Unannounced Inspection Report: Independent Healthcare

Ayrshire Hospice | The Ayrshire Hospice | Ayr
18–19 May 2016
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1 A summary of our inspection

About the service we inspected

The Ayrshire Hospice provides inpatient care for up to twenty individuals affected by a range of incurable progressive conditions including cancer and motor neurone disease. Reasons for admission include symptom management, short term acute interventions, assessment and respite. Close to the centre of Ayr, the hospice is an old listed property situated on large well maintained grounds and gardens. The day service, Solas, is located in an adjacent building, additionally the hospice provides a community specialist nursing advisory service as well as a respite and response service.

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 Ayrshire Hospice on 18 and 19 May 2016.

The inspection team was made up of three inspectors – Karen Malloch (lead inspector), Julie Miller, Sharon Malcolm and Gerry McKay (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 ten quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations 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: 6 - Excellent
Quality Theme 1 – Quality of care and support: 6 - Excellent
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for Ayrshire Hospice and more information about grading 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

- Ayrshire Hospice has a clear commitment to continually improving all aspects of service delivery. The service provides an excellent standard of care and support to patients and their families and is developing flexible services to support patients’ choices. We found that patients and carers were at the heart of the service and their ideas and views were used to shape the future of the hospice.
What the service could do better

- The service should establish a stronger audit programme and have clearer action plans in place to show clearly how any issues were being addressed.
- The service has many ways in which patients and carers can offer comment about the service, this could be reviewed to identify which approach is the most successful in gathering feedback.

This inspection resulted in no requirements and two recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at Ayrshire Hospice for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 8 and 9 October 2014

Requirement

The provider must implement a risk assessment for the use of bedrails. To do this the provider must:

- take account of the type of bed(s) in use, the risks to the patient of entrapment and of restraint
- ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and
- ensure alternatives are considered and made available in keeping with restraint best practice guidance.

Action taken

This recommendation is reported under Quality Statement 1.5. This requirement is met.

What the provider had done to meet the recommendations we made at our last inspection on 8 and 9 October 2014

Recommendation

The service should develop a clearer record of assessment and outcomes of assessment for hydration and nutrition particularly during end of life care.

Action taken

This recommendation is reported under Quality Statement 1.5 This recommendation is met.

Recommendation

The service should implement falls risk assessment and prevention plans.

Action taken

This recommendation is reported under Quality Statement 1.5 This recommendation is met.

Recommendation

The service should record on admission, the discussion with the patient about expected length of stay, and begin discharge plan records as soon as a decision is made about ongoing care needs.

Action taken

This recommendation is reported under Quality Statement 1.5 This recommendation is met.
Recommendation

The service should ensure that when assessment tools identify risks, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks.

Action taken
This recommendation is reported under Quality Statement 1.5 This recommendation is met.

Recommendation

The service should develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service.

Action taken
This recommendation is reported under Quality Statement 1.5 This recommendation is met.

Recommendation

The service should review the suitability of the equipment used and ensure all staff have training in line with the manufacturer’s instructions.

Action taken
The service conducted a review of all equipment and staff have received training where required. This recommendation is met.

Recommendation

The service should establish and record patient preferences for single or shared rooms. This will give the patients choice when possible.

Action taken
Patients are asked on their preferences prior to admission and this is recorded in their care record. This recommendation is met.

Recommendation

The service should review accommodation arrangements to ensure all patients can use facilities available to them in a safe and private manner.

Action taken
A full review of the accommodation has been completed. This recommendation is met.
Recommendation

The service should ensure that a quality assurance plan is developed to reflect the current service audit activity and that this includes progress and outcomes, and that there is a clear reporting mechanism to inform the service and, where appropriate, Healthcare Improvement Scotland.

Action taken

A quality plan has been implemented, the audit plan is currently under development. This recommendation is reported under Quality Statement 4.4. This recommendation is partially met.
3 What we found during this inspection

Quality Theme 0 – Quality of information.

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent
The service had a consent policies and procedures in place, policies were up to date and gave clear guidance to staff on their responsibilities and the processes to follow to obtain and record consent.

We saw that patients were consulted daily about their care plans and the electronic care record had a specific section to record that patients consented to these plans. If the patient had any issues with their care plans this was recorded in their record. For example we saw that one patient agreed to their plan but had specified that they did not want to be attended to by male nurses and this wish was respected. We saw records of discussions that had taken place with patients and relatives and these included whether they understood and agreed with the plans for their care.

A system was in place for recording patient consent to having photographs taken for medical or publicity purposes and to the publication of such photographs.

Staff were well trained and knowledgeable about dementia and potential issues around capacity to consent to treatment.

- 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: 6 - Excellent
The service had an information governance policy which included detailed guidance document for staff. A health records policy also clearly set out what to do when creating, managing, storing and destroying patient information. Staff were informed of the detail of these policies during induction and each signed a confidentiality agreement.

The clinical nurse director was the service’s Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.

When we spoke with staff they were clearly knowledgeable about their responsibilities to maintain patient confidentiality. For example, we heard how reception staff and ward staff used special codes when communicating with each other to ensure patients’ names could not be heard by visitors in the reception area.
The electronic patient care record was secure as staff had individual passwords for the system and levels of access to patient information within the system were appropriate to roles. The system archived patient records securely. Any daily handover documents that contained patient information were shredded at the end of each shift.

Arrangements for archiving paper files were well organised. The service had a large, locked area specifically for this purpose and had a contract with a shredding company who shredded confidential information on site.

- 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: 6 - Excellent**

A wide range of leaflets summarised how the service operated, and how patients could contribute their views and ideas. Examples of where patients or carers had participated in developing the service included a recent accommodation needs assessment where views were gathered from patients on:

- shared rooms
- washing and showering preferences
- family accommodation, and
- accessibility for family and friends.

This was achieved by using a variety of methods including:

- questionnaires
- interviews, and
- focus groups.

This information was used to inform the future development options for the building. Following a suggestion from a patient, music can now be played in the new bathroom and will be available in all of the recently refurbished areas. Patients and carers helped staff to develop a new welcome book for patients with information they felt was important to them.

A satisfaction questionnaire enabled patients and carers to share their views about quality care, resources and accommodation. All of the comments to date were positive and no areas for improvement were suggested. We were confident that staff would address any ideas if necessary.

The service was selected to drive forward an online evaluation and assessment strategy designed to share the experiences of adults who require health and social care. The comments shared on the care opinion website so far from patients receiving care at the service were extremely positive. ‘You said we did’ boards and communication cards provided testimonials of how patients’ needs were met and how the staff and volunteers took ideas

forward. We spoke to some of the patients during our visit, they were extremely happy with the quality of care they received. They told us the staff involved them in all aspects of care and decision-making processes. One patient told us.

‘I am treated with dignity and respect at all times. My interests are at the heart of the activities and care provided.’

Area for improvement
The staff were unable to audit the response rate of the patient satisfaction questionnaire, as they did not keep a record of how many questionnaires were issued. Knowing how many people complete the questionnaires would help the service to decide if the questionnaire needed to be improved, particularly if the response rate was low. We also advised the senior management team that robust auditing of patient involvement would also enable them to determine which resources work better than others.

■ No requirements.
■ No recommendations.

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 6 - Excellent

We looked at several patient care records, both electronic and paper-based, and saw that these were up to date, personalised to each patient and recorded the type of stay for example for symptom control or end of life care.

We looked specifically at records in relation to pain management, nutrition, mouth care, mobility, and bowel care.

We saw that patients had a named nurse and each day begins with a discussion with the patient about what they felt was the most important thing for their physical care that day. A plan was then drawn up each day that prioritised the care the patient required.

An assessment tool for the use of bedrails was in place and staff were knowledgeable about alternatives to use, such as floor mats. Mandatory training now included sessions on bedrails and falls prevention. The falls group had produced a preventing falls leaflet for patients, introduced a falls prevention tool and implemented a ‘leaf’ system at bedsides which alerted staff to patients at risk of falls. A green leaf indicated a risk of falls and a red leaf indicated a high risk. Mobility charts detailing actions to be carried out to prevent falls were kept outside the patient’s room. The electronic patient care record contained a patient fall section to record if the patient had nearly fallen or fallen and this information was discussed at the falls group. The electronic system also created alerts if the patient was at risk of falling and if they were on any medication that might increase their risk of falling.

A recently formed nutrition group were working on trialling a nutrition assessment tool. Staff had received training on dysphagia (swallowing difficulties) and catering staff were able to
improve the appearance of soft or pureed diets to make the food more appetising. An oral care protocol had been developed which included daily mouth checks and nursing staff were working with students from the University of the West of Scotland to produce an educational video on oral care.

Pain was assessed on admission and reassessed at every medicines round. Bowel assessment was also part of the pain assessment. The service used a ‘This is me’ document for people with any communication difficulties. This recorded what mattered to the person and an appropriate pain assessment tool was used for patients with cognitive impairment. Staff had good awareness of dementia. A dementia group had received training on Namaste care, an approach to caring for people with advanced dementia. The group had implemented the butterfly symbol to alert staff to patients who had dementia.

The service carried out audits of care planning records and we saw that results were positive. For example, preferred place of care was recorded on 97% of patient care records and 93% for falls information in the activities of daily living care plan.

■ No requirements.
■ No recommendations.

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: 5 - Very good

Ayrshire Hospice has upgraded and developed the building significantly since the previous inspection. Improvements include the refurbishment of the cedar lounge with provision of a small kitchen, an area used by patients and their families. We saw that this was being used and enjoyed by many people during our visit. A children’s play room now provides a range of activities for visiting children of all ages and patients told us this was a very much appreciated development. A shower room has been upgraded and a spa bath installed for patients for to relax and enjoy.

The ‘wee house’ had been built in the grounds and was an easily accessible one bedroom unit for patients and families to use. We were given examples of children staying at Christmas to be with their parent and enjoy Christmas morning. The ‘wee house’ provides a lovely, comfortable environment where families can stay together. Additionally a ‘garden room’ has been built in a small courtyard and will be opened soon. This was a rotunda structure which provided a quiet environment for patients and carers

The service has provision of shared and single rooms, including four three bedded rooms. All rooms had ensuite provision. The service was restricted in developing the hospice because it is a ‘listed’ building. The service had completed a major accommodation review, which included consultation with patients and staff. Various options have been tabled including building a new hospice on another site. The service planned to continue refurbishing the building.

We saw that systems are in place to maintain the building and all the equipment. The service was very clean and had detailed cleaning schedules in place, which were completed. Environmental audits are carried out to ensure the quality of the environment.
Area for improvement
The building has very limited storage capacity for equipment and as a result some equipment was stored in patient rooms. The recent refurbishment project has included the removal of a storage room to create a lounge for patients and visitors. While storage was available in the basement, this was not readily accessible and inappropriate for day to day storage. The service acknowledges the lack of storage and manages this as effectively as possible to minimise clutter and risk. Management told us other options were being explored in the short term pending options appraisal on the building.

- No requirements.
- No recommendations.

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: 6 - Excellent
The service has completed a piece of work to align the policies and procedures with the Healthcare Associated Infection Standards 2015 and the National Infection Prevention and Control Manual.

We saw that standard operating procedures had been developed for cleaning areas and tasks. The infection prevention sub group meet three monthly and has members from housekeeping, education, nursing and medical staff. The lead on infection control from NHS Ayrshire and Arran was also part of this group and provided additional advice and support. The service had an identified lead on infection prevention and control on the nursing team and we saw various activities in place to monitor how the staff are performing. These included hand hygiene audits, promotion of cleanliness champions, and environmental audits. These environmental audits included the cleanliness of the building, equipment and how waste, linen and sharps are managed. We looked at these audits and saw that the results were very good.

Staff received infection prevention and control education as part of their mandatory induction. We saw that staff had good hand hygiene technique, adhered to the five moments of hand hygiene and used personal protective equipment appropriately. The service had sufficient alcohol based hand rubs at the hygiene points and excellent signage. Information leaflet points included literature for patients and visitors on infection prevention.

Systems were in place to ensure clinical and non-clinical equipment was cleaned appropriately and labelled. The sluice room has recently been upgraded including washable walls, and this room has an automatic door to minimise touch contamination. We saw that the environment was clean and clutter free.

Area for improvement
Since the service is an old building, it does not have provision of appropriate clinical hand wash sinks. Management told us that one recently refurbished bedroom had one clinical hand wash sink installed. The service planned to upgrade other rooms as part of its refurbishment. We spoke with staff and observed that staff manage these sinks in a way that reduces risk (see recommendation a).
No requirements.

Recommendation a

We recommend that the service should ensure clinical hand wash sinks are installed as part of the ongoing refurbishment plan in patient bedrooms.

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: 6 - Excellent

The human resources team, had recently developed an existing staff and volunteer recruitment checklist. The new checklist covered a number of recruitment processes which was followed throughout staff and volunteer recruitment and selection processes. The senior management team also set targets to recruit new staff within eight weeks of when posts became available.

We examined a number of staff recruitment files, all of which were satisfactory. Copies of the job specification, prospective candidate’s application and invitation to interview were available for us to read. Details of the interview questions and prospective employee’s responses were also available, which provided evidence of the candidates’ skills and any areas for development. Some staff are required to be registered with a professional regulator. For example, the Nursing and Midwifery Council or General Medical Council and systems were in place to check this. Two references were sought in relation to the recruitment of staff and one reference was sought for volunteers. The human resources team followed the Disclosure Scotland safe recruitment policy to ensure patient safety was promoted.

New members of staff and volunteers completed mandatory induction and worked through an employment induction booklet. Staff were given adequate time to settle into the service and received comprehensive mentorship. We spoke to several members of staff all of whom said they felt fully supported in the service. The senior management team said they were considering ways to develop the induction booklet to ensure specific roles were supported in the best way possible.

Area for improvement

The service should continue to maintain the excellent recruitment and induction standards identified.

No requirements.

No recommendations.
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: 6 - Excellent
At the time of inspection the service was displaying information as part of national Dignity Week. We saw display boards in the entrance area that included information on the work the service was doing in relation to dignity. For example, the service had a dignity group with appointed dignity champions. The dignity champions represented a cross-section of service staff and had the responsibility to promote the values of dignity and respect throughout the service. The service had a zero tolerance approach to bullying and harassment. We saw zero tolerance posters throughout the environment.

We spoke to several staff and a student on placement. They all told us they greatly enjoyed working in the service especially the time they had to spend with patients and their families. They felt well supported and listened to and told us that communication and team working was good.

We spoke to patients who told us their care was excellent. They said staff and volunteers were very patient and attentive. Patients told us.

- ‘The staff show lots of respect. I cannot fault the hospice’.
- ‘The volunteers are lovely. Their assistance is fantastic. Nothing is ever a problem’.

■ No requirements
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2
We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 6 - Excellent
We saw strong evidence that the service fully involve the staff in service developments. Staff could contribute in a range of ways, including surveys, meetings and performance reviews. A recent review of pay and benefits was carried out. This was a large, complex piece of work and we were told this was a difficult time for managers and staff. Consultation with staff included forums, group meetings and one to one meetings. We spoke with staff who told us the process had been carried out sensitively by management and they felt included, valued and listened to. All staff have signed up to the new pay and benefits scheme.

Other ways in which staff are able to contribute are through team meetings and sub groups which allow staff to take a leading role in looking at various aspects of the service. For example, falls management and nutrition. Staff told us these focussed pieces of work provide real opportunity to improve the care and outcomes for patients. Staff training opportunities include team building and leadership. Staff told us that they felt invested in and that career progression was supported through a strong education programme. Three staff members
had visited Romania to support a new hospice development and staff felt they had excellent opportunities to expand knowledge and experience and share with the team.

A yearly staff event called ‘Today, tomorrow, together’ provided staff and management with time to:

- review aims and objectives
- acknowledge long service of staff, and
- listen to stories from families.

**Area for improvement**

Staff attended numerous conferences. The head of clinical governance and practice development education manager planned to develop a register of conferences attended and promote structured information-sharing by staff who had attended.

- No requirements
- No recommendations.

**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: 5 - Very good**

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and national care standards. We found the information submitted in the self-assessment was very good and we verified this during the inspection.

The service has a range of ways in which it monitors how it delivered its care. These included:

- audits and incident reporting, and
- feedback from patients and carers.

A range of meetings focused on different aspects of the service including:

- falls management, and
- practice development

These provided information to the clinical governance committee. This information was used to identify where aspects of service provision could be improved. We saw that the service has real commitment to improving the service. Evidence of this was seen through:

- the continued refurbishment of the building, and
- the strategic plan.
A risk coordinator reviews accident forms and maintains the risk register. A new electronic incident reporting system has been introduced and this has improved the quality of reporting. The quality improvement facilitator post has been split between patient participation and quality improvement.

The new post, head of clinical governance and practice development manages clinical education and quality assurance. We were told that this ensures a clear link with quality and education. The quality team hours had been increased and the skills of the team were developed through training courses. We saw significant improvements in the care documentation since the previous inspection. The service achieved the healthy working lives silver award 2016.

The service is a member of Hospice UK which compares similar services across the UK using a number of indicators such as pressure area care and falls. The manager also has strong involvement in external meetings that seek to drive up the standards in hospice care such as partnership for health and social integration and the palliative care network.

**Area for improvement**

We saw that the audit results for hand hygiene had been displayed for staff information. However these were a few months behind and we saw that he audits had been completed more recently. However, due to system changes had not been analysed or charted.

At our previous inspection, we made a recommendation that the service should develop a quality assurance plan. We found no audit plan in place that detailed what audits were due and when they were taking place. Action plans varied in detail and did not provide sufficient information as to when or who was following actions. The quality coordinator showed us a draft audit plan (see recommendation b).

- No requirements.

**Recommendation b**

- We recommend that the service should develop and implement a robust audit plan that includes specific, measurable action plans.
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.

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<thead>
<tr>
<th>Quality Statement 2.4</th>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<tr>
<td>a ensure clinical hand wash sinks are installed as part of the ongoing refurbishment plan in patient bedrooms (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 7 – Infection control)</td>
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<tr>
<th>Quality Statement 4.4</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<tr>
<td>b develop and implement a robust audit plan that includes specific, measurable action plans (see page 17).</td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)</td>
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<td>This was previously identified as a recommendation in the 8 and 9 October 2014 inspection report for Ayrshire Hospice.</td>
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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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
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<tr>
<td>5</td>
<td>very good</td>
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<td>4</td>
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<td>weak</td>
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<td>1</td>
<td>unsatisfactory</td>
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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:
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.
Appendix 5 – Terms we use in this report

<table>
<thead>
<tr>
<th>Terms</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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

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[www.healthcareimprovementscotland.org](http://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.