

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: Announced

Inspection completed on: 29 August 2006

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**

Announced

Inspection Completed

29 August 2006

Period since last inspection

5 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.

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

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

This service was required to have a high level of support that resulted in an inspection based on inspection themes, the core National Care Standards for the particular service type, any other standards or regulations indicated by the RSA and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

Before the visit:

The centre sent an Annual Return containing information about the service.

- The centre also completed a self-evaluation form.
- The Care Commission Officer wrote to the centre telling them when the visit would take place.

The report was written following an unannounced visit which commenced in the morning of 28th August 2006 and concluded in the same evening. The unannounced inspection was carried out by two Care Commission Officers, Alan Hughes and David Marshall IHD

The inspection considered the following 3 National Care Standards: Independent Hospitals

- 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

In addition to the above National Care Standards the inspection focussed on the following themes which were inspected against as part of this years national inspection strategy.

- Fire Safety
- Safer Recruitment, which was included within SSI No.114: Regulation 15: Quality of Independent Health Care

The outcome of these themes are included within the context of the report.

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

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

- Fire Records
- Staff training records
- Complaints Log
- Accidents and Incident recording

Interaction between staff and service users was observed.

A general examination of the premises was carried out as part of the inspection process

Action taken on requirements in last Inspection Report

1. Requirements made at last inspection.

A designated officer responsible for health and safety issues must be identified and appropriately trained. (SSI. 2002 No.114, 4,1a) (3 months)

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

A regular fire risk assessment must be carried out. 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)

Fire fighting equipment must be maintained in accordance with contracted timescales. (SSI. 2002 No.114, 4,1a) (within 24 hours of receipt of this report)

These requirements had all been satisfactorily addressed.

The introduction of the Fire (Scotland) Act 2006 on 1 October 2006 transferred the responsibility for enforcing fire safety in all care settings to the Fire and Rescue Services. The Care Commission will no longer impose requirements in regard to fire safety. The Care Commission will now make recommendations in relation to fire safety and a covering letter highlighting these will be forwarded to the local Fire Officer for consideration and follow up action as required

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

No requirements have been made since last inspection.

Comments on Self-Evaluation

The self evaluation form was completed on the electronic return and contained information that was of assistance during 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

Section 1: Staff Governance

Staff were happy with the regular appraisal and continuing professional development systems used in the service.

The service had a robust recruitment policy including enhanced disclosure, two references, health checks etc.

Section 2: Clinical Governance, Clinical Effectiveness, Risk management and Quality Improvement

The service had one recommendation resulting from the Care Commission's review of clinical governance during the inspection year 2005/06 which has now been satisfied. In particular, the service had set up a clinical governance committee that had met at least 4 times over the last year, covering many issues such as audits, staff training, review of incidents and risk assessments. There was evidence of such action leading to a change in practice, and of staff striving to improve the care to service users e.g. wheelchair audit.

Section 3: Information Governance

The service had one recommendation resulting from the Care Commission's review of information governance during the inspection year 2005/06 and this has now been satisfied i.e. the service now have written information available for service users on how to access their personal records.

Areas for Development

Section 1: Staff Governance

An audit of the service's staff related policies and procedures has been carried out by the Care Commission resulting in recommendations and requirements highlighted in this report.

Despite the robust recruitment policy some staff members employed before 2001 had not undergone a Disclosure Scotland check, and the service were not able to evidence that the skills and qualifications for each staff member had been checked before commencing employment

The service did not keep a contemporaneous list of registrations with professional bodies such as the Nursing and Midwifery Council and Health Professions Council.(see requirement 1)

Section 2: Clinical Governance, Clinical Effectiveness, Risk management and Quality Improvement

A review of the clinical governance arrangements within the service was undertaken by Care Commission staff resulting in the recommendations highlighted in this report.

The service medication policy was generic and not individualized to the service i.e. there was no procedure detailing the medication management practice within the service e.g. from whom the service get pharmaceutical supplies. (see recommendation 1)

Section 3: Information Governance
None.

National Care Standards

National Care Standard Number 23: Independent Hospitals - High Dependency Care

Strengths

This unit is an active rehabilitation area. In the event of a service user becoming acutely ill they would be transferred local NHS Hospital facilities and returned to the unit to continue the rehabilitation process when medically well enough to do so.

Areas for Development

National Care Standard Number 25: Independent Hospitals - Support and Care in Dying and Death

Strengths

The unit did not provide a care service for people who were terminally ill. Since commencement there had been only one death of a service user, which was sudden in nature. It was anticipated that if an individual was in a terminal condition care would be routinely provided in another care environment.

There was a robust policy in place which included action to be taken in the event of sudden death. Staff interviewed were aware of this and advised that this would be implemented as necessary

Areas for Development

National Care Standard Number 28: Independent Hospitals - Care of Children and Young People

Strengths

This unit was not set up to provide a care service to children. Management reported that the service had no plans in progressing towards the development of child care services within this site.

Areas for Development

Enforcement

None was identified at this inspection

Other Information

There was robust fire policy and emergency evacuation procedures in place. There was no post evacuation procedure in place (see recommendation 2)

Management was aware of the need to achieve two training sessions per staff member with a 12 month span and there was evidence of fire training being undertaken. A fire training register was in existence, this however had not been recently updated. (see recommendation 3)

There was evidence to confirm that fire drills were being carried out and a register of attendance was in place. Records indicated that the service should be on target to achieve, at least, all staff attending one fire drill within the calendar year.

Fire safety maintenance records were inspected and found to be satisfactory.

The detailed fire risk assessment had been carried out in March 2006 with review planned for March 2007. A fire action plan had not yet been developed following completion of the risk assessment.

(see recommendation 4)

Requirements

1. 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.

Recommendations

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.

Alan Hughes
Care Commission Officer