

Unannounced Inspection Report: Independent Healthcare

Service: Murdostoun - Brain Injury Rehabilitation
Centre, Lanarkshire

Service Provider: Active Neuro Limited

1–2 September 2026

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 4–5 March 2025

Requirement

The provider must ensure that external clinical waste bins are kept locked at all times.

Action taken

During our inspection we saw evidence that the clinical waste bins were locked and keys stored securely. In addition, the service had introduced a daily check of the bins which was carried out by nursing staff. We saw evidence of this being discussed at the morning meeting. **This requirement is met.**

Requirement

The provider must ensure that all legal documentation regarding DNACPR and Adults with Incapacity Act are fully completed and easily accessible.

Action taken

We found that all legal documentation we reviewed regarding DNACPR and Adults with Incapacity Act were fully completed and accessible. **This requirement is met.**

Requirement

The provider must improve the standard of record keeping in patient care record to ensure they are easily accessible and updated when there is a change in the delivery of care. All records must be accurately completed, dated and signed by the healthcare professional.

Action taken

From the care records we reviewed we found these were fully completed, easily accessible and all entries were dated and signed by the healthcare professional. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 4–5 March 2025

Recommendation

The service should update its infection control policy to reference Healthcare Improvement Scotland's Infection prevention and control standards 2022 and National Services Scotland's national infection control manual.

Action taken

We reviewed the services infection control policy and could see evidence that it had been reviewed and updated to include Healthcare Improvement Scotland's Infection prevention and control standards 2022 and National Services Scotland's national infection control manual.

Recommendation

The service should review the patient care records and expand the range of information audited as part of the patient care audit to ensure that documentation was organised and in a clear and structured way.

Action taken

From the patient care records we reviewed, we found these to be organised and information was easily accessible. The patient care record audit was comprehensive and audited a range of information.

Recommendation

The service should ensure communication with all staff regarding infection prevention and control issues is robust and consistent.

Action taken

The service had introduced both weekly and monthly walk arounds which involved asked staff questions in relation to infection prevention and control. A daily safety huddle was held each morning where any infection prevention and control issues would be highlighted, this included any patient with infections.

Recommendation

The service should ensure that all staff have the appropriate training in line with the provider's observation policy.

Action taken

We saw staff had received training in carrying out observations that was in line with the provider's observation policy.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Murdostoun – Brain Injury Rehabilitation Centre on Tuesday 1 and Wednesday 2 September 2026. We spoke with a number of staff and service users during the inspection. We received feedback from 12 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Lanarkshire, Murdostoun - Brain Injury Rehabilitation Centre is an independent hospital providing neurorehabilitation for brain injury or other neurological conditions.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Murdostoun - Brain Injury Rehabilitation Centre, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The vision and strategy for the service was clearly stated in the provider's corporate strategy and website. Leadership and governance structures and processes helped staff to deliver safe care and treatment. Career opportunities and staff development were available for staff.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient engagement and feedback was used to inform improvements in the service. Policies and procedures, set out the way the service was delivered and supported staff to deliver safe and person-centred care. A comprehensive audit programme was in place. A range of clinical and non-clinical risk assessments was in place. The provider's services were compared against each other to support continuous improvement. A comprehensive site improvement plan and staff training programme also helped to improve how the service was delivered. Healthcare Improvement Scotland must be notified of specified matters, as outlined in the guidance. An action plan for staff survey results would help address and identified issues and inform improvements.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well maintained. Safe staff recruitment processes were in place. Staff showed care and compassion with a commitment to improving patient care. Patient care records were holistic, and person centred with carer and other agencies involved, where appropriate. Appropriate COSHH signage must be displayed in areas where hazardous substances are stored and access restricted. Discussions about consent to share information should be documented in the patient care record.		✓✓ Good

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.

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 Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Active Neuro Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and three recommendations.

Implementation and delivery	
Requirement	
1	The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 23). Timescale – immediate <i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i>
Recommendations	
a	The service should develop and implement an action plan in response to staff survey results (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should ensure that discussions about accessing advocacy services are documented in the patient care record (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Results	
Requirement	
2	The provider must ensure that appropriate COSHH signage is displayed in areas where hazardous substances are stored and these areas are limited access for staff only (see page 28). Timescale - immediate <i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendation	
c	The service should ensure that patients are consulted about what information they wish to be shared with their next of kin or family. This should be documented in the patient care record (see page 28). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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

Active Neuro Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Murdostoun - Brain Injury Rehabilitation Centre for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The vision and strategy for the service was clearly stated in the provider's corporate strategy and website. Leadership and governance structures and processes helped staff to deliver safe care and treatment. Career opportunities and staff development were available for staff.

Clear vision and purpose

The service provides specialist inpatient rehabilitation for patients in recovery from a brain injury or other neurological conditions.

The provider's vision was 'a world where people with the most complex needs are surrounded by the collaborative, holistic and expert care they require and the kindness they deserve to live a bright future and their best lives.'

As part of the provider's quality strategy 2023–2026 the provider set a clear direction for the delivery of safe care, and this aligned with its strategic goals. This included eight priorities and five overarching objectives. The provider's strategic priorities were supported by a clearly defined set of core behaviours. These focused on kindness and honesty, fairness and inclusion, and a commitment to listening, learning, and taking action. Some examples of the priorities included:

- meeting physical healthcare needs of patients
- protect patients and staff
- providing holistic care and treatment, and
- quality assurance and driving improvement.

The provider used a centralised electronic reporting system to collect and monitor information relevant to its strategic priorities and objectives. The system generated live reports that supported ongoing performance monitoring and informed quality improvement and service development. The provider also

published an annual report on its website each year, showing its achievements, performance, and progress towards achieving its strategic priorities.

The service's own mission statement 'together we help patients, and their loved ones navigate their neurorehabilitation journey as skilled, compassionate and cohesive team' was displayed on entrance to the hospital.

A local annual plan for the service 2026 set the direction of the service and supported the provider's mission statement. The plan identified key priorities for the year ahead and outlined how these would be achieved, including through workforce development, quality and safety initiatives, patient-centred rehabilitation, family engagement, and research and innovation.

We saw that senior management in the service regularly monitored and evaluated the service's performance.

We saw the service also produced 6-monthly reports summarising referrals received and rehabilitation outcomes achieved by patients. This provided oversight of service activity and supported evaluation of patient outcomes. We saw this was shared with staff and external stakeholders such as NHS boards to demonstrate the service's achievements.

- No requirements.
- No recommendations.

Leadership and culture

The service had a diverse workforce of health and social care staff, including:

- a consultant in neurology, rehabilitation medicine, and psychiatry
- clinical neuropsychologist and psychology assistants
- physiotherapists and occupational therapists
- nurses
- rehabilitation support workers, and
- speech and language therapists.

A variety of ancillary staff supported the clinical staffing team, including:

- catering
- housekeeping, and
- maintenance.

The service leadership structure included a hospital director, head of therapies, matron, unit manager and assistant manager, who had overall responsibility and oversight of the service. They had support in delivering safe care for patients from:

- a maintenance manager
- lead allied health professionals
- senior nurses, and
- senior support workers.

Governance systems and processes were in place, with clear reporting pathways and performance monitoring systems. This helped staff to deliver safe care and support improvement in the service. This included a range of staff meetings, for example:

- health and safety meetings
- monthly clinical governance meetings
- monthly senior management meetings, and
- regional governance meetings.

A serious incidents operations panel met weekly within the provider organisation to discuss incidents reported by services. Information from these meetings, including lessons learned bulletins, were shared with the service. This helped to support consistent management of incidents across the organisation and enabled staff to learn from events and implement improvements, where appropriate.

We were told a member of the provider's executive team visited the service regularly to meet with staff and patients. The managing director also met with the service manager every 2 months. We were told any updates or key information from these visits or meetings were shared with the senior management team who then shared relevant information with staff as appropriate. In addition, every 3 months the provider's chief executive held meetings remotely and all staff were invited to attend. These meetings were also recorded and available to staff on the staff intranet. This helped to keep staff informed and updated of developments in the organisation.

A staff protocol produced by the provider was in place to make sure appropriate staffing numbers and skill-mix were on duty. We were told staffing numbers would be increased depending on patient needs, if required.

This included the use of bank and agency staff. The service's on-call system included a member of the senior management team.

We attended a daily morning handover meeting which senior members of staff, including ward managers and the head of facilities, attended. At this meeting staff discussed:

- any planned maintenance
- incident reviews for previous 24 hours
- planned appointments or activities for patients
- patients on one-to-one nursing
- patients' risk assessments
- planned staff training, and
- staffing levels.

We saw the provider developed and promoted a 'freedom to speak up whistleblowing' policy for staff. We could see information about this on noticeboards and TV screens throughout the service. We were told the service had an open-door policy for all staff to have access to the senior team. All staff we spoke with told us that the senior management team was supportive and were easy to approach. Comments from our survey included:

- 'Leaders are approachable, friendly, very helpful and nurture staff to do their best and be their best.'
- '...Leadership is strong and approachable....'
- 'The management team are approachable and helpful.'

The provider's people strategy set out its approach to workforce planning and development. We saw a new strategy for 2026–2027 with set objectives had been developed with a focus on improving the experience of newly recruited staff and strengthening management capability. The strategy evidenced that feedback from staff had been considered, including staff surveys and exit surveys completed by staff members leaving the organisation. This helped to ensure workforce priorities reflected staff experience and informed continuous improvement.

The service actively promotes staff wellbeing and morale through a range of communication, recognition, and support initiatives. This included the use of an internal communications app for use on staff mobile phones, which was tailored to specific individual job roles. This provided updates from other services in the

organisation and included thank you messages, staff benefits, learning and development opportunities, and a staff wellbeing hub. The app also included information on the organisation's speak up policy.

A monthly wellbeing meeting was in place to support and improve staff wellbeing. This included a wellbeing fund that could be used to support a range of wellbeing initiatives suggested by staff. For example, external catering such as coffee and takeaways. We saw arrangements were also in place to ensure night-shift staff could access these initiatives.

The service provided opportunities for staff development and continuous professional development. This included leadership learning modules and the implementation of 'champion roles' in areas such as infection prevention and control, care planning, and safeguarding. These roles provided staff with additional responsibilities and helped support staff with learning and improvement activities in the service. We saw evidence of staff being promoted to senior roles, including the role of the matron, senior staff nurses, and senior support workers. We spoke with a staff member who had also been supported to progress their professional development from a support worker role to that of an assistant psychologist.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient engagement and feedback was used to inform improvements in the service. Policies and procedures, set out the way the service was delivered and supported staff to deliver safe and person-centred care. A comprehensive audit programme was in place. A range of clinical and non-clinical risk assessments was in place. The provider's services were compared against each other to support continuous improvement. A comprehensive site improvement plan and staff training programme also helped to improve how the service was delivered.

Healthcare Improvement Scotland must be notified of specified matters, as outlined in the guidance. An action plan for staff survey results would help address and identified issues and inform improvements.

Co-design, co-production (patients, staff and stakeholder engagement)

The provider's website provided comprehensive information about the service for patients and carers. This included a brochure with information about the multidisciplinary team, conditions the service was able to support, the facilities available and a patient's rehabilitation journey.

A digital information board was displayed in the reception area, this provided information and updates for patients, carers, and staff about the service. This included photographs and information of recent activities and events that patients had participated in, as well as staff biographies. This helped keep staff and patients informed about service developments and allowed patients and carers to become familiar with staff supporting their care and treatment.

A patient participation strategy was in place, and we saw a variety of methods used to gather feedback from patients and carers, including:

- a suggestion box
- informal feedback
- one-to-one sessions
- patient forum meetings
- patient progress meetings, and
- post-discharge questionnaires.

Patient forum meetings were held monthly and followed a set agenda. This provided patients with updates on the actions from the previous meeting, updates about the service including the environment and staffing, and planned activities. Examples of improvements included changes to the menu and planned activities.

The service held family education sessions every 6 weeks covering topics such as brain injury awareness, rehabilitation, communication, and peer support. These sessions were available to families both face-to-face and remotely, allowing family members who were not local to the service to attend and participate. This helped families to understand brain rehabilitation and an opportunity to share their experiences.

We saw the service actively engaged with the local community. This included staff members leading and supporting a local charity for people affected by brain injury. This provided a range of support including weekly drop-in sessions, monthly guest speakers, alternative therapies, music sessions, and advice services. We were told patients from the service were also supported to attend.

The service continued to actively engage and work collaboratively with external stakeholders including NHS boards, local GP services and health and social care partnerships. The service was also part of the Brain Injury Network Glasgow, Scottish Head Injury Forum (SHIF) and Scottish Acquired Brain Injury network. This provided opportunities to share information and keep the service up to date with best practice.

The service engaged with staff in a variety of ways to communicate updates, gather feedback and discuss improvements, including:

- a digital information board in the staff room
- email updates
- staff intranet
- staff meetings, and
- surveys.

A staff recognition scheme in place where staff could nominate each other for recognition to acknowledge and celebrate the achievements of each other. This helped to acknowledge staff contributions and promote a positive workplace. The provider also held national 'star awards' where nominated staff were invited to attend formal awards ceremony.

What needs to improve

A yearly staff survey was sent to all staff. We saw results from a recent staff survey had been collected and reviewed. However, we did not see evidence that an action plan had been developed to address the identified issues or improvements made as a result. (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement an action plan in response to staff survey results.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration. We saw the service displayed its previous Healthcare Improvement Scotland inspection report in the reception area.

All incidents and accidents were recorded on the electronic reporting management system. A process was in place to fully investigate and review incidents, and we saw examples where incidents had been managed in line with this process. The investigation included:

- a full description of the incident and immediate actions taken
- an action plan for improvement
- an incident review and investigation
- assigned incident category, and
- shared learning with staff.

We reviewed two incidents during our inspection and could see that they had been recorded, investigated and any learning or actions put in place. We saw accidents and incidents were discussed at meetings, including the daily morning meeting, ward meetings, and local clinical governance meetings. A weekly incident brief was also held with the Matron, a senior nurse and support worker to discuss challenging cases and support shared learning.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy in place, and a yearly report was available on the service's website.

Comprehensive policies and procedures helped support the delivery of safe, person-centred care. Policies were reviewed regularly or in response to legislation, national guidance, and best practice. To support version control and accessibility, policies were available electronically on the staff intranet. We saw policies in place for:

- adult support and protection
- consent to treatment
- fall prevention and care
- freedom to speak up whistleblowing (detailing how staff could raise concerns about patient safety or practice in the service)
- health and safety
- infection prevention and control, and
- medicine management.

The complaints policy set out times and expectations for how complaints would be managed. Information on making complaints to Healthcare Improvement Scotland was available in the service. We saw complaints were reported and monitored using the electronic reporting management system. We reviewed a recent complaint and found this had been managed in line with the service's complaint policy.

Effective processes and procedures were in place to make sure the environment was safe, including appropriate infection prevention and control measures. These measures were carried out in line with the service's infection prevention and control policy. The policy was in line with national infection prevention and control guidance. It described the precautions in place to prevent patients and staff from being harmed from avoidable infections. Precautions included:

- hand hygiene practice
- management of laundry, sharps, and clinical waste, and
- the use of personal protective equipment (such as disposable aprons, gloves).

The majority of patients were referred to the service from NHS boards. We saw that comprehensive processes were in place to assess the suitability of patients for admission. This included a member of the multidisciplinary team carrying out a pre-admission assessment to ensure the service could meet the individual's needs, manage identified risks, and provide appropriate rehabilitation. This helped to ensure patients admitted were suitable for the care and treatment provided.

A range of clinical specialists delivered patients' care. We saw that each patient was reviewed at multidisciplinary team meetings over their stay. During these meetings, each professional contributed an assessment of the patient's needs and progress towards their rehabilitation goals. We found that comprehensive multidisciplinary reports were produced to evidence the care and treatment provided, including the patient's rehabilitation progress.

Each patient was invited to attend their own progress review, which was held every 4–6 weeks. Family members were also encouraged to attend, where appropriate. This helped to keep patients and family members involved in decisions about their care.

While in the service, patients were temporarily registered with a local GP practice. The service did not stock medication. The patient's local GP prescribed medication following discussion with medical staff in the service.

Medication, including controlled drugs were stored securely and appropriately in the pharmacy room. Nursing staff were identified on each shift to sign for keys for the controlled drug cabinet to make sure that no unauthorised member of staff could access controlled drugs. A medication management policy and a range of medication management audits were in place. This helped the service to ensure that medicines were being managed safely and in line with the services policies and procedures.

The Adults with Incapacity (Scotland) Act 2000 provides a legal framework to protect adults who cannot make decisions for themselves due to mental or cognitive impairment. We found that where appropriate, patients had a valid Section 47 certificate in place. This provided the service with the legal authority to deliver certain necessary medical treatment where patients lacked the capacity to consent.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient information was in paper and electronic format and stored securely. Electronic devices were password-protected. This helped to protect confidential information in line with the service's information management policy.

A recruitment policy was in place, and the service had a thorough recruitment and induction process with oversight from the organisations central onboarding team.

Mandatory training was aligned with staff members roles and recorded on an online training and education portal. This enabled effective oversight of training completion rates. The annual personal development review process was also recorded on this portal. This provided staff with the opportunity to regularly discuss their development, and to identify any learning needs. In addition to mandatory training, staff could apply for funded learning opportunities relevant to their job role. We saw most staff were up to date with mandatory training for:

- acquired brain injury
- adult support and protection
- epilepsy awareness
- infection prevention and control
- manual handling, and
- positive behaviour support.

We saw that staff received additional face-to-face training for:

- adult with incapacity
- Huntington's disease, and
- tracheostomy care.

The service valued the importance of staff wellbeing, and we saw policies in place for:

- freedom to speak up
- menopause at work, and
- mental health and wellbeing.

Staff were supported to fulfil their roles and maintain their wellbeing through regular one-to-one meetings with their line manager, clinical supervision, and reflective practice sessions and incident debriefs.

We noted that the service had contributed to a number of research projects relating to brain injury. This included the consultant clinical neuropsychologist co-inventing a new artificial intelligence (AI) app and presenting this work at a continuing professional development event hosted by the British Psychological Society. This helped to demonstrate the service's commitment to research and the development of evidence-based practice in brain injury rehabilitation. The service was a member of the independent neurorehabilitation providers alliance (INPA), a network of specialist providers delivering rehabilitation for people affected by brain injury. We saw that the service had achieved INPA accreditation. This helped to demonstrate and provide external assurance that the service had met the recognised standard of care for neurorehabilitation.

What needs to improve

Healthcare Improvements Scotland's' notification guidance details specific events and circumstances which services are required to report to us. Although the service was aware of the notification process, we noted the service had not notified us about certain matters, including the appointment and resignation of directors in the provider organisation (requirement 1).

We saw posters displayed in communal areas providing information about how patients could access independent advocacy services. However, we did not see evidence in the patient care record that access to advocacy had been discussed (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Recommendation b

- The service should ensure that discussions about accessing advocacy services are documented in the patient care record.

Planning for quality

We saw robust systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included:

- auditing
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risk
- risk register, and
- staff meetings.

A risk register was in place as part of the service's risk management process, which demonstrated a proactive approach to identifying and managing risk in the service. The service carried out a wide range of risk assessments, including those for:

- infection control
- legionella (a water-based bacteria) risk assessment
- slips, trips, and falls, and
- use and storage of oxygen cylinders.

The service had an up to date fire risk assessment, appropriate fire safety equipment, and signage in place. The weekly fire alarm test was carried out during our inspection. We saw up to date servicing checks for electrical safety and patient equipment.

A detailed contingency plan was in place for major incidents that would affect the running of the service and impact on patient care. Arrangements were documented for staff to follow in case of such events. Each patient had a personal evacuation plan in place.

The maintenance team oversaw the day to day running of all non-clinical services in the service. The provider's national estate team had responsibility for overseeing maintenance contracts across the organisation. An electronic platform was used to monitor and schedule when maintenance and servicing was due, including that for the:

- boiler
- electrics
- gas
- oxygen, and
- vehicles.

The service's in-house maintenance and housekeeping team completed a programme of daily and weekly checks.

Hospital walkarounds were carried out every week by the hospital director or matron which would look at the physical environment and monitor compliance with infection prevention and control. Further monthly infection control audit took place by the infection control champions. This helped to ensure the environment was clean, safe, and well maintained.

The service held a monthly health and safety meeting with a range of staff disciplines to monitor risks and ensure that any identified issues had been addressed. The provider also held health and safety committee every 3 months. Minutes from these meetings were shared with the registered manager. In addition, a yearly health and safety inspection was carried out by the provider to assess compliance with health and safety requirements and the safety of the environment. This helped to make sure that care and treatment was delivered in a safe environment.

The provider's quality team set out comprehensive yearly programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvement. Audits carried out by a range of staff and included those for:

- care planning and record keeping
- falls
- health and safety
- infection prevention and control
- physical health, and

- refuse and waste handling.

Audits were carried out on either an electronic reporting management system or recorded on paper records, depending on the audit type. Outcomes from audits, including actions identified were recorded on the electronic system which staff could provide updated on any actions that had been completed. The provider could also access the system to monitor compliance and allowed services across the organisation to compare their performance against one another.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement, and taking corrective actions. The service had a comprehensive site improvement plan. This was a live document and was available on the intranet for staff to view. We saw improvements were identified from a range of quality assurance and governance activities, including audits, incident reviews, and scenario-based exercises. Example of recent improvements implemented included the purchase of evacuation slides and tracheostomy grab bags for use in an emergency.

We saw the site improvement plan was reviewed every week by the senior management team. Actions were RAG-rated (red, amber, and green) and this helped the service to monitor and track progress of the actions required. The provider's executive team could also access the plan to monitor the service's progress and oversight of improvement activities.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean and well maintained. Safe staff recruitment processes were in place. Staff showed care and compassion with a commitment to improving patient care. Patient care records were holistic, and person centred with carer and other agencies involved, where appropriate.

Appropriate COSHH signage must be displayed in areas where hazardous substances are stored and access restricted. Discussions about consent to share information should be documented in the patient care record.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment was clean, organised, well maintained, and free from clutter. Housekeeping staff were up to date with infection prevention and control training and cleaning methods. We saw appropriate cleaning taking place during our inspection. Housekeeping staff used appropriate chlorine-based cleaning products for sanitary fixtures and fittings. All cloths, mops and mop heads were colour-coded and single-use. We saw cleaning schedules in bathrooms and service users' rooms, which were cleaned daily.

The service had a large laundry facility where all linen was laundered at appropriate temperatures. The machines were maintained in line with national disinfection requirements. Personal protective equipment (such as aprons and gloves) was readily available throughout the service, with additional stock located in ward store cupboards.

The service has also recently introduced an infection prevention control 'champion' who was responsible for completing monthly audits. We also observed evidence of environmental checks being completed.

Patients we spoke with were complimentary about the service they received. During the inspection we spoke with one family member who was positive about the service and stated that it was welcoming and homely. We also witnessed staff assisting patients to make their bed spaces a comfortable and relaxing environment.

We reviewed three patient care records and found these were holistic and person centred in relation to patients' needs. We saw evidence of multidisciplinary working, as well as patient and carer involvement. From the patient records reviewed, there was evidence of person centred risk assessments which were aligned with relevant policies. The patients care records were all in date and there was evidence of patient care plans being reviewed regularly.

Patients who were subject to legal frameworks such as Adults with Incapacity (AWI) and do not attempt cardiopulmonary resuscitation (DNAR) had evidence of this listed in their alerts in their electronic patient care record. Up to date certificates were also in place. In addition, we saw care plans with clear goals and interventions to support each patient depending on their legal status.

The five staff files we reviewed contained completed appropriate background checks to show that staff had been safely recruited, including:

- identity verification, including right to work
- occupational health checks
- protecting vulnerable group (PVG) status, and
- references.

Staff recruitment information was stored in the human resources electronic system. The service had a process in place for ongoing professional monitoring including reviews of professional registrations, where appropriate and Disclosure Scotland checks. This included an electronic tracking system held by the human resources manager for monitoring compliance and ensure these checks were up to date.

Staff we spoke with during our inspection spoke positively about their experience of working for the service. Most of the staff who responded to our survey said they would recommend the organisation as a good place to work. Comments included:

- 'I really enjoy my job and the people and patients I am working with.'
- 'The leadership is visible and approachable.'
- 'There is positivity and an open and honest culture.'

What needs to improve

During our inspection, we saw cleaning materials and equipment were stored in appropriate areas. However, these areas did not limit access to staff only or have appropriate COSHH (the control of substances hazardous to health) signage in place (requirement 2).

We found that consent to share information with agencies involved in the patients care was documented in the patient care records. However, there was no record of what information the patient would like to be shared with their next of kin or family (recommendation c).

Requirement 2 – Timescale: immediate

- The provider must ensure that appropriate COSHH signage is displayed in areas where hazardous substances are stored and these areas are limited access for staff only.

Recommendation c

- The service should ensure that patients are consulted about what information they wish to be shared with their next of kin or family. This should be documented in the patient care record.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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

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