Unannounced Inspection Report: Independent Healthcare

Marie Curie Hospice - Glasgow | Marie Curie Cancer Care | Glasgow
16 April 2013
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as 'the Act')
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Marie Curie Hospice - Glasgow is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care to adults who are affected by cancer and non-cancer related illnesses within Glasgow. Inpatient care is provided in a 30 bed purpose built unit adjacent to Stobhill Hospital.

The hospice states that the aim of the service is to provide specialist, research-based palliative care which enhances quality of life for people affected by cancer and other illnesses.

The care provided by Marie Curie Hospice - Glasgow aims to meet the:

- physical
- psychological
- social
- cultural, and
- spiritual needs of patients and their families.

Support and care are provided to individuals and families by a multidisciplinary healthcare team which includes:

- specialist nurses
- doctors
- allied health professionals
- complementary therapists
- social workers, and
- a chaplaincy service.

There is a team of trained volunteer staff who support the hospice in various activities such as driving patients to appointments, working on reception, helping on the wards and supporting day services.

We carried out an unannounced inspection to Marie Curie Hospice - Glasgow on Tuesday 16 April 2013.

The inspection team was made up of two inspectors with support from a project officer. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Marie Curie Hospice - Glasgow.

We assessed the service against four quality themes related to the National Care Standards. Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 22):

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: 4 - Good
Quality Theme 4 – Quality of management and leadership: 5 - Very good
On this inspection, we gathered evidence from various sources, including:

- patient care records
- information leaflets
- relevant sections of policies and procedures
- staff training records
- risk assessments
- audit activity
- complaints information, and
- the certificate of registration.

We had discussions with a variety of people, including:

- the hospice manager
- registered nurses
- healthcare assistants
- the domestic supervisor
- domestic staff, and
- people who use the service.

Overall, we found evidence that:

- people who use the service are complimentary of the service they receive
- people were being consulted about the development of the service
- regular satisfaction surveys are being carried out, and
- people and their relatives are supported by a dedicated multidisciplinary healthcare team to make choices about their care.

We did find that improvement is required in some areas, which include:

- further attention to the cleaning of reusable equipment
- some staff members were not aware of the process for decontaminating reusable patient equipment between patient use
- there is no formal audit in place for the checking of mattresses, and
- clinical governance processes should be carried out by all staff members.

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

We would like to thank all staff at Marie Curie Hospice - Glasgow for their assistance during the inspection.
3 Progress since last inspection

What the provider has done to meet the requirements we made at our last inspection on 23 August, 11 and 12 September 2012.

Requirement 1
The provider must ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider is also required to ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

Action taken
We looked at four prescription recording sheets and saw that all had been completed correctly. We also saw that the service has started an audit of prescription recording sheets to ensure that these are consistently completed. This requirement is met.

Requirement 2
The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments.

Action taken
We looked at four patient care records. We saw that these were well completed and we were able to see how risk assessments then informed the care given. The service has started an audit of the patient care records to ensure that areas of non-compliance are addressed. This requirement is met.

Requirement 3
The provider must reduce the risk to patients who are being looked after by staff who have not yet been checked under the PVG scheme and have no Disclosure Scotland check in place. The provider must supply Healthcare Improvement Scotland with a risk assessment detailing how they will manage the risk. The provider must also ask all staff to complete a self-declaration detailing any previous convictions.

Action taken
The service supplied Healthcare Improvement Scotland with a risk assessment at the time of the previous inspection in September 2012. The service also confirmed that all members of staff have provided a self-declaration while they await their protecting vulnerable groups (PVG) application being processed. This requirement is met.

Requirement 4
The provider must ensure that service users are safe and protected in line with the adult support and protection (ASP) local area guidance. The provider must also inform Healthcare Improvement Scotland of any allegation of abuse in relation to a service user.
Action taken
We saw that 44 staff have attended adult support and protection training. Staff we spoke with were aware of their responsibility in reporting any concerns to senior staff in the service. Since the previous inspection, there has been one adult support and protection concern raised. The provider notified Healthcare Improvement Scotland appropriately. This requirement is met.

What the service has done to meet the recommendation we made at our last inspection on 23 August, 11 and 12 September 2012.

Recommendation a
We recommend that Marie Curie Hospice - Glasgow should review complaint information leaflets to guide people appropriately to Healthcare Improvement Scotland.

Action taken
We looked at the complaints leaflets and information on display on the service notice board. This information provided appropriate guidance to people about their right to complain to Healthcare Improvement Scotland about the service. This recommendation is met.
4  Key findings

Quality Theme 1

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.</td>
</tr>
</tbody>
</table>

Grade awarded for this statement: 5 - Very good

The hospice has a variety of ways in which people who use the service are able to raise issues and make suggestions to help make improvements. These include:

- user support meetings
- comment/suggestion forms
- satisfaction surveys
- complaints procedure, and
- through daily care reviews.

We saw evidence from minutes and notes of meetings, including the day service group, that people who use the service were being encouraged to share their experiences and make comments and suggestions for improvements. We noted an example of a suggestion about providing better facilities for smokers.

Suggestion boxes and feedback forms were placed throughout the service and are also available online. Details of how to provide feedback are provided both in the information leaflet and in the patient folder provided in every bedroom.

The service showed us all complaints received from people who use the service and relatives. We saw that actions had been taken to address these complaints appropriately and, where learning had been identified, this had been followed through.

Marie Curie Cancer Care has organised three open days across Scotland, one of which will take place in Glasgow. These will allow staff, people who use the service, volunteers and carers to provide feedback, comments and suggestions for improvements to the service.

A national service user satisfaction survey is also carried out in July of each year. The results of the survey are broken down for each service. The information gathered is then used to develop the service and highlight possible improvements.

People who use the service have their care needs assessed on admission to the service and this is formulated into an agreed plan of care. These are frequently reviewed and updated by a multi-professional team. People who use the service are consulted daily by staff about their needs, such as pain control. During the inspection, we looked at four care plans. We found that all had been completed appropriately, actions had been followed up and all entries were up to date.

Areas for improvement

Although there was evidence that suggestions made by people who use the service and carers had been actioned, these were not always easy to identify from the minutes and notes
of the various groups that had been set up. The service should consider how it feedbacks actions to make improvements, to people who use the service.

We spoke with managerial staff about the carers week which had been held last year. It was acknowledged that the response to this had not been successful. We discussed how this may be improved upon for future events.

There was evidence that the complaints information for people who use the service had been updated to include details of Healthcare Improvement Scotland, as the regulatory body. However, the service should update the staff policy to include details of Healthcare Improvement Scotland. We were told that this is due to be re-issued in the near future. This will be followed up at future inspections.

- No requirements.
- No recommendations.

Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 5 - Very good

We saw evidence that an external company had carried out health and safety visits in March 2012 and March 2013. We looked at the report from the March 2012 visit and we saw this was mainly positive. However, three areas for improvement required action. We saw that all three actions had been carried out and completed. The report from the March 2013 visit was not ready. However, we were told that the verbal feedback from the company was positive.

There is an environment and risk committee within the service. We looked at the minutes from meetings held on 20 November 2012 and 28 March 2013. We saw that actions were clearly identified. These indicated the person responsible for carrying out the actions and the expected timeframe for completion. We also saw that all outstanding issues were carried forward from one meeting to the next.

Topics of discussion included:

- first aid training
- patient falls
- fire evacuation, and
- health and safety training.

We saw that incident reports, which are submitted between these meetings, are taken to the next meeting for discussion. There is a system in place within the service for reporting incidents. Incidents are logged onto a computerised system which allows the service to generate reports on incidents and analyse any trends.
We looked at the health and safety induction completed by a member of staff who had recently been employed by the service. The induction was comprehensive and covered a range of topics, including:

- roles and responsibilities
- accident and incident reporting
- health and safety signs and symbols
- common hazards, and
- manual handling.

There are various risk registers in place within the service. These identified levels of risk, the current control measures in place and the actions to be taken to reduce the risks.

We saw evidence of the monthly risk reports which the manager of the service sends to the Marie Curie Cancer Care head office. Part of this report identifies:

- top risks identified in the risk register
- complaints, and
- serious untoward incidents.

**Area for improvement**

The service has indicated, in its own self-assessment, that key staff should receive root-cause analysis training. This will help them to better investigate any serious incidents that occur in the service. The service plans to deliver the training internally. This will be followed up at future inspections.

- No requirements.
- No recommendations.

**Quality Theme 2**

**Quality Statement 2.1**

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

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

Information under Quality Statement 1.1 of this report is also relevant to this statement.

The national service user satisfaction survey carried out in July of each year, includes questions on the environment within the service.

We looked at the minutes of the user involvement group. We saw evidence of discussion about the development of the visitors’ rooms and the actions taken as a result of the issues raised.

We were told that consultations are due to be held in the future about the choice of artwork displayed around the hospice.
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: 4 - Good

We spoke with several members of staff within the hospice who all demonstrated a good knowledge of standard infection control precautions. They were able to describe how to look after a person with a known or suspected infection. They told us they were given guidance by senior staff when looking after people.

Staff told us that they must undertake mandatory infection control training every year both online learning and classroom learning.

We inspected four bedrooms and a number of communal areas and found that these areas were mostly clean. We were told that a cleaning schedule is in place for domestic staff. We spoke to domestic staff who told us that they have a cleaning schedule and also have to sign to say they have completed the work. We also saw that the domestic supervisor carries out spot checks of the standard of cleaning on a regular basis. The domestic supervisor also carries out a monthly audit of the environment to assess the standard of cleanliness. The audit includes all clinical and non-clinical areas and identifies whether the area is approved or not approved. If the area is not approved, the audit details the work carried out to rectify this.

We were told that there is a positive working relationship between domestic and nursing staff. Nursing staff told us that, if there were any areas that needed extra cleaning or further attention, they could ask domestic staff to address this.

There are a range of policies and procedures in place to support infection prevention and control. These include policies on:

- hand hygiene
- waste management
- decontamination
- laundry
- outbreaks, and
- condition-specific policies, for example measles, shingles and meningococcal infection.

Areas for improvement

During the inspection, staff told us that they clean mattresses between patients and will check them for any signs of damage. However, there is no formal audit in place for the checking of mattresses (see recommendation a).
While we saw that the hospice environment was mostly clean, more attention to detail should be taken with high dusting, bed frames and windowsills.

At present, domestic staff are responsible for ensuring the ward areas are clean. Senior nurses on the ward have no responsibility in relation to the cleanliness of the ward. The service should consider how senior nursing staff can be involved in ensuring ward areas are cleaned to the appropriate standard.

We saw that the hand gel dispenser at the entrance to the ward was not in a prominent position or easy to locate for visitors. The service should consider finding a better position for the hand gel dispenser so that it is more obvious to people entering the ward area.

We looked at a variety of patient equipment in the ward area, including hoists and monitoring equipment. We found that there was dust on the base of these (see recommendation b). Some staff we spoke with were not clear on the process for decontaminating reusable patient equipment between patient use (see recommendation c).

In the linen cupboard, in one of the ward areas, we noted that the linen was not stored appropriately. Duvets and sheets were stored on top of the storage trolley. We also found that some of the shelves in the linen cupboard had high level dust (see recommendation d).

We saw that the service carry out infection control audits on a regular basis. However, the service should consider expanding these audits to take into account all of the standard infection control precautions.

- No requirements.

**Recommendation a**

- We recommend that Marie Curie Hospice - Glasgow should implement an audit system to ensure that all mattresses are regularly checked for cleanliness and damage.

**Recommendation b**

- We recommend that Marie Curie Hospice - Glasgow should ensure there is a system in place for routine cleaning of patient equipment, particularly if the equipment is not in regular use.

**Recommendation c**

- We recommend that Marie Curie Hospice - Glasgow should ensure that all staff are aware of the system for decontaminating reusable patient equipment between use.

**Recommendation d**

- We recommend that Marie Curie Hospice - Glasgow should ensure that all linen is stored appropriately in line with standard infection control precautions.
Quality Theme 3

Quality Statement 3.1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good

Information under Quality Statement 1.1 of this report is also relevant to this statement.

Feedback from questionnaires and the user involvement groups, detailed under statement Quality Statement 1.1 of this report, identified that actions had been taken following comments made by people who use the service. For example, a suggestion was made to ensure that staff are available to talk to people who use the service and relatives during visiting time. This has now been put into place.

Questionnaires also sought views from people who use the service about what qualities they look for in nursing staff in the hospice. Information from these questionnaires has been used to help develop interview questions for new members of nursing staff.

- 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: 4 - Good

We spoke with five people who use the service. They told us that staff were friendly and that they treated them with respect. They also told us that staff interact well with each other.

There is a bullying and harassment policy and whistle blowing policy in place in the service. Staff spoken with told us that they would not hesitate to report any behaviour that they were concerned about to the service manager.

Staff we spoke with told us that they felt relationships between staff members were good and that there had been improvements in recent months. The interactions we saw during the inspection between staff and between staff and people using the service all appeared positive.

Areas for improvement

We looked at the complaints received by the service since our previous inspection in August and September 2012. We saw that some of the complaints received from people who use the service, and staff, continue to relate to communication and staff attitude.

The service has identified the need to deliver communication training and dignity and respect training to all staff members. The service has plans in place to carry this out. This will be followed up at future inspections.
Quality Theme 4

Quality Statement 4.1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 5 - Very good
Information under Quality Statement 1.1 of this report is also relevant to this statement.

The carers questionnaire, referred to in Quality Statement 1:1, includes questions referring to the management of the hospice. After analysis of the results has been carried out, action plans are drawn up to address issues raised.

Consultations are also held with carers and users before developing the overall strategic plan for the charity.

Feedback is also gained from the volunteers working for the hospice. All volunteers are line managed from within the departments in which they work and informal feedback is sought when they meet with their manager. Volunteers are also represented on the user group.

One volunteer is also a member of a panel, known as the Expert Voices panel. This consists of a group of individuals who have previously cared for someone who used Marie Curie Cancer Care services. There are approximately 28 members across the UK and their work is co-ordinated by the Marie Curie Cancer Care service user and engagement team based in London. The panel’s remit includes consultation on proposed policy and other developments, with the aim of strengthening the voice of users and carers in future developments.

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
A member of the executive board visits the hospice at least annually to talk to both staff and people who use the service. We saw the report from a compliance visit carried out by staff who work in a different part of Marie Curie Cancer Care. This visit is carried out to assess the quality of the service provided. The visit looked at four outcomes:

- respecting and involving people
- care and welfare of people who use services
• co-operating with other providers, and
• supporting workers.

The report resulted in three recommendations and identified other potential areas for improvement. We saw that actions had been put in place to address these issues.

A food safety and hygiene audit had been carried out in February 2013. The audit showed that there had been significant improvements since the previous audit. All areas were now considered to be of a ‘satisfactory’ standard.

We saw the yearly audit schedule for the service. Planned audits for this year include:

• pressure ulcer prevalence
• falls
• controlled drugs
• pain management
• management of referrals
• blood transfusion
• legionella, and
• fire.

There is a clear clinical governance structure in the organisation which shows the lines of accountability from the trustees of the organisation, and the executive team, to the local hospice managers.

We looked at the minutes from the quality group meetings held on 14 January 2013 and 25 February 2013. We saw that any required actions were clearly identified and that the responsible person and expected timescales were also highlighted. The group discussed topics such as:

• changes to day services
• discharge paperwork
• bereavement follow-up standards
• audit activity
• complaints, and
• education and training.

We saw evidence of wider clinical governance structures within the organisation and looked at minutes from the clinical governance group meeting held on February 2013. We saw that reports are generated by all the clinical governance groups, in the organisation. These reports provide information to the service which helps to inform its own governance. This ensures there is shared learning across the organisation.

**Area for improvement**

While we saw that there were robust clinical governance structures in the wider organisation, and in the service, we were less assured that all staff within the service were aware of their own responsibility for good governance.
The clinical governance processes appear to be carried out mostly by senior staff within the service. Clinical governance should be seen as the responsibility of everyone within the service. All staff should be able to demonstrate that they deliver high quality, evidence-based care and that they are involved in systems to assess the quality of the care they deliver. Staff should also be able to demonstrate that they have made any necessary improvements to quality of the care they deliver (see recommendation e).

- No requirements.

Recommendation e

- We recommend that Marie Curie Hospice - Glasgow should ensure that all staff members are aware of their responsibility for good clinical governance. Marie Curie Hospice - Glasgow should also develop a plan to engage with staff who are reluctant to be involved with the clinical governance processes in place.
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 2.4

**Requirements**

None

**Recommendations**

We recommend that Marie Curie Hospice - Glasgow should:

- **a** implement an audit system to ensure that all mattresses are regularly checked for cleanliness and damage (see page 14).

- **b** ensure there is a system in place for routine cleaning of patient equipment, particularly if the equipment is not in regular use (see page 14).

- **c** ensure that all staff are aware of the system for decontaminating reusable patient equipment between use (see page 14).

- **d** ensure that all linen is stored appropriately in line with standard infection control precautions (see page 14).

### Quality Statement 4.4

**Requirements**

None

**Recommendations**

We recommend that Marie Curie Hospice - Glasgow should:

- **e** ensure that all staff members are aware of their responsibility for good clinical governance. Marie Curie Hospice - Glasgow should also develop a plan to engage with staff who are reluctant to be involved with the clinical governance processes in place (see page 18).
Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

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>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
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</table>

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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to **Marie Curie Hospice - Glasgow** was conducted on **Tuesday 16 April 2013**.

The inspection team consisted of the following members:

**Gareth Marr**  
Regional/Lead Inspector

**Gill Swapp**  
Associate Inspector (Locum)

Supported by:

**Jill Sands**  
Project Officer
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
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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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.