Unannounced Inspection Report: Independent Healthcare

Rachel House Children’s Hospice | Children’s Hospice Association Scotland | Kinross
13-14 July 2016
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2
## Contents

1. A summary of our inspection ........................................... 4
2. Progress since our last inspection .......................... 6
3. What we found during this inspection ...................... 9

**Appendix**

- Appendix 1 – Requirements and recommendations 20
- Appendix 2 – Who we are and what we do ................. 25
- Appendix 3 – How our inspection process works ........ 27
- Appendix 4 – Inspection process flow chart .............. 29
1 A summary of our inspection

About the service we inspected

Rachel House is registered as an independent hospital providing care for babies, children and young people with a range of life-shortening conditions many of which are rare. The service supports the whole family. The service aims to offer a place where families can relax, recharge their batteries and have fun with their children. This service also aims to help children make the most of each day and to live life to the full.

The service provider is the Children’s Hospice Association Scotland (CHAS). This charitable organisation is the sole provider of children’s hospice services in Scotland and has a second hospice service, Robin House Children’s Hospice, Balloch.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to Rachel House Children’s Hospice on Wednesday 13 and Thursday 14 July 2016.

The inspection team was made up of three inspectors, and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 5 - Very good
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 4 - Good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Rachel House Children’s Hospice can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.
What the service did well
The service provided excellent written and oral information for families. This allowed families to make an informed choice about whether the service was right for them. Families were actively encouraged to give their views on how the service could be improved. Appropriate action was taken to promote patient confidentiality at all times. Staff respected each other and worked well as a team and demonstrated a good understanding of how to support each child’s condition. The families we spoke with told us they were happy with the quality of care and support.

What the service could do better
While all clinical staff had up-to-date performance review and development plans in place, some other staff did not. The service’s infection control systems and processes must be improved to be in line with relevant guidance.

The support services team would benefit from developing a work plan. This would help identify and prioritise ongoing actions and any improvement work required. Although the service had an audit plan in place, this was not being implemented. The service should recommence this plan to continue to improve its quality assurance.

This inspection resulted in three requirements and 10 recommendations. The requirements are linked to compliance with the Act 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.

Children’s Hospice Association Scotland (CHAS), the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Rachel House Children’s Hospice for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 3 and 4 December 2014

Requirement

The provider must ensure that all staff are aware of the correct cleaning products and procedure for cleaning up spillages of body fluids. This is to ensure that the risk of cross-contamination from cleaning is minimised.

Action taken

This requirement is reported under Quality Statement 2.4. This requirement is not met (see requirement 2).

Requirement

The provider must ensure that all professional registers are checked periodically to ensure staff are fit to practice.

Action taken

Systems were in place to ensure all staff on professional registers were checked yearly. This requirement is met.

Requirement

The provider must ensure that complaints are responded to in line with the CHAS complaints policy.

Action taken

This requirement is reported under Quality Statement 1.1. This requirement is met.

Requirement

The provider must notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers.

Action taken

The service is now complying with guidance and notifying Healthcare Improvement. This requirement is met.

Requirement

The provider must ensure that staff are aware of the correct procedure for storage of oxygen cylinders and that cylinders are stored safely.

Action taken

We saw that all oxygen cylinders were stored safely throughout the service. This requirement is met.
Requirement

_The provider must ensure up-to-date Control of Substances Hazardous to Health (COSHH) documentation is available for staff and provide education and training for their use._

**Action taken**

The service had COSHH safety data sheets and risk assessments in place for all chemical products used in the service. Domestic staff had completed training in the use of these products. **This requirement is met.**

Requirement

_The provider must develop appropriate risk assessments to ensure the safe use of beds, bedrails and standalone heaters._

**Action taken**

This requirement is reported under Standard Statement 2.2. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 3 and 4 December 2014

**Recommendation**

_We recommend that the service should ensure that any agreement with parents, to be involved in the administration of medication, is assessed, agreed and written into the plan of care in the healthcare record of the person who uses the service._

**Action taken**

Staff were able to describe the system used to make sure parents were involved in the administration of medication were assessed and that agreement was recorded in the patients’ care record. **This recommendation is met.**

**Recommendation**

_We recommend that the service should review the practice of adding a patient’s own medication to stock if no longer required at discharge, as this is not in keeping with national care standards._

**Action taken**

The processes for receiving, storing, administrating, returning and destroying patients’ own controlled drugs were in line with current guidance. **This recommendation is met.**

**Recommendation**

_We recommend that the service should develop the ‘After Your Visit’ questionnaire to include questions about the quality of staffing._

**Action taken**

This recommendation is reported under Quality Statement 1.1. **This recommendation is met.**
Recommendation

We recommend that the service should assess individual staff training needs and create learning plans which include the development of leadership knowledge and skills to support staff.

Action taken

This recommendation is reported under Quality Statement 4.3. This recommendation is not met (see requirement 2).

Recommendation

We recommend that the service should review and improve quality assurance systems to ensure incidents, audits, complaints and user feedback are considered to gain learning points and influence improvement plans.

Action taken

This recommendation is reported under Quality Statement 4.4. This recommendation is not met (see recommendations i and j).

Recommendation

We recommend that the service should develop an audit plan which details the frequency of core audits.

Action taken

This recommendation is reported under Quality Statement 4.4. This recommendation is met.

Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design.

Action taken

This recommendation is reported under Quality Statement 2.4. This recommendation is not met (see requirement 2).
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent

A wide range of leaflets was available for families, patients and professionals. Staff could visit families in their own home to give verbal information and opportunities to ask questions. A leaflet called ‘With you every step of the way’ gave more in-depth information for families. The service had a social media page and a website with videos about the service. Families could view these before coming to the service. A yearly open day encouraged visits from members of the community and healthcare professionals.

Healthcare professionals were given the CHAS service’s ‘Our model of care’ booklet to help them give information to families about services offered. New, updated information folders were kept in family accommodation areas.

Information leaflets could be translated into other languages, and the service had access to interpreters.

Families and young patients had been given information about the new transition service and how it would affect them.

All patients and parents we spoke with told us they felt they had received enough information. Comments included:

- ‘They told us everything we wanted to know.’
- ‘During the preliminary visit, we saw what the house was about. It was not just a place to come and die.’

■ No requirements.
■ No recommendations.
Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good
A Caldicott Guardian was responsible for protecting patient information confidentiality and helping appropriate information-sharing in the service. The Caldicott Guardian developed appropriate policies and procedures for staff to make sure they knew their roles and responsibilities in:

- confidentiality
- promoting patient rights, and
- sharing information.

The information in the policies referenced best practice and legislation.

The staff induction booklets and patient leaflets summarised good practice guidance. All staff had completed mandatory information-sharing and confidentiality training, which developed their knowledge of current legislation. Staff we spoke with described how sharing information helped make sure relevant people were involved in care planning and informed about the child’s condition and treatments. Staff understood why promoting confidentiality in the service was important.

Patients’ care plan folders were only available in the patient’s room or nursing office, which promoted patient confidentiality. Other information was stored electronically and only the relevant professionals could access it.

Area for improvement
We had difficulty finding information about how confidentiality was managed in the service. We eventually identified two policies with the information. The policy titles did not refer to confidentiality. The service could consider re-naming the policies to make sure staff can easily find policies. One of these policies had not been reviewed for some time. Staff agreed to review and update the policy as necessary.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good
The service had a user participation policy in place. The service website had information about the service and how families could give feedback.
The service used a variety of methods to gather the views of patients and families including ‘complaints, compliments and concerns’ leaflet. Comment cards were clearly displayed with collection boxes for responses.

Patients and families could complete patient feedback surveys. Feedback from these completed surveys were included in a monthly report.

From the information provided, we saw that comments were regularly received and, where appropriate, a response sent to the person completing the form. Comments received were fed back to staff. Feedback was reported through the service’s clinical governance structure.

Examples of how the service had responded to patient and carers’ suggestions made, were displayed on an ‘improvement tree’ feedback board. This improvement tree was displayed on a wall at the ward entrance.

We were told that families using the service were involved in designing staff name badges.

Family members told us they felt fully involved in any decisions made about their child’s care. Parents told us:

- ‘They are very careful to ensure that you are part of everything. They want to know the nuances of each child, and they follow the detail of the care plan’
- ‘It is better than anything we thought it could be. They find out everything. The care plan has everything in it.’

**Area for improvement**

The service kept a log of how it had involved families in development work. This log had not been updated since November 2015. The log had not captured some regular ways of gathering feedback, such as feedback forms or using the compliments, complaints and concerns form (see recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should keep an up-to-date record of all of the ways patients give feedback.

**Quality Statement 1.4**

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

**Grade awarded for this statement: 5 - Very good**

The service had a very good medicines management governance structure in place that included a service level agreement with a local pharmacy and monthly medicine management meetings. Monthly practice development meetings also discussed medication incidents. Outcomes from these meetings were reported to the service’s clinical governance group.
A medicines management policy and standard operating procedures were in place. We spoke with nursing staff about the processes for:

- administering medicines
- ordering medicines
- safely disposing of medicines, and
- storing medicines.

The medical director had an overview of the prescribing practices and checked prescriptions to make sure medicines were prescribed appropriately. The four prescription sheets we checked during the inspection had been filled out correctly. Prescription recording sheets for these prescriptions had also been fully completed.

Registered nursing staff had to complete a medication management workbook as part of their induction. The workbook included competencies and observed practice. Yearly medicine management training update days were part of the mandatory training. Staff showed us the process for reporting and managing any medication errors. We saw that medication management audits were being carried out.

Staff we spoke with were happy with the amount of training and education provided. Patients we spoke with had discussions with their consultant and said they were fully informed about the medications they were taking and why.

**Areas for improvement**

As part of induction, staff’s practice in administering medication was observed. This was only repeated as part of retraining after an incident. It is good practice to periodically observe staff’s practice in administering medication to make sure their practice is safe (see recommendation b).

The service’s own clinical pharmacist had left and a replacement was being recruited. Depending on the knowledge and skills of the new clinical pharmacist, the service’s staffing model could change. The medical director had taken the lead for the service’s medicine management until a clinical pharmacist was recruited. We will follow this up with the service.

- No requirements.

**Recommendation b**

- We recommend that the service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

**Grade awarded for this statement: 4 - Good**

The service’s design supported safe care and was clean, tidy and in a reasonable state of repair. All bedrooms had a nurse call button.
The wards had a number of bathrooms and shower rooms which supported patients’ independence and personal hygiene. All patients and their visitors could access outdoor areas from each room and family accommodation was available. The service was well equipped to support patients and visitors with disabilities. For example, car parking was available with spaces reserved for ‘blue badge holders’ near the entrance. Lift access was also available.

We saw maintenance contracts and servicing records, such as for fire, water and gas safety, were in place.

We saw the service had a log book to record maintenance jobs. The maintenance team told us that they checked the log book each day and actioned requests.

Health and safety matters were discussed at various governance meetings held every 3 months, including:

- the CHAS health and safety steering group
- the health and safety committee, and
- the infection control group meetings.

**Areas for improvement**

We saw evidence of a fire risk assessment and water risk assessment completed in 2014. Both risk assessments had a number of requirements and recommendations to improve compliance with appropriate legislation. Some actions on the water risk assessment were still outstanding (see requirement 1).

We looked at the written risk assessments and saw that these had been completed by hazard or hazardous effect rather than by task. For example, working at height or slip, trip and fall hazard. The support services manager agreed the risk assessments needed to be revised to make sure risks were minimised (see recommendation c).

The support services manager told us that no health and safety committee meetings had been held in the last 6 months. The support services manager told us they planned to hold these again (see recommendation d).

The support services manager was aware that development was needed to promote health and safety in the service. Some of this work had been included in the support services manager’s personal development plan. A yearly work plan should be developed for the support services team, which would help identify and prioritise improvement work in the service (see recommendation e).

The provider had reviewed the format of the risk register. The new risk register had been sent to each departmental manager to update with identified risks in the service. A risk register should detail any outstanding clinical and non-clinical risks in the service. We will follow this up at future inspections.

**Requirement 1 – Timescale: by 24 November 2016**

- The provider must make proper provision for the health, welfare and safety of service users. The provider must ensure all recommendations made in the water risk assessment are addressed as a priority.
Recommendation c
- We recommend that the service should complete risk assessments by task rather than hazard.

Recommendation d
- We recommend that the service should recommence the health and safety committee meetings. Minutes of these meetings should be recorded.

Recommendation e
- We recommend that the service should develop a yearly work plan for the support services team.

Quality Statement 2.4
We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good
The service had two infection control link nurses on-site. The service manager told us they contacted NHS Tayside’s public health team for advice and support when required.

The infection control group met every 2 months and fed into the clinical governance group. We saw that infection control audits were taking place and associated action plans were completed when required.

We saw generally good compliance with standard infection prevention and control precautions, including waste management and the management of linen.

The standard of environmental and patient equipment cleanliness was very good.

All patients and family members we spoke to rated the cleanliness of the service as ‘excellent’. Comments included:

- ‘It is always kept clean to a high standard.’
- ‘It is probably cleaner than our house! There are always people cleaning.’

Areas for improvement
The service had not completed a review of itself against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 or the Vale of Leven enquiry report. This will help identify any learning and inform the development of an infection control work programme.

We saw limited evidence of infection prevention and control audits taking place in line with the service’s audit programme. Only four of the 10 standard infection control precautions were included in the audit programme as described in the Health Protection National Infection Prevention and Control Manual.

We previously required the service to identify and upgrade all non-compliant clinical hand wash basins in the service in a planned programme of work in line with current guidance.
Although the clinical hand wash basins had been upgraded, they did not comply with the requirements of Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies. We previously required the service to ensure that all staff could safely decontaminate blood spills. Staff showed us the multiple products they would use to manage a blood spill. The Health Protection Scotland National Infection Prevention and Control Manual specifies that a chlorine-releasing detergent and disinfectant should be used for blood decontamination. These products did not comply with this guidance.

We reviewed the on-site laundry procedures. The service could not verify the time and temperature requirements for thermal disinfection, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (see requirement 2).

The infection prevention and control link nurses did not hold any formal qualifications in infection prevention and control. Link nurses should complete formal education in infection prevention and control to strengthen their knowledge of the topic and help improve the service (see recommendation f).

**Requirement 2 – Timescale: by 24 November 2016**

- The provider must have appropriate systems, processes and procedures in place for infection prevention and control. The provider must:

  1. **Review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in the Health Protection Scotland National Infection Prevention and Control Manual (2016).**
  2. **Ensure that all clinical hand wash basins comply with the requirements of Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.**
  3. **Ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for the management of blood and body fluid spillages.**
  4. **Ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland’s National Infection Prevention and Control Manual.**

**Recommendation f**

- We recommend that the service should provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice.

**Quality Theme 3 – Quality of staffing**

**Quality Statement 3.2**

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

**Grade awarded for this statement: 5 - Very good**

The service carried out appropriate employment checks before recruiting staff and volunteers. After applications were received, a member of the human resources team and senior management team chose preferred candidates according to their experience, knowledge and skills. Interviews were held and two written references were asked for before offering the post. To make sure patient safety was promoted, staff and volunteers had Protecting Vulnerable Groups (PVG) checks. The human resources team checked the
registration databases of relevant governing bodies, such as the Nursing and Midwifery Council, to find out whether staff were qualified for posts.

All staff completed an induction, during which they were told about the service’s policies and procedures. Staff and volunteers were given time to develop their skills and not included in staffing ratios until confident in their role. This promoted patient safety and made sure enough competent staff worked each shift. Staff and volunteers completed necessary training to support their induction and designated duties.

**Areas for improvement**

The provider was centralising human resources duties to its main office, and had changed its recruitment files into digital format. Although we saw the staff files, consistency in where it was stored and file organisation could have been improved. We will follow this up at future inspections. We noted that staff did not have health checks or health declaration completed in their files. The service should carry this out as part of the recruitment process (see recommendation g).

Although all staff completed their induction programme, they were not consistently given an induction booklet when they started employment. During feedback, we discussed why it was important to ensure all staff received an induction booklet when they start work. Management staff agreed to provide timely induction booklets for all staff.

We asked management staff to consider having staff and volunteers sign to say they had read and completed the induction booklet and understood the induction process.

- No requirements.

**Recommendation g**

- We recommend that the service should ensure all staff are fit to undertake the role for which they are recruited.

**Quality Statement 3.4**

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

**Grade awarded for this statement: 5 - Very good**

We spoke with a variety of staff employed in the service. They all told us they enjoyed working in the service and were generally happy at work. Staff worked well in their teams and shared any delegated work equally, which helped to promote a positive working culture. The service’s qualified nursing staff told us they received very good support from the senior management team, support workers, and volunteers. The support workers felt valued and benefited from colleagues’ and nursing staff’s experience. Special recognition awards made volunteers feel appreciated.

The staff and volunteers respected the patients and families who used the service. We observed staff speaking to families to be respectful. We observed staff sitting with families when they wanted to discuss their child’s care. A nurse told us:

- ‘It’s important to make sure we have lots of time to speak to the patients and their families. We don’t mind sitting with families during our breaks, it helps us to get to know
more about the families and how we can support them. We always have time for a coffee and we can have time on our own too.’

One patient’s relative told us:

- ‘I get lots of support from the staff. They have organised for me to have some respite this afternoon. They offer emotional support when I need it which really helps me to manage things better at home.’

Area for improvement

The service was carrying out a staff survey. The last staff survey had been completed some time ago and no action plan had been developed. The service should make sure an action plan is completed from the results of this staff survey (see recommendation h).

Staff could continue to develop respect for each other and the families who use the service. This will ensure the friendly and caring ethos is maintained.

- No requirements.

Recommendation h

- We recommend that the service should make sure an action plan is developed based on any feedback from the staff survey.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3

To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 4 - Good

The service had taken positive steps to develop leadership. Senior management team and senior nursing staff met every 6 weeks to share information about changes in the service. During meetings, nursing staff were invited to share any concerns or discuss ideas about how the service could be improved. Other staff members were invited to meet with team managers if needed. This made staff feel valued and listened to. Nursing staff meetings were held every 6 weeks to discuss how nurses supported the families they cared for. Nursing staff also planned and evaluated any extra learning, which demonstrated that nursing staff communicated well with each other. Catering staff said they had a less formal approach to communication but one that worked well for them.

Nursing staff started to complete additional work-based competencies training after our last inspection in 2014. During this inspection, all nursing staff told us they had a great sense of achievement after completing a number of competencies. Support workers and qualified nurses were leads for some competencies, which helped develop their skills and promote best practice in the service. Housekeeping staff valued each other’s contribution and were at the early stages of competing competencies to help develop their skills.
Most staff said they had good opportunities to develop their leadership skills. All staff could complete online training to develop their skills and improve outcomes for patients. Staff with more responsibility in their team completed leadership training to develop management skills.

All staff met with their manager informally throughout the year to discuss their roles and satisfaction at work.

**Areas for improvement**

We spoke with staff about their participation in team meetings and the opportunities they had to discuss learning and development. We identified a lack of consistency in how different staff groups were involved in team meetings. The leadership was also stronger in some teams than in others, which meant some staff did not receive the same development opportunities as others did.

The senior management team told us all staff had received a yearly appraisal. Our inspection showed that some had not been carried out. We spoke with a number of staff and reviewed staff development records. Some staff were not given the opportunity to meet with their manager to develop their learning and future development (see requirement 3).

**Requirement 3 – Timescale: by 24 November 2016**

- The provider must ensure that all staff have an up-to-date performance review and development plan in place.

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**Quality Statement 4.4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 4 - Good

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completes this self-assessment each year and it provides a measure of how it has assessed itself against the quality themes and national care standards. We found good quality information that we were able to verify during our inspection.

We saw that the service had good governance structures in place. The clinical governance committee met four times a year. The group oversaw:

- clinical incident reports
- outcome of audits, and
- other key quality indicators.

The service had a children and families management and support meeting structure. This showed how groups linked together to allow information to flow from point of care to other operational staff and management. From minutes of meetings, we saw that incidents were followed up. For example, the practice development meeting discussed medication audits. The discussion gave a clear breakdown of any incidents or errors that had occurred and identified learning points.
We saw that all incidents and complaints were logged and feedback was sought from families and young people. The service received lots of compliments and many suggestions were acted on.

**Areas for improvement**

A new clinical effectiveness team had been developed and had produced a rolling programme of audits to identify areas to improve patient care. The audit programme had been put on hold at the start of 2016 due to staff shortages and priorities given to care of patients. Action plans from older audits had not been completed. Clinical audit is an important tool that helps services measure quality of care.

During our last inspection, we recommended the service improved its quality assurance systems. Although some improvements had been made, the service should re-introduce the audit programme and make sure action plans are developed and completed (see recommendation i).

We saw that some meetings had not taken place recently, such as health and safety and infection control. The service should review its meeting calendar and make sure regular meetings are held (see recommendation j).

- No requirements.

**Recommendation i**

- We recommend that the service should reintroduce the audit programme and ensure action plans are developed and completed to improve its quality assurance systems.

**Recommendation j**

- We recommend that the service should review its meeting calendar and make sure regular meetings are held.
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 Act, 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.

### Quality Statement 1.1

**Requirements**

| None |

**Recommendation**

We recommend that the service should:

a. keep an up-to-date record of all of the ways patients give feedback (see page 11).

   National Care Standards – Hospice Care (Standard 21– Expressing your views)

### Quality Statement 1.4

**Requirements**

| None |

**Recommendation**

We recommend that the service should:

b. carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 12).

   National Care Standards – Hospice Care (Standard 8.1– Medicines)
<table>
<thead>
<tr>
<th>Quality Statement 2.2</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td><strong>The provider must:</strong></td>
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<tr>
<td>1. make proper provision for the health, welfare and safety of service users. The provider must ensure all recommendations made in the water risk assessment are addressed as a priority (see page 13).</td>
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<tr>
<td>Timescale – by 24 November 2016</td>
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<td><em>Regulation 3(a)</em></td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<tr>
<td>National Care Standards – Hospice Care (Standards 3.1, 3.2 and 3.3 – Guidelines and legislation)</td>
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<tr>
<td><strong>Recommendations</strong></td>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<td>c. complete risk assessments by task rather than hazard (see page 14).</td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)</td>
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<td>d. recommence the health and safety committee meetings. Minutes of these meetings should be recorded (see page 14).</td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)</td>
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<td>e. develop a yearly work plan for the support services team (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 3.1 – Guidelines and legislation)</td>
</tr>
</tbody>
</table>
### Quality Statement 2.4

#### Requirement
**The provider must:**

2. have appropriate systems, processes and procedures in place for infection prevention and control. The provider must:

   (a) Review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in the Health Protection Scotland National Infection Prevention and Control Manual (2016).

   (b) Ensure that all clinical hand wash basins comply with the requirements of Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.

   (c) Ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for the management of blood and body fluid spillages.

   (d) Ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (see page 15).

**Timescale** – by 24 November 2016

**Regulation 3(d)(i)**

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

National Care Standards – Hospice Care (Standards 3.1, 3.2 and 3.3 – Guidelines and legislation)

#### Recommendation
**We recommend that the service should:**

1. provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice (see page 15).

National Care Standards – Hospice Care (Standard 7.2 – Infection control)

### Quality Statement 3.2

#### Requirements

None
**Quality Statement 3.2 (continued)**

**Recommendation**

We recommend that the service should:

| g | ensure all staff are fit to undertake the role for which they are recruited (see page 16). |

National Care Standards – Hospice Care (Standard 6.6 – Staff)

**Quality Statement 3.4**

**Requirements**

| None |

**Recommendation**

We recommend that the service should:

| h | make sure an action plan is developed based on any feedback from the staff survey (see page 17). |

National Care Standards – Hospice Care (Standards 5.4 – Quality of care and treatment)

**Quality Statement 4.3**

**Requirement**

The provider must:

| 3 | ensure that all staff have an up-to-date performance review and development plan in place (see page 18). |

Timescale – by 24 November 2016

*Regulation12(c)(i)*

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

National Care Standards – Hospice Care (Standard 6.3 – Staff)

**Recommendations**

| None |

**Quality Statement 4.4**

**Requirements**

| None |
**Quality Statement 4.4 (continued)**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>We recommend that the service should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>reintroduce the audit programme and ensure action plans are developed and completed to improve its quality assurance systems (see page 19).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.2 and 5.3 – Quality of care and treatment)</td>
</tr>
<tr>
<td>j</td>
<td>review its meeting calendar and make sure regular meetings are held (see page 19).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.5 – Quality of care and treatment)</td>
</tr>
</tbody>
</table>
Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: comments.his@nhs.net
Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

```
  6  excellent
  5  very good
  4  good
  3  adequate
  2  weak
  1  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx
Appendix 4 – Inspection process flow chart

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require 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.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.