/2013	6 - Excellent	5 - Very good	Not assessed	6 - Excellent	5 - Very good

Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net

Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the service provider **will not be given any advance warning** of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.

For example:

Quality Theme 1 – Quality of care and support: 4 - Good

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 5 – Inspection process flow chart

We follow a number of stages in our inspection process.

<p>Before inspection</p> <p>The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.</p> <p>We review the self-assessment submission to help inform and prepare for on-site inspections.</p>		<p>Before</p>
<p>During inspection</p> <p>We arrive at the service and undertake physical inspection.</p> <p>We have discussions with senior staff and/or operational staff, people who use the service and their carers.</p> <p>We give feedback to the service's senior staff.</p> <p>We undertake further inspection of services if significant concern is identified.</p>		<p>During</p>
<p>After inspection</p> <p>We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org</p> <p>We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.</p>		<p>After</p>

Appendix 6 – Details of inspection

The inspection to **Castle Craig Hospital, Castle Craig Hospital Ltd** was conducted on Tuesday 1 and Wednesday 2 September 2015.

The inspection team was made up of the following members:

Kevin Freeman-Fergusson

Lead Inspector

Karen Malloch

Inspector

Julie Miller

Inspector

Ken Barker

Public Partner

Appendix 7 – Terms we use in this report

Terms and explanation

- provider** A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.
- service** A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.