

Unannounced Follow-up Inspection Report: Independent Healthcare

Service: Nova Recovery, Largs

Service Provider: Nova Recovery Ltd

27 June 2023

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Nova Recovery on 5 and 6 December 2022. That inspection resulted in eight requirements and 14 recommendations. As a result of that inspection, Nova Recovery produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

About our follow-up inspection

We carried out an unannounced follow-up inspection to Nova recovery on Tuesday 27 June 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and 14 recommendations from the last inspection. This report should be read along with the December 2022 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors and one subject matter expert.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	Unsatisfactory

Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	Unsatisfactory

The grading history for Nova Recovery can be found on our website.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

We found that the provider was making progress to address the requirements made at our previous inspection. It had also taken steps to act on the recommendations we made.

Of the eight requirements made at the previous inspection on 5 and 6 December 2022, the provider has:

- met five requirements, and
- not met three requirements.

What action we expect Nova Recovery to take after our inspection

This inspection resulted in three requirements and eight recommendations which remain outstanding, and seven new requirements and eight new recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Nova Recovery Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nova Recovery for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 5 and 6 December 2022

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Requirement – Timescale: immediate

The provider must update the patient information to make clear that complainants can contact Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

The service had updated its complaints policy to make clear that the complainant could contact Healthcare Improvement Scotland (HIS) at any stage of the complaint process. **This requirement is met.**

On reviewing complaint policy, it was noted that the service's complaints folder did not demonstrate that complainants had been informed of any action initiated or outcome of complaints investigations. The service should comply with its own complaints policy. **A new recommendation has been made** (see appendix 1).

Recommendation

The service should publish a yearly duty of candour report.

Action taken

The service had published a yearly duty of candour report on its website.

Domain 3 – Impact on staff

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

Our findings

Quality indicator 3.1 - The involvement of staff in the work of the organisation

Recommendation

The service should develop different communication strategies to ensure staff are kept up to date with information about the service.

Action taken

The service had introduced an 'allocations folder' where staff tasks and patient updates were completed daily. This meant staff could easily access information after a period of leave or days off to stay up to date with key events and patient wellbeing. Staff we spoke with during our inspection told us that the folder was a useful tool for quick access to information. This was kept in the staff office for security and confidentiality. A noticeboard had been installed in the staff break room with up-to-date information about the service. The noticeboard was in a prominent position.

Recommendation

The service should develop systems to ensure it engages and captures feedback from staff.

Action taken

The service had introduced online, anonymous staff surveys. Results of the three surveys the service had completed at the time of our inspection were positive overall. The outcomes of the surveys were shared with staff at monthly staff meetings. The service planned to carry out the online surveys every 2–3 months rather than monthly in the future after completion rates from staff had started to fall. The service felt this would better motivate and engage staff motivated to complete the surveys. Staff were encouraged to approach management, if they wished to raise any issues.

The service held staff meetings at different times, including in the evening to allow night duty staff to attend. Staff could also access the meetings remotely and had a link sent to them along with an email asking if they wished to raise anything if they could not attend.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Requirement – Timescale: immediate

The provider must review its policy for managing patient healthcare emergencies, including seizures in the service and make sure staff are trained in the policy to allow them to manage these situations safely, including the administration of emergency medication.

Action taken

The service had reviewed its policy for managing patient healthcare emergencies. However, the policy lacked detail to direct clinical staff. In addition, the policy was inaccurate in that the service did not stock the medicines the staff were directed to use for seizure management. Emergency drugs were available, with the exception of buccal midazolam. Staff had not received formal intermediate life-saving (ILS) training in the past 2 years. In addition, the service had not carried out any 'on-site emergency scenarios' to help identify gaps in knowledge to effectively manage an emergency. This led to a reliance on NHS emergency services to deal with emergencies in the service. A staff member with up-to-date ILS training must be on rota during every shift in the service. **This requirement is not met and new requirements have been made** (see Appendix 1).

Requirement – Timescale: immediate

The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notifications guidance.

Action taken

The service had submitted retrospective notifications for the historical notifiable events after our previous inspection. It had not experienced any new reportable incidents at the time of this inspection. **This requirement is met.**

Requirement – Timescale: by 28 February 2023

The provider must review the risk register to ensure that all risks in the service have been identified and assessed, this will ensure effective oversight of how the service is being delivered.

Action taken

The service had developed a combined risk register and improvement plan.

We saw that risk assessments had been developed for the service. However, we noted that they did not include the following:

- accurate description of the risk
- an explanation as to the RAG rating recorded
- a risk assessment tool
- a scoring matrix
- multiple risks included in one assessment, and
- risks included for services not delivered in hospital.

We saw that the combined risk register did not capture all expected risks for a service of this type. In addition, we saw that the risk register was not categorised, for example into the following categories:

- business continuity
- clinical
- environmental
- facilities, and
- health and safety.

While the risk register used a 'red-amber-green' (RAG) rating system, it did not include a 'scoring matrix' to understand how scoring was determined or direct the service to make changes in response to the risk score. Other gaps we saw included:

- actions to be taken to address risks
- lack of risk ratings
- lack of timescales for risks to be addressed, and
- re-assessment of risks after actions taken.

We discussed with the service that the risk register and improvement plan should be two separate documents and that service would benefit from risk management training. **This requirement is not met and a new requirement and a new recommendation have been made** (see Appendix 1).

Recommendation

The service should ensure that learning from incidents and incident debrief meetings are documented and shared with staff.

Action taken

The service had created a debrief form to document incidents and learning from incidents, such as actions taken and outcomes. At the time of our inspection, the service had not experienced any incidents since the debrief form had been implemented. We will follow this up at future inspections.

Recommendation

The service should make sure there is a formal documented medicines reconciliation process put in place and that medicines reconciliation is recorded in the patient care record.

Action taken

We saw no medicines reconciliation in the patient care records or evidence that medicines reconciliation was carried out on the ward. From speaking with staff, we found a lack of knowledge in medicines reconciliation and its importance in medicine management governance.

Some patients were started on a 'detox pathway' while previous medical records were unavailable. This meant the service had no effective means to determine the potential for patient harm when prescribing, without an appropriate medicines reconciliation process in place. **A new requirement has been made** (see Appendix 1).

Recommendation

The service should ensure relevant clinical practice policies are reviewed to ensure they reflect how the service is delivered.

Action taken

The service told us that the clinical practice policies had been reviewed. However, we found the policies were inconsistent and confusing in content and layout. Some policies contradicted others and some suggested different practices should be followed. All clinical policies should be consistently formatted, reflect national guidance and local practice. Policies should not

include additional information not relevant to the service. **A new recommendation has been made** (see Appendix 1).

Recommendation

The service should ensure that staff follow its infection prevention and control policy.

Action taken

We saw that correct sharps bins were used appropriately and were dated when opened, in line with regulations. However, we observed agency staff with long false nails and we did not see staff performing hand hygiene when entering and leaving the dining room. The infection control policy included information for surgical scrub techniques, which was not relevant to the service. The inclusion of techniques for a surgical environment indicated that this policy had not been developed specifically for this service. **A new requirement has been made** (see Appendix 1).

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Requirement – Timescale: immediate

The service must ensure that patients' physical health is regularly monitored and documentation audited to make sure these checks are carried out.

Action taken

We saw evidence of regular and accurate nursing observations in the patient care records we reviewed. The observation notes were signed and dated. The service manager carried out regular audits of the patient care records.

We found doctors working in the service were admitting patients and prescribing controlled drugs remotely. Paragraph 60 of *Controlled Drugs and Other Medicines where Additional Safeguards are Needed* states that controlled drugs must not be prescribed if the medical practitioner does not have access to relevant information from the patient's medical records. In addition, the service must take into consideration the GMC guidance on remote consultations and the remote prescribing high level principles.

The service had no documented reason for the practice of admission by remote consultation. We also found that patients had no further medical input after admission until the weekly clinic or if the care team made a call for a medical

intervention. **Although this requirement is met, a new requirement has been made** (see Appendix 1).

Recommendation

The service should record patient consent for sharing information with their GP and other medical staff in patient care records, the risk associated if it was not shared and any reason or justification for the decision to prescribe.

Action taken

All patient care records we reviewed included documentation of discussions with patients for their consent to obtain previous medical records and for sharing information with their GP and other medical staff. From reviewing the service's GP-contact tracker, we saw that the service did consistently ask patients' GPs for their medical records. However, it did not always receive the records from GPs in a timely manner. **A new recommendation has been made** (see Appendix 1).

Recommendation

The service should provide GPs with a discharge summary of any inpatient episode.

Action taken

The patient care records we reviewed did not include discharge summaries. **A new recommendation has been made** (see Appendix 1).

Recommendation

The service should develop a programme of patient care record audits. Audits should be documented and improvement action plans implemented.

Action taken

While audits were carried out, we found gaps in the service's process. For example:

- The same staff member carried out all audits.
- Audits only checked whether something had been completed, not the quality of information recorded in patient care records.
- Audit results did not accurately reflect what was found in practice. **A new recommendation has been made** (see Appendix 1).

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Requirement – Timescale: immediate

The provider must develop a policy to support the recruitment and management of volunteers working in the service.

Action taken

The service had developed a policy for the recruitment and management of volunteers. **This requirement is met.**

Requirement – Timescale: immediate

The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out PVG checks.

Action taken

PVG checks were received before an employee started their employment with the service, including volunteers. The service's recruitment policy also reflected this. **This requirement is met.**

Recommendation

The service should ensure staff files are complete and information recorded in line with safe staffing best practice.

Action taken

The eight staff files we reviewed were all complete and were in line with safe staffing best practice guidance.

Recommendation

The service should ensure that an annual professional registration check is completed and recorded for all relevant staff working in the service.

Action taken

All professional registrations were checked and recorded. The administrator and service manager securely managed the process.

Recommendation

The service should develop a sessional doctor's policy.

Action taken

The service had a sessional doctor's policy in place. We discussed with the service continually reviewing this policy. We will follow this up at future inspections.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Requirement – Timescale: by 30 April 2023

The provider must ensure a suitable quality assurance system is put in place and maintained. This will demonstrate effective oversight of the safe quality of the service is being delivered.

Action taken

The service's combined improvement plan and risk register was a one-page document which did not capture the full scope of the service. It did not describe the service's planned actions to address the listed risks or how improvements would be made in the service.

A formal, separate and overarching quality improvement plan would help the service to track short and long-term planned improvements. It would also help to document information gathered from audits and feedback from patients and staff. This information, including actions and timelines for improvements would be kept in one document and easily accessed. This would help the service to continually evaluate its performance, identify areas for improvement and take appropriate improvement actions. **This requirement is not met and a new requirement and new recommendation have been made** (see Appendix 1).

Recommendation

The service should develop a whistleblowing policy and support staff to create a whistleblowing champion role. This would ensure that staff have the opportunity and confidence to raise concerns and promote a culture of speaking up.

Action taken

The service had developed a whistleblowing policy, which gave staff legal protection against dismissal for publicly disclosing a serious concern. The hospital manager had also appointed a member of the administration team as

the whistleblowing champion. However, the policy did not focus on developing a culture in the service where staff were supported to raise any concerns. **A new recommendation has been made** (see Appendix 1).

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 National Health Services (Scotland) Act 1978, 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.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	<p>The service should ensure that all complaints are managed in line with policy (see page 7).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 and 4.21</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

- 1** The provider must further review its policy for managing patient healthcare emergencies, including seizures in the service, ensuring it is detailed and relevant to the service. Staff must be trained to implement the policy to allow them to manage these situations safely, including the administration of emergency medication (see page 9).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2** The provider must ensure that there is a suitably trained healthcare professional in the service at all times, this person must be able to:

(a) conduct a face-to-face review of new patients to ensure their suitability for admission, and

(b) respond to and treat patient healthcare emergencies, including seizure (see page 9).

Timescale – immediate

Regulation 12(1)(a)(b)(c) (i) (ii) (iii)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 Section 13

- 3** The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff. This should include:

(a) a comprehensive risk register for the service, and

(b) appropriate risk assessments should be carried out detailing risk and actions taken to minimise or eliminate this risk (see page 11).

Timescale – by 11 December 2023

Regulation 13(2)(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

- 4** The provider must ensure there is a formal documented medicines reconciliation process put in place and that medicines reconciliation is recorded in the patient care record (see page 11).

Timescale – by 11 October 2023

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a recommendation in the December 2022 inspection report for Nova Recovery.

- 5** The provider must ensure that staff follow its infection prevention and control policy (see page 13).

Timescale – immediate

Regulation 3(d)(i)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 6** The provider must ensure medical personnel are available on-site for each admission to ensure a thorough medical assessment and consultation before prescribing controlled drugs as part of the detoxification regime at site. The medical staff must also be available in person when needed outside the planned weekly clinic (see page 13).

Timescale – by 11 October 2023

Regulation 12 (b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- b** The service should consider a formal arrangement to train staff in quality and risk management (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

- c** The service should ensure relevant clinical practice policies are reviewed to ensure they reflect how the service is delivered (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- d** The service should document discussion with patients about the implications and clear rationale for treatment where their previous medical records are not available (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.24

- e** The service should provide GPs with a discharge summary of any inpatient episode (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.14

This was previously identified as a recommendation in the December 2022 inspection report for Nova Recovery

- f** The service should review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 9 – Quality improvement-focused leadership

Requirement

- 7** The provider must develop and implement a quality assurance system to formalise and direct the way it drives and measures improvement. This must include, as a minimum:

- (a) audit calendar*
- (b) audit tool, and*
- (c) action plans (see page 16).*

Timescale – by 11 October 2023

Regulation 13

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- g** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.9

- h** The service should review its whistleblowing policy to include a focus on developing a culture in the service where staff were supported to raise any concerns (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare 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.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org