

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: 2 March 2006

Service Number

CS2003010557

Service name

Central Scotland Brain Injury Rehabilitation Unit

Service addressMurdostoun 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

2 March 2006

Period since last inspection

7 months

Local Office Address

Princes Gate, Castle Street, 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 including. gymnasium, physiotherapy department, hydrotherapy pool, training flat, kitchen and numerous consulting suites.

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 report was written following an unannounced visit which commenced in the morning of 11th January and concluded in the evening of the same day. The unannounced inspection was carried out by three Care Commission Officers

The inspection considered the following 5 National Care Standards : Independent Hospitals

- . Standard 11: - Deciding on Your Treatment
- . Standard 12: - Clinical Effectiveness
- . Standard 14: - Information Held About You
- . Standard 17 : - Security
- . 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
- . Examination of Policies and Procedures
- . Examination of Records
- . Discussion with management, staff and observation of care provided to service users.

Action taken on requirements in last Inspection Report

There were four requirements arising from the previous inspection. Two of these had been satisfactorily addressed. The following two, although partially addressed, remained outstanding. Whilst a recent fire safety risk assessment had been carried out it was not to the standard contained in current fire authority guidance. Fire drill attendance was now recorded although attendance at fire alarms remained unrecorded.

Fire alarms that have been activated must be accurately recorded including details of all staff in attendance. (SSI.2002 No. 114, 13,c) (4 weeks)

The fire risk assessment must comply with current fire authority guidance. An action plan arising from the assessment must be developed and implemented. (SSI. 2002 No.114, 4,1a) (8 weeks)

Comments on Self-Evaluation

Not applicable

View of Service Users

Service users were observed, although, on this occasion there were no detailed service user interviews held.

View of Carers

No carers were available for interview during this inspection

Regulations / Principles

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

Strengths

There were no requirements arising from inspection of this regulation.

Areas for Development

National Care Standards

National Care Standard Number 11: Independent Hospitals - Deciding on Your Treatment

Strengths

There were two recommendations against this standard arising from the previous inspection. One of these was fully addressed, whilst the other continued to be considered on an ongoing basis. This related to giving consideration as to whether revised mental health legislation would have any impact upon future provision. To date no referrals had been received under new mental health legislation.

Areas for Development

National Care Standard Number 12: Independent Hospitals - Clinical Effectiveness

Strengths

There was one recommendation relating to this standard following inspection of the services compliance with Regulation 15:SSI 114 Regulation 15, Quality of Independent Health Care. This related to the development of the Clinical Governance Committee, covering the issues of audit, critical incident analysis, staff training and risk assessment. These developments remained ongoing. It was reported that the appointment of a nurse manager was under consideration to take lead responsibility on taking these issues forward. This would continue to remain under review

Areas for Development

National Care Standard Number 14: Independent Hospitals - Information Held about You

Strengths

There were two recommendations against this standard arising from the previous inspection. These had been satisfactorily addressed at the time of inspection

Areas for Development

National Care Standard Number 17: Independent Hospitals - Security

Strengths

There was one recommendation against this standard arising from the previous inspection. This recommendation had been satisfactorily addressed.

Areas for Development

Enforcement

None

Other Information

During inspection it was noted that fire reels were located throughout the service. These had not been recently serviced. Advice received from the Fire Authority was that these could still be used only if serviced on at least an annual basis. Staff would also have to undergo specific training in the correct use of fire reels. These however could be replaced by 2* 9 ltr. water extinguishers per reel.

The level of care staff trained to at least SVQ Level 11 was unsatisfactory (see requirement 3)

Bedroom doors were observed to be wedged open (see requirement 4)

Requirements

1. Fire alarms that have been activated must be accurately recorded including details of all staff in attendance. (SSI.2002 No. 114, 13,c) (4 weeks)
2. The fire risk assessment must comply with current fire authority guidance. An action plan arising from the assessment must be developed and implemented. (SSI. 2002 No.114, 4,1a) (8 weeks)
3. The level of care staff with formal qualification to at least SVQ Level 11 must be improved. (SSI. 2002 No 114, 13,c,(11)) & National Care Standards: Independent Hospitals: National Care Standard 10.8) (12 months)
4. Bedroom doors must not be left lying open unless these have been fitted with a system that will automatically allow these to close in the event of the fire alarm being activated. (SSI 2002 No 114, 4,1a) (within 24 hours of receipt of this report)

Recommendations

Alan Hughes
Care Commission Officer