

# Castle Craig Hospital

# AUDIT REPORT

Surveillance 2 (Remote)

Report issued at 22:32 GMT on 06-Jun-2021



**Castle Craig Hospital** **AUDIT REPORT**

<b>Client ID#:</b>	CMPY-041564
<b>Client/Address:</b>	Castle Craig Hospital Blyth Bridge, West Linton, Peeblesshire EH46 7DH  Smarmore Castle Private Clinic Ardee, County Louth (Lú), A92 YY22, Ireland
<b>Audit Criteria:</b>	ISO 9001:2015
<b>Audit Activity:</b>	Surveillance 2 (Remote)
<b>Date(s) of Audit:</b>	Castle Craig Hospital West Linton, United Kingdom: 08-Apr-2021  Smarmore Castle Private Clinic Ardee, County, Ireland: 09-Apr-2021
<b>Auditor(s) (level):</b>	Ron Rivans (Lead Auditor, Castle Craig Hospital, West Linton, United Kingdom) Ron Rivans (Lead Auditor, Smarmore Castle Private Clinic, Ardee, County, Ireland)
<b>Scope of Audit and Scope of Certification:</b>	<b>Site: Castle Craig Hospital, West Linton, United Kingdom</b> <b>ISO 9001:2015:</b> The provision of residential treatment for addictive disease. <b>Site: Smarmore Castle Private Clinic, Ardee, County, Louth (Lú), Ireland</b> <b>ISO 9001:2015:</b> The provision of residential treatment for addictive disease.

**OVERALL RESULT:**

No Action Required

The management system was found to be fully effective. (no nonconformities issued)

## Castle Craig Hospital **AUDIT REPORT**

# EXECUTIVE SUMMARY

This remote, on-site surveillance audit included was conducted to review activities at the main facility at Castle Craig Hospital in Peebles, Scotland and also at the sister site in Smarmore Castle Private Clinic in Dublin, Ardee, County Lough, Ireland. A single report has been produced which gives the results of this inspection of both these sites against the criteria of ISO 9001:2015 Quality System Standard and also against the Documented Quality Management System which is common to both these sites where patients receive treatment for addictive disease.

The audit reviewed the performance of these two sites in meeting the requirements of ISO 9001:2015, to what extent they had utilised the mandatory requirement to continually monitor and assess their quality management systems, to determine the degree of compliance to their operating procedures and also to endeavour to improve their systems to provide better services to the patients who receive treatment at these locations. Both sites were subjected to a review of their quality management system tools including internal audit results, corrective action process, medical and therapeutic processes, medicines management and estate management controls including potable water quality, accommodation, catering and patient/staff health & Safety management.

Because of the very broad scope of processes involved and the intensity of the audit process which is obliged to cover so many areas of control, the prolific amount of evidence generated during the audit has been logged or referenced in the auditor's handwritten notes which have accompanied this report. Only a very small but significant amount of evidence has been presented to exemplify the character of the audit evidence.

The effective response to the threat of Covid -19 pandemic, implemented with appropriate measures to protect both its patients and its staff at both facilities has continued to be administered robustly by the determined staff and management at both facilities. In addition to the very detailed Coronavirus Management policy set out by the CEO, further anti Covid measures were introduced through the adoption of the Biozone Schedule Ozone Decontamination Treatment. Rooms and zones of the hospital are systematically sterilised by a machine which emits controlled amounts of ozone which is an effective decontamination agent for Coronavirus. The staff have been trained to use the machine safely through the controls identified in an eloquent risk assessment for the use of the Biozone machine as written on the 17th July 2020. The implementation of the Biozone decontamination system throughout the hospital, with appropriate staff training, is an excellent initiative and addition to the extensive infection control programme, vindicated by the fact that there have been no cases of Covid at Castle Craig in the last year.

The recent inspection report from regulatory body Healthcare Improvement Scotland (October 2020), focussing on the hospital's response to Covid in terms of infection control and leadership, was most impressive, achieving an 'Exceptional' rating which reflects the standards of performance which have been assessed and witnessed in practice.

Further opportunities have been created from the Covid restrictions during the past year. Some examples included the increased level of group communication throughout the hospital, with a greatly increased use of Zoom and Microsoft Teams by management groups and medical teams, improving communication and time management and an expansion and improvement of the family therapy programme and aftercare programmes through the virtual delivery of these activities.

## Castle Craig Hospital **AUDIT REPORT**

The new role of Senior Therapy Manager (interviewed on MS Teams – Mark Abrami) is proving most successful, with committed and strong leadership of the therapy programme much in evidence, in particular with relation to quality assurance of recording standards and to training. This new post has arisen following a reorganisation of the previous treatment coordinator's management role (Glynnis Reid).

Estates management compliance for water management, gas, electrical systems, waste, legionella testing and servicing of clinical equipment is very impressive and well managed, with the appointment of an external water management company proving most successful in maintaining these standards.

The hospital has an excellent appreciation of fire risk and has implemented very good protective systems, with the recent installation of a very comprehensive fire safety system throughout the complex. Calibration records for clinical equipment were comprehensive and showed excellent control.

The results of this review showed that no nonconformities had been issued to either of the two sites with both sites having continued to implement a robust internal audit programme with in-depth reviews of their processes and had shown overwhelming evidence of good leadership fronted by a committed and active Group CEO, Dr Margaret McCann over both sites and equally at each of the sites by the senior members of the two locations.

The hospital has continued to implement a range of measures to prevent the contagion Covid-19. The design and implementation the detailed Coronavirus Management policy developed by the CEO - namely "Policy for the Management and Prevention of Coronavirus (Covid -19) – Protocol CG 56 "- issued in April 2020 appears to have been very effective. NoO reported cases of Covid had arisen. It was noted in CG 56 that there was great attention to detail in terms of infection control and communication demonstrating the hospital's accountability for the protection and security of the patient, as well as their medical and therapeutic treatment.

Patient satisfaction reports were reviewed and it was pleasing to see 100% satisfaction that patients were treated with respect and dignity, and that they rated not only the treatment programme but the support services very highly. The challenges posed by Covid-19 have become opportunities for improvement, which have been grasped.

The implementation of the Messenger system on the electronic patient record is seen as an excellent development, allowing advanced and informal opportunities for patients to correspond with the hospital and submit requested documentation.

The recently upgraded website is excellent, with a fresh and professional look, and increased content which also refers to the recently implemented Telehealth programme available as an alternative treatment to residential.

With regards to the private water supply at the water treatment system is being well handled by the Services Manager, who demonstrates a wealth of knowledge in this area. The now adopted, successful treatment now uses Chlorine Dioxide as the main sterilising agent and is proving a most reliable system compared to the earlier versions of water treatment deployed for this private water supply.

An excellent new fire safety system is currently being installed and this major investment demonstrates the management's commitment to the safety of their patients and staff.

## Castle Craig Hospital **AUDIT REPORT**

The CEO continues to prove an outstanding and committed leader, especially in the recent months of Covid-19 when strong leadership was essential for the adoption of substantial changes to its business strategy and provide a safe environment for its patients and its staff.

This remote audit has once more been enabled entirely and effectively by the Assistant Governance Manager who continues to provide a valuable resource in support of the hospital's clinical and administrative management system documentation. As minute secretary for many governance meetings, she also provides much needed concerted information to support the CEO in her challenging role in this hospital.

### Smarmore Private Clinic

The replication of all the tried and tested clinical and operational processes developed at Castle Craig Hospital, including medicine management, detoxification practices, psychological assessments, admission and discharge procedures (with minor amendments where necessary to reflect Irish legislation) has not only continued to be implemented at Smarmore but also more effectively.

This improvement has resulted from the appointment of a new clinic manager, Keith Cassidy who has succeed Mary Curtis. He is strongly supported by Lead Nurse Gary Thompson who is very experienced and has a key supporting role to the clinic manager by participating in the internal audit programme, developing risk assessments (Including Covid) and conducting monthly inspections of clinic procedures.

Covid- 19 measures were introduced at the Clinic following the implementation of contingencies and measures identified in the Covid Risk assessment (18th March 2020). The risk assessment provided guidance and controls for both the staff and patients at the clinic. Repeated briefings were delivered to the staff as the legislation changed in the past 6 months e g Covid briefing to staff on 3 July 2020 and on 2 September 2020.

A very impressive audit programme is apparent, led by the Clinic Manager and Lead Nurse, with very well written reports which are highly interpretive and with corresponding actions.

The clinic is preparing for accreditation by CHKS (recognition of hospital benchmarking service) against the medical and it is anticipated that no problems will arise in achieving this as the standard is based on ISO 9001:2015.

Compliance is good for all estate management, including gas, water treatment, boiler servicing and management of the swimming pool.

### People Interviewed:

Castle Craig Hospital

Dr Margaret McCann, CEO

Lucy Haden: Governance & Compliance Manager

Duncan Dewar: Deputy Head Nurse / Fire Officer

**Castle Craig Hospital** **AUDIT REPORT**

Mark Abrami: Senior Therapy Manager

David Spence: Senior Maintenance Technician

Donna Campbell: Senior Healthcare Worker

Sam Hudson: Hospitality Manager

Smarmore Private Clinic

Keith Cassidy, Smarmore Clinic Manager

Gary Thomson, Smarmore Lead Nurse

## SWOT ANALYSIS

<b>Strengths</b>	The rapid and effective responses by Castle Craig Hospital and Smarmore Clinic to the Covid -19 outbreak this year were based on the coordinated implementation of well - developed Quality Medical protocols which had been designed for this type of outbreak. The measures were entirely effective and no cases of Covid were reported. Strong and effective leadership by the CEO and her senior staff at both locations have resulted in nil Covid cases and a continuing safe environment for the treatment of patients. The new management team at Smarmore comprising Keith Cassidy and Gary Thomson is impressive as are the excellent monthly inspections and internal audits conducted therein
<b>Weaknesses</b>	None
<b>Opportunities</b>	None
<b>Threats</b>	None

## INTERTEK MATURITY MODEL

The score descriptions are generic to all management systems and cannot be customized by the auditor, thus allowing for the consistency of interpretation and standardization of audit results worldwide. The scores provided to your organisation are for benchmarking purposes only and are based on the audit team's evaluation.

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### Management

Mature

Consistent evidence of management commitment, customer and/or interested party satisfaction, knowledge/awareness of policy and objectives being demonstrated by the majority of staff. Responsibility and authority is evident and supported via data, trends and related KPI's. Management reviews are complete and demonstrate support by the majority of personnel. Records are complete and demonstrate positive trends in improvement and lessons learned.

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### Internal Audits

Meets Intent

Internal audits are being performed at planned intervals and are based on status and importance of the Management System. Data is being collected on regular basis. Audit teams are trained, impartial and objective in their approach. Audit reports are clear, concise with respect to content. Actions are being taken as a result of audit findings and timely responses are provided.

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### Corrective Action

Meets Intent

The corrective action process meets the minimum requirements as defined by the standard. Data does exist from such sources such as customer and/or interested party complaints, internal audits, warranty analysis, defects, internal metrics and supplier performance. The process includes a review of the effectiveness of the actions taken. There is evidence of problem solving tools being used to support the process.

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### Continuous Improvement

Meets Intent

Data streams are being used as sources to drive continual improvement over time. These may include management system policy, objectives, and audit results, analysis of data, CAPA and management reviews.

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### Operational Control

Mature

Operational Controls are planned and developed. Planning of operational controls is consistent with all other Management processes. Objectives, process requirements, needs for appropriate additional documents and resources, verification and monitoring activities and records requirements have been determined, as appropriate. Processes and activities run consistently. Data is collected, and reviewed to verify the effectiveness of operational controls with evidence of significant improvement trends. Some evidence linking to some key business factors.

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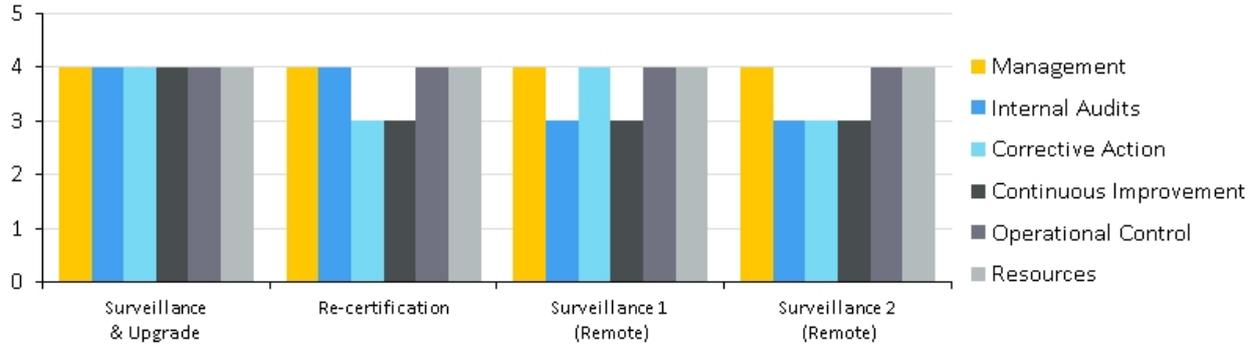
### Resources

Mature

Resources required for the effective maintenance and improvement of the management system have been defined and deployed. Improvements have been noted in areas such as customer and/or interested party satisfaction, continual improvement, process variation. Levels of competency have been defined and documented within the existing management system.

**Castle Craig Hospital**    **AUDIT REPORT**

**Intertek Maturity Model**



Rating: 5=Benchmark | 4=Mature | 3=Meets Intent | 2=Beginning | 1=Not Evident

## FINDING SUMMARY

	Minor	Major
Issued during current activity	0	0
Opportunities for improvement have been identified		
No		

## STATUS OF PREVIOUS AUDIT FINDINGS

**Follow-up on findings issued at previous audit:**

Prior assessment resulted in no non conformities.

## Castle Craig Hospital **AUDIT REPORT**

# EVIDENCE SUMMARY

The state of the management system is summarized below:

### **Conclusion of Client's Processes/Functional areas audited including KPI/Metrics**

Medical equipment sampled electronically was found to be in full calibration (Donna Campbell). This included the following instruments:

Alcolmeters

ITU (Hospital) – Calibrated 22 August 2020

Petland – New meter purchased 16 August 2020

Kirkurd – Calibrated 28 May 2020

### **Review and conclusion of client performance trends since last certification/recertification (at recertification audit and last surveillance audit prior to recertification)**

The organisation has continued to maintain its quality management system in accord with the requirements of ISO 9001: 2015. In reviewing the performance of this organisation as it approaches recertification next year. It was noted that the organisation had not received any non-conformances and had been able to demonstrate good compliance to the clauses of ISO 9001 examined during successive surveillance audits.

Relative to the requirements of ISO 9001:2015, evidence was found to show that a high level of customer focus was evident in the delivery of its medical and therapeutic treatment.

### **Conclusions regarding risk assessment/risk treatment processes**

Risks to the business are considered and assessed during the annual SWOT analysis and also during the weekly management meetings that take place when the risks are assessed and treated accordingly

### **Conclusions regarding context of the organization**

The context has been developed and defined in the company's quality manual. The context is reviewed annually during management review process and changes to the context are assessed in terms of their significance to the business.

Action is taken if these issues are significant.

### **Impact of Significant Changes (If Any)**

None

### **Additional information/unresolved issues**

Internal Audits

Castle Craig

## Castle Craig Hospital **AUDIT REPORT**

An Audit Plan at the commencement of the audit cycle April 2020 – March 2021 was developed and implemented by the hospital. A range of internal audits including medicines management, infection control, controlled drugs, housekeeping and hygiene had been conducted by Lucy Haden, Dawn Dixon, Dr M.A. McCann, Mark Abrami and Don Whitaker. Corrective actions were raised and signed off by Dr McCann on reviewing their effectiveness. Examples included:

1 Medicines Management – Ashton Pharmacy- July 2020 – Various observations reported

2 Infection Control – by Lucy Haden – September 2020

3 Hepatitis Vaccination Programme – by Lucy Haden - July 2020

### Smarmore

Examples of internal audits sampled at Smarmore Castle during this visit included:

- 1 Assessment of Care by Gary Thompson – Lead Nurse on 14 August 2020 - No NCRs raised – satisfactory report
- 2 TPC Annual Update – Card/Medication Management by Gary Thompson – on 4 February 2021
- 3 Clinical Records Audit by Gary Thompson - January 2020/June 2020 – Excellent audit

### Management Review Process

### Castle Craig

Clinical Governance Meetings were now being conducted. The most recent meeting took place on 23rd February 2021 but to minimise risk was held using MS Teams as the electronic communication method linking the following attendees -Dr M A McCann (MAM), Prof Jonathan Chick (Prof C), Dr Maria Kelly (MK), Dominic McCann (DM), Mark Abrami (MA), Roseanne Boyle (RB), Dawn Dixon (DD), Lucy Haden (LH) with Minutes by Lucy Haden. A very rich agenda included incident reports, early discharges, infection control, Covid Updates, Nurse Training, H&S Committee report of 11 January 2021.

### Smarmore Castle

The most recent Clinical Governance meeting took place on 10th February 2021 and was attended by Dr M.A McCann (Chair), Keith Cassidy, Dr Hugh Gallagher, Dr Jerry Lynch, Roisin McEnaney and Fiona Shekleton. The clinic has continued to use an action tracker (known as IPC) as the main instrument which drives changes and improvements in the clinic as instructed previously by the Governance Committee and more recently by the Covid Steering Committee. The agenda covered Covid update, interna audit results, medicines management, nursing and information control.

### Use of certification and accreditation mark

## Castle Craig Hospital **AUDIT REPORT**

The certification mark is used by Castle Craig Hospital and Smarmore Castle Clinic in a compliant manner on their websites and in information leaflets which are circulated to clients and interested parties.

The auditor would like to thank all members of staff for their help and co-operation during his visit, which ensured that the audit ran smoothly and in a timely manner.

This Audit was conducted remotely. All the documented information requested by the auditor for this remote audit was provided by the client using ICT (MS Teams for video & voice communications, Android Mobile Phone and email and Teams for document transmissions) as the audit proceeded in accord with the audit plan with no delays or transmission difficulties at any of the stages of the audit.

The documents provided electronically by the client during this remote recertification audit were deleted on completion of the audit report and were removed from the lead auditor's reporting system thereafter.

The recommendations from this audit will be subject to an independent office review, before any final decision is made concerning the awarding or maintenance of certification.

### **Communication/Changes during the visit (if applicable)**

None

### **References to appendices:**

Audit plan; Audit plan (as executed)

### **Have all shifts been audited:**

Yes

### **The audit has been performed according to audit plan meeting audit objectives, scopes and duration (on-site and off-site) as given within the audit plan**

The audit was conducted in accordance with the audit plan provided and was confined to the scope of registration. No changes were identified to the current scope of certification

### **Extent of use and effectiveness of Information and Communications Technology (ICT).**

ICT was used for 100% of this audit.

ICT used was effective in achieving the audit objectives.

NOTE: Use of Microsoft Teams Electronic Platform for video and sound communications, including the use of WhatsApp software for video link using Android phone to inspect factory by virtual means

## LEAD AUDITOR RECOMMENDATION

### Lead Auditor's Recommendation for ISO 9001:2015

The management system is in conformity with the audit criteria and can be considered effective in assuring that objectives will be met. Continued certification is therefore recommended.

## OTHER OR ADDITIONAL LEAD AUDITOR RECOMMENDATION

None

## CLIENT ACKNOWLEDGEMENT

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**Acknowledged By:** Lucy Haden

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