

Inspection report

Central Scotland Brain Injury Rehabilitation Unit Independent Health Care Service

Murdostoun Castle
Bonkle
Newmains
Wishaw ML2 9BY

Inspected by: Alan Hughes
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 5 April 2007

Service Number

CS2003010557

Service name

Central Scotland Brain Injury Rehabilitation Unit

Service addressMurdoch Castle
Bonkle
Newmains
Wishaw ML2 9BY**Provider Number**

SP2003002125

Provider Name

Four Seasons Health Care Group

Inspected ByAlan Hughes
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

5 April 2007

Period since last inspection

8 months

Local Office Address

Princes Gate, Hamilton ML3 6BU

Introduction

Central Scotland Brain Injury Rehabilitation Unit is a single storey purpose built building providing an independent healthcare facility for up to 20 people in single room accommodation. The unit is modern well equipped purpose built and provides a wide range of rehabilitation facilities.

The unit is located in the grounds of Murdostoun Castle on the outskirts of Bonkle. Due to its location the unit is not easily accessible by public transport. There are adequate parking facilities provided.

Basis of Report

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service and action taken upon requirements etc.

This assessment resulted in the service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was based upon follow up of any recommendations and requirements from previous inspections, complaints or other regulatory activity.

The report was written following an announced visit which commenced in the morning of 5th April 2007 and concluded in the afternoon of the same day. 2007. The unannounced inspection was carried out by one Care Commission Officer, Alan Hughes

The inspection followed up the recommendations and requirements arising from the previous inspection of the following 3 National Care Standards: Independent Hospitals and the SSI No 114: Regulation 15

- Standard 23: Critical Care Services - High Dependency Care.
- Standard 25: Critical Care Services - Support and Care in Dying and Death
- Standard 28: Children and Young Peoples Services.
- SSI No 114: Regulation 15: Quality of Independent Health Care

The inspection assessed the service compliance with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (Scottish Statutory Instrument 2002/114) (SSI 2002/114)

Evidence was gathered from the following sources.

- Observation of Practice
- Discussion with management and staff Interviews
- A general examination of the premises

The Care Commission Officer also looked at a range of policies, procedures and records including the following:

- Professional Staff Register
- Complaints Log
- Accidents and Incident recording

Interaction between staff and service users was observed.

Action taken on requirements in last Inspection Report

1. Requirements made at last inspection.

There was one arising from the previous inspection.

The service should be able to evidence a system to check the skills and qualifications of staff, and ensure a contemporaneous list of any registration which a person employed by the service is required to hold in order to perform their duties.

This is in order to comply with SSI 114 Regulation 9 (2) (c) – a requirement to ensure the fitness of employees; SSI 114 Regulation 19 (2) (a) and (d) – a requirement to keep a record of all persons employed in the provision of the service specifying their qualifications, training and experience, and any registration which the person is required to hold, and SSI 114 Regulation 15 – a requirement to ensure arrangements that are necessary for securing that treatment and services provided are of quality to meet the needs of service users.

The following National Care Standards have been taken into account in making this requirement: National Care Standard – Independent Hospitals, 10:3 and 10:4

Timescale for implementation: 7 days from the publication of this report.

On inspection this requirement was found to have been satisfactorily addressed.

2. Requirements made since last inspection (complaints or other activities).

There were none

There were four recommendations arising from the last inspection.

A recommendation is a statement setting out proposed actions to be taken by the service provider aimed at improving the quality of service (based on good practice and professional judgement) but which would not be subject to enforcement action if not actioned.

1. The service should ensure a medication procedure that details the exact medication management practice within the service. National Care Standard – Independent Hospitals, 20:1.

2. Management should develop a post evacuation procedure in place. National Care

Standard – Independent Hospitals, 15.

3. The fire training register should be regularly updated. National Care Standard – Independent Hospitals, 15.

4. A fire action plan should be developed in order to identify the progress made on any actions arising from the completed risk assessment. National Care Standard – Independent Hospitals, 15.

The first recommendation had been satisfactorily addressed with the implementation of a local policy and procedure relating to the specific medication management practice within this service.

The three recommendations relating to fire safety were now the provenance of the local Fire and Rescue Authority and these would be considered in addition to all other fire safety issues during routine fire inspection by this organisation.

Comments on Self-Evaluation

The self evaluation form had not been received prior to this unannounced inspection.

View of Service Users

Due to the high level of activity ongoing within the unit service users were not interviewed in detail, however, observation of practice identified very positive interaction between service users and staff.

View of Carers

No carers were present during the inspection.

Regulations / Principles

Regulation 15: SSI 114 Regulation 15 Quality of Independent Health Care

Strengths

The previous inspection identified the following area for development.

The service did not keep a contemporaneous list of registrations with professional bodies such as the Nursing and Midwifery Council and Health Professions Council.

Follow up inspection of this area for development identified that this had been satisfactorily resolved.

Areas for Development

None

National Care Standards

Enforcement

None was identified at this inspection

Other Information

Complaints records were accurately maintained and where issues had been raised there was evidence to indicate that investigation had taken place and resolution sought. The Care Commission had received no complaints since the last inspection.

Accident and Incident Records were examined and found to be accurate and well maintained.

The service had implemented a very robust bed rails risk assessment. Where a need for the use of bedrails was identified only beds fitted with an integral bed rail system were utilised.

Recruitment continued as an ongoing issue. Staffing schedules were being fully complied with.

A proposal was made by the manager to vary the current registration to increase bed occupancy from 20 to 21. This request would be formally followed up by a written application to vary the existing registration.

Requirements

None

Recommendations

None

Alan Hughes

Care Commission Officer