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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

Rachel House is a children's hospice operated by the Children's Hospice Association Scotland (CHAS). The hospice was purpose built in 1994 and provides accommodation for patients in eight single bedrooms. The building has an open-plan lounge and dining area, play areas for younger children, a young adult area, an art and activities room, a quiet room, spa pool, sensory area and extensive garden. There is accommodation for parents and siblings of patients on the first floor with eight en-suite rooms, one of which is a family room, and another which is set up to provide disabled access.

CHAS’s published vision is:

“That children and young people in Scotland will have access to palliative care when and where they need it.”

The CHAS plan for 2011–2016 sets out their objectives in detail under the themes of “Care, Support and Connections.” These objectives include:

- “deliver the best and most appropriate care we can by asking and listening to families so that they can influence and inform the care we deliver”
  “support and empower young people and their families through transition into adult services whilst delivering age appropriate care”
- “ensure that everyone who works for CHAS understands their role and the responsibilities they have in the work that we do”, and
- “demonstrate a commitment to evidence based practice in children and young people’s palliative care across the UK through a structured programme of learning, research and development.”

We carried out an unannounced inspection to Rachel House Children’s Hospice on Thursday 7 and Tuesday 12 February 2013.

The inspection team was made up of two inspectors. 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 Rachel House Children’s Hospice.

During our inspection we spoke with:

- the director of care
- two deputy directors of care
- the administration manager
- one patient
- one family
- the pharmacist in the service
- a support worker, and
- an activities co-ordinator.

We also received emails from four family members who told us about their experience of the service.
We contacted five stakeholders who had professional contact with the service and asked for their views. We did not receive a response to our requests for information.

We examined a range of documentation including:

- information in the service’s self-assessment
- the hospice’s aims and objectives
- relevant policies and procedures
- three patient care records
- minutes of meetings
- audit results and action plans
- complaint records
- information leaflets, and
- equipment maintenance records.

We also inspected the physical environment of the service and observed practice and interactions when we visited different areas of the hospice.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 23):

**Quality Theme 0 – Quality of information: 6 - Excellent**
**Quality Theme 1 – Quality of care and support: 4 - Good**
**Quality Theme 2 – Quality of environment: 6 - Excellent**
**Quality Theme 3 – Quality of staffing: 6 - Excellent**
**Quality Theme 4 – Quality of management and leadership: 5 - Very good**

We found that the service provided care in a very person-centred way. Staff listened to what people who used the service and their families wanted and what was important to them. They also involved them in decisions about care.

Overall, we found that the service provided a very good quality of care, in a way that met the individual needs of each person who used the service. However, the service needed to improve the way it managed medication. The service also needed to provide training for staff about protecting vulnerable adults.

The hospice provided a physical environment that was pleasant and welcoming. There were different areas which reflected the different priorities of the children and young people who used the service.

Patients and their families told us that they were very happy with the service that they received. They also told us that they valued the support that the staff in the service provided.

The service was excellent in checking and monitoring the quality of the service it provided. It used a variety of ways to do this, and involved patients, families, staff and stakeholders in the work.

This inspection resulted in three requirements and one recommendation. 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.

CHAS, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Rachel House Children’s Hospice for their assistance during the inspection.
4 Key findings

Quality Theme 0

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent

We found that the service used a variety of methods to gather the views of patients and their families, on all aspects of the service.

There was a written participation strategy, which set out the provider’s philosophy of participation, and the ways in which they aimed to involve everyone. This included staff, patients, families and other agencies who had a professional interest in the service.

We saw that the service shared information with people in a range of ways. These included:

- patient information leaflets
- a website about the provider and the service
- DVDs about the hospice and what it does
- use of social network sites such as Facebook
- posters displayed around the hospice, and
- awareness raising sessions carried out in different areas of the country.

Sharing information about the service, in this way, can help to invite comment and encourage discussion.

During the inspection, we looked at a number of care plans. The care plans were person-centred and reflected the wishes and preferences of the people who used the service and their families. This allowed everyone the opportunity to directly influence the way their care was provided on a day-to-day basis. People who used the service and their families told us that they were consulted about how they wanted their care to be given. Parents told us that staff asked how they wanted to be involved in their child’s care and supported them with that involvement. They told us that they felt the staff listened to them.

We asked people to tell us about the way the service shared information and communicated. We were told that the service communicated well. One person told us that information about the service was available in folders in the bedrooms and lounge. Other comments included the following.

- ‘The information is freely available, communication is excellent and I always know that if I have a question or comment it will be answered or taken on board’.
- ‘We are always kept up to date with information about what's going on within CHAS and Rachel House. They look for our views as parents when looking to change something and feel that they always listen to what we have to say. The notice boards are always overloaded with much needed information, and that is always a place that we go to when we are there. On our visits, the doors are always open if we need advice, whether it be about our (relative), or general enquiries’.
‘Information via the CHAS website is very useful. The pre visit call is also a very useful feature’.

“As users of (Rachel House) services for over 12 years we have seen the service grow and be influenced by legislative changes et cetera. As a result, the communication has inevitably become slightly less “personal” on some levels although the care provided and the relationships with the actual care givers remain of the highest possible standards’.

Staff were able to demonstrate that they knew the needs and wishes of people who used the service and their families and were aware of what was important to them.

The service was currently reviewing the physical environment of the hospice and was considering ways in which improvements could be made. The service had undertaken an extensive consultation and asked people about their priorities and preferences for any improvements. Ways in which they had done this included:

- pinning large sheets of paper up prominently around the building, inviting patients, staff and visitors to write down their ‘wish list’ for the changes to the premises
- holding focus groups to ask what people want from the service
- writing to past and present users of the service to ask what they thought could be improved, and
- setting up a dedicated phone line for people involved with the service to phone in and say what changes they wanted.

We saw evidence that the service had recorded all the suggestions that people had made. These suggestions were collated and analysed to identify common themes and requests.

We found that the service used questionnaires to ask people who used the service and their families for feedback about their experience of the service. We saw that the responses to these questionnaires were being collated and analysed. The majority of the responses were positive and expressed a high level of satisfaction with the service provided. We spoke with the director of care about the difficulty in getting beyond expressions of genuine gratitude to gather information that could be used to improve the service. However, we could see from the records that the service sought constructive criticism as well as compliments and that it responded positively.

Since the service was last inspected by the Care Inspectorate, some improvements had been made to the communal areas. We were told that staff had consulted the people who used the service when making decisions about how these areas should be decorated and furnished. This included an area specifically for young adults who used the service. We saw evidence of consultation about these changes when we looked at minutes of meetings.

There was an extensive range of groups and committees that families, people who used the service, staff and other stakeholders had the opportunity to take part in. Examples of these included a staff forum, clinical governance committee, young adults group, and practice development group. When we looked at the minutes of these meetings, we could see that a range of people were involved. We saw that progress on issues discussed at previous meetings was updated at the start of the next meeting, so that people could see the outcomes from their discussions.

We saw that the service had a complaints policy and procedure. A summary of these was made available in the complaints leaflet. We saw that complaints were recorded along with the method of investigation and outcome. There was evidence that the service used
complaints it had received as opportunities for learning and improving practice. For example, in one case we saw that the learning from the complaint had been shared with the practice development group.

We spoke with a volunteer who worked in the service. They told us that they were able to choose what kind of work that they did and felt that they were listened to.

Areas for improvement
The service should continue the excellent work already in place to encourage and support people to be involved in assessing and influencing the quality of the service.

We discussed with the director for care the need to continually review and develop the way the service consults with and involves people. They should make sure that this continued to reflect changes in the group of patients who use the service and changes to the service itself.

- No requirements.
- No recommendations.

Quality Theme 1

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

In Statement 1 of Quality of information, we described the variety of opportunities that the service provided to enable people to influence the quality of the service. That information is also relevant to this statement.

As noted previously, we found that the service planned and delivered care in a person-centred way. This recognised what each person who used the service needed and wanted, and what was important to them. Person-centred care allows people who use the service and their families to directly influence the quality of the care they receive. People who used the service and their families told us that they are consulted about the way care was provided and that they felt staff listened to them and knew them well. Comments we received included the following.

- ‘They all know my (relative) well, know (their) likes and dislikes and nothing is ever too much trouble.’
- ‘If they (staff) are not sure about some aspect, they will ask for clarification.’
- ‘The care provided by (Rachel House) is second to none. We have had experience of several respite providers over the years and none can match the quality at (Rachel House).’

Areas for improvement
The service should continue the excellent work in involving patients and their families in the way care is planned and delivered.

- 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: 3 - Adequate

We looked at the evidence for this statement and found that, in most examples, the care records demonstrated that the service provided a very high standard of care planning and delivery. However, some of the records that we looked at showed that medication management in the service did not match the same high standard of care. We have described what we found when we looked at care records and the steps we have taken in relation to this.

The service had recently changed to a system of electronic records, although some parts of the patient care records were still kept on paper, for example some risk assessments. Staff told us that they had received training on how the new system worked. Some staff members had been trained as 'super-users' to provide advice and support to the staff team. All staff in the service had access to the electronic records. A system of different permissions allowed access only as necessary for the staff member's role. Staff and management described to us the systems in place to maintain confidentiality and accountability. This meant that the requirement for accountability, as set out in professional codes of practice, was met. The system provided a clear audit trail, in that entries were not overwritten by subsequent changes. Staff also told us that there were back-up systems to allow access to the system in the event of a power or system failure. Documentation that might be needed in a hurry, such as seizure protocols, were kept as a paper copy in the bedroom of each person who used the service. The paper records we saw were all signed, dated and, where necessary, timed. This was in line with best practice guidance for record-keeping and professional codes of practice.

We looked at individual records of care and found that they were person-centred and reflected the different needs of each person who used the service. We saw that there was detailed information that told staff about the wishes and preferences of each person who used the service, and what was important to them. We saw that the service also planned the way it provided support for other family members and that this was linked into the patient care records.

We spoke with and emailed the families of people who used the service. They gave us very positive feedback about the quality of the care their child received. One family described the care and support that the whole family received from the staff at the hospice, including the emotional and educational support that their other child received when visiting the service. They said that they were listened to and felt safe.

Other comments we received included the following.

- 'I cannot say enough to praise the care that both my (child) and I get when we stay at Rachel House.'
- 'The staff have worked very hard with me to build a trust in relation to X's care.'
- 'I am confident that the staff at Rachel House strive to provide the best care for my child. They are good at making suggestions to improve (my child’s) care.'
During the visit, we spoke with one person who used the service. They spoke very warmly about the care and support that they received from staff. They said that they could speak to staff about anything and knew they would be listened to. They described some of the ways in which staff provided care when they visited the hospice and how this has made their life better. They told us: ‘As soon as I come in the front door, I feel the warmth from all the staff.’

Area for improvement

As previously noted, we had some concerns about medication management in the service. There was evidence in the clinical incident records of a significant number of errors in the administration of medication over the past year. The service had begun to take steps to address this.

There was a strong culture of reporting medication incidents, with staff being encouraged to report openly and honestly. This meant that management was able to see the frequency and type of errors that were occurring. The pharmacist employed in the service was involved in reviewing these reports and advising staff.

The documentation used to report incidents had recently been changed. The new documentation gathered more detailed information about the incident and used a more robust method of assessing possible harm.

We could see that the management team in the service was monitoring the nature and frequency of the incidents and discussing them with the staff involved.

A medication management group had recently been set up involving members of the nursing staff. The remit of the group included looking at ways to improve medication management to reduce the number of medication errors.

However, we did not see evidence that these steps had begun to make an improvement in the quality of medication management in the service. We discussed with the director of care the need to take more robust steps to bring about this improvement. We have made a requirement about this (see requirement 1).

The records of medication incidents showed that there was sometimes confusion over the instructions issued by the original prescribing doctor for the medications that patients brought with them to the hospice. We could see that there was a system in place for the service’s medical staff to gather this information and use it when they wrote prescriptions for the administration of medication in the service. We discussed this with the director of care. We were told that there was a protocol for staff to follow, but that this did not capture all of the ways that staff used to try to gather the information. The director of care also noted that records did not always evidence the steps that medical staff had taken. We have asked the service to review the protocol to make sure that it includes all of the steps that medical staff should take to get clear information about prescribed medication that patients bring with them. They should also make sure that medical and nursing staff are all aware of the revised protocol (see recommendation a).

We also discussed the need for staff to be aware of the guidance about what action to take when a clinical incident has occurred. We saw from the records that, on occasion, staff had sought advice from family members, for example when medication had been given by the wrong route. We discussed the need for staff to seek professional advice in such
circumstances. This will ensure that staff have the most appropriate and safe advice, and avoid adding the responsibility to the family member’s level of anxiety or concern (see requirement 1).

On one occasion, no staff on night duty had been trained to use a necessary item of equipment that a person who used the service had brought with them to the hospice. The provider needs to be sure that staff have had the training necessary to meet all of the needs of a person using the service before agreeing to their admission (see requirement 2).

When we looked at records of training, we saw that no staff had received training in adult protection. As many of the people who used the service were over the age of 18, we discussed with the director of care the need to provide training for staff in adult protection. The provider should make sure that all staff had a good awareness of the differing nature of adult abuse, and provide policy guidance and training in adult protection for all staff (see requirement 3).

As stated previously, we found that the records of care generally demonstrated that the needs of people who used the service were being identified, planned for and met in most areas of their care. They showed that the level of care provided by the service was generally of a high standard. We received very positive feedback from people who used the service and their parents about the standards of care. However, the areas for improvement that we identified were associated with the potential for harm and so gave us some cause for concern. We were reassured by the open culture of reporting incidents and the provider’s willingness to learn from them. We could see that the service was in the early stages of taking steps to address these issues. However, we assessed that they needed to be more robust in this, and so have made three requirements. Our grade for this statement reflects that improvements are needed to the way the service identified and met the needs of patients, specifically in relation to medication management, adult protection and staff skills in using specialist equipment belonging to patients.

Requirement 1 – Timescale: by 13 April 2013 and ongoing

- The provider must make proper provision for the health, safety and welfare of users. In order to do so, the provider must:
  - put systems in place to regularly audit the administration of medication in the service
  - monitor the practice of staff who carry out the administration of medication to identify where further training is required
  - provide opportunities for regular access to training in the safe management of medication for staff in the service who administer medication
  - ensure that staff who have been involved in medication errors do not carry out solo administration until any additional training needs have been addressed and their competency assessed
  - be able to evidence through the use of audit and assessment that the incidence of medication errors in the service is reducing and practice is improving, and
  - ensure that staff are aware of and implement the protocols in place to give staff guidance on what action to take when clinical incidents occur.

Requirement 2 – Timescale: immediate

- The provider must ensure that staff have the training, skills and experience necessary to meet all of the needs of people who use the service, which must be
identified by a comprehensive process of assessment prior to admission to the hospice.

Requirement 3 – Timescale: by 31 May 2013

- The provider must provide training in adult support and protection for all staff employed in the service, at a level appropriate to their role in the service.

Recommendation a

- We recommend that CHAS review the protocol which gives guidance to staff about prescribed medication that patients bring with them to the service, to make sure that it includes all of the steps that medical staff should take to get clear information about the original prescriber’s instructions. They should also make sure that medical and nursing staff are all aware of the revised protocol.

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: 6 - Excellent

The information that we set out in Statement 1 of Quality of Information is also relevant to this Statement.

We asked for examples of how the views of patients, and their families, had influenced the quality of the environment in the hospice.

Staff told us that young adults who use the service have been involved in the planning and design of the newly created young adult area. We saw evidence of this in the minutes of some meetings.

The director of care also told us that they consulted with people who used the service, and their families, when they were choosing the furniture and colour scheme for the lounge area. At the time we visited the hospice, a different layout of tables in the dining area was being tried, following suggestions from some of the people who used the service.

The service was in the process of looking at ways in which the physical environment of the service could be developed and improved. We saw evidence that the service were consulting extensively with people who used the service. As part of planning for changes to the building, the service asked for people involved with the service to make suggestions, or say what their ‘wish list’ would include. We could see that the service was recording and considering all of these suggestions or comments.

Areas for improvement

The service should continue with the excellent work it currently does in involving patients, and their families, in decisions that are made about the physical environment in the service.

- No requirements.
- No recommendations.
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: 6 - Excellent

We found that the hospice was clean, fresh, spacious and pleasantly decorated.

Each of the bedrooms was spacious and pleasantly decorated. There was tracking hoist equipment in each room to enable staff to assist people who had mobility difficulties. Free standing equipment for assisting with mobility was also available. There were medication pods in each room to allow medication to be stored securely whilst still accessible to patients, or their families, who wanted to manage their own medication needs.

There was a young adult area for some of the older patients. This was appropriately decorated and equipped with games and facilities suitable for this age group. While younger patients were also able to have access to this area at times during the day, or for specific events, there were systems in place to ensure that games and DVDs were age appropriate at these times.

There were other areas in the communal lounge that were suitable for younger patients, with toys, books and games that were appropriate. There was also an area set aside for arts and crafts. We spoke with one of the activity staff, who described to us the programme of activities designed to cater for people who used the service who were of different ages and abilities, and with different interests.

Staff in the hospice also organised and supported people who used the service to access activities outside of the hospice during their stay. For example, a regular trip was organised each year for a group to go for a weekend away to Aviemore, and last year a small group of people who used the service were supported by staff to go to a music festival. Similar trips were planned again this year.

There was a jacuzzi that people who used the service and their families were able to use, as well as a sensory room which used light, sound and texture to provide stimulation and relaxation.

There was also a small bedroom and lounge area set aside for families who had suffered bereavement, to allow them time with their child, supported by staff as they wished.

The service provided accommodation for the family members of people who used the service in eight rooms on the first floor of the hospice. These rooms were well decorated and equipped, and had facilities for parents and siblings to stay. Each room had an en-suite bathroom, as well as tea and coffee-making facilities. One room had been set up to provide disabled access. There was also a kitchen and lounge for family use, and a therapy room, where qualified volunteers offered a range of complementary therapies for family members.

The hospice had extensive gardens, which were accessible from the communal lounge, and from some of the bedrooms. The gardens were well laid out and neatly maintained.

The hospice employed staff who were responsible for the maintenance of estates and equipment. There were systems in place to report any faults or damage that needed to be repaired. Staff told us that these systems worked well.
We saw evidence that there were also effective systems in place to ensure that equipment and facilities were serviced and maintained in line with legal requirements, and to ensure their safe and effective use.

Areas for improvement
The service had already identified the need to update and improve some aspects of the environment and, as we have reported, were consulting extensively on their plans.

There is a system in place to carry out Portable Appliance Testing on all electrical items that people who used the service and their families brought in to use in the hospice. Members of the estates team were qualified to carry out this testing. However, the service had already identified that staff did not always remember to let the estates team know when equipment needed tested and were looking at ways to make the system work better.

- No requirements.
- No recommendations.

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: 6 - Excellent
The information that we set out in Statement 1 of Quality of information is relevant to this statement.

Questionnaires that the service gave to patients, and their families, to complete invited comments about the quality of the staff team. They asked about staff’s skills in meeting the needs of patients.

Areas for improvement
We spoke with the administration manager about staff recruitment. We discussed some of the examples, which we see in other services, of patients and their relatives being involved in influencing the quality of staffing. For example, by being involved in interview panels, providing questions to be asked by panel members at interview, or being involved in drawing up job descriptions. In order to involve people in ways like this, the provider needs to think of the support and training that may be required, and of the need to set realistic expectations. However, it gives people who receive care and support the opportunity to represent their priorities in any of these activities. We suggested that the service might consider involving people in this way.

- No requirements.
- No recommendations.
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 service had a recruitment policy in place. This included the need to obtain a reference from the applicant’s immediate previous employer wherever possible.

We saw that the procedures for recruitment included carrying out criminal record checks or checks on the person’s suitability to work with children or vulnerable adults, before they started work in the service.

The information obtained by the service, as part of these checks, was stored and disposed of in a way which was in line with the guidance issued by Disclosure Scotland.

We looked at staff recruitment files for five staff who had recently started work in the service. We saw that the service met many of the higher level practices for safer recruitment as set out by the Scottish Government in their guidance of 2007.

Information in staff recruitment files was recorded in a clear and orderly way, which made the information easily accessible.

We saw evidence that, where staff were regulated by a statutory professional body, the service had a system in place to check the status of their membership of the relevant body before employing them. We also saw that these checks were carried out on a regular, ongoing basis.

The service had an induction programme for all new staff. We saw evidence of this in some of the staff files we looked at. When we spoke with staff, they spoke positively about the support and training that they had received during their induction. They told us that the programme and level of support was flexible, and was adapted to match the skills, previous experience and confidence of the staff member.

Areas for improvement

We discussed with the director of care and the administration manager the importance of ensuring that they had satisfied themselves that people they employed in the service were physically and mentally fit to carry out regulated work.

- No requirements.
- No recommendations.

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: 6 - Excellent

The information in Statement 1 of Quality of Information is also relevant to this Statement.

We saw evidence from the minutes of meetings that parents were involved in a number of the groups and committees.
We could also see that parent's views and opinions had influenced the content of the CHAS 5 Year strategic plan.

The service had recently set up a young adult council to involve some of the young adults who use the service in decisions about the service. Although this group had not met often, we saw minutes of the meetings that had been held.

One relative told us:

‘The care team are always willing to listen and adapt to (our relative’s) needs. We have been asked to input our views on wider service issues over the years.’

Areas for improvement
The provider should continue to involve and consult with patients and their families in decisions made about all aspects of the service.

We saw that the service was beginning to share information from some of their audit work with staff, patients, and visitors, by pinning the outcomes of some of their infection control audits up on notice boards around the hospice.

The director of care told us that they planned to do this more in the future, so that information was shared in a way that informed and reassured patients and families, and invited comment.

- 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 had a clinical governance committee which met every three months. A clinical governance director and a clinical governance co-ordinator provided administrative support to the committee. We looked at the minutes of some of the clinical governance committee meetings and could see that a range of topics about the quality of the service had been discussed.

There was also a health and safety committee. We saw that members of this committee had been involved in an audit of the safety of physical environment of the service. This had resulted in an action plan which set out how any necessary improvements were to be made.

As part of their role, the clinical governance committee supported a programme of audit. We saw evidence of audits currently being undertaken. These included audits of:

- documentation included in patient care records
- the referral process
- controlled drugs
• infection control
• medical gases
• sensory play, and
• contacts with families.

We could see that a plan had been drawn up of all ongoing audits. This set out who was to be involved, and dates for completion and reporting of outcomes. Three members of staff had undertaken a training course in audit.

The provider used a quality assurance toolkit called ‘Are We Getting It Right’. This was a toolkit designed specifically for use in children’s hospices. It involved gathering information from a variety of sources for analysis and evaluation. It included questionnaires, surveys and interviews with parents and patients, reviews of patient care records, and observation of practice. We saw evidence of how the information provided by this was used to inform future planning to improve the quality of the service.

As stated previously, the service invited comments from people who used the service and parents through their ‘Compliments, Suggestions and Complaints’ system. We saw that they used these to change and improve the quality of the service.

The service had recently introduced a process of clinical supervision, to support staff and monitor the quality of their practice. There was a policy of performance review and development, and staff told us that they had an annual appraisal of their performance. Training needs and wishes were discussed as part of this review.

We saw that the staff and management in the service carried out ‘clinical incident reviews’ and ‘significant events analysis’ to identify and share learning from events that happened in the service.

The service had a system of policy control in place to ensure that the most up-to-date versions of policies were available to staff.

**Areas for improvement**

Although we could see that there was a range of audits in progress, we were not yet able to see the outcomes of those audits, or how they had brought about improvements in the service. We anticipate seeing the evidence of this at our next inspection.

The audits which were in progress at the time we visited were large pieces of work, which would take a period of months to complete. We spoke with the director of care about the need to carry out smaller, ‘spot check’ audits which would give immediate, ‘day to day’ assurance, and information about the quality of different aspects of the service. We were told that the service was already considering adopting this approach.

While action plans we saw had identified timescales for completion of improvement work, these had not always been signed off once completed. We discussed the benefits of being able to evidence when work was done, so that progress could be monitored. However, we were able to see evidence that improvement work that had been identified as necessary was being carried out.

- No requirements.
- No recommendations.
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 1.5

#### Requirements

**The provider must:**

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<tr>
<td>1</td>
<td>make proper provision for the health, safety and welfare of users. In order to do so, the provider must:</td>
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<td></td>
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<tr>
<td></td>
<td>• put systems in place to regularly audit the administration of medication in the service</td>
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<td></td>
<td>• monitor the practice of staff who carry out the administration of medication to identify where further training is required</td>
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<tr>
<td></td>
<td>• provide opportunities for regular access to training in the safe management of medication for staff in the service who administer medication</td>
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<tr>
<td></td>
<td>• ensure that staff who have been involved in medication errors do not carry out solo administration until any additional training needs have been addressed and their competency assessed</td>
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<td></td>
<td>• be able to evidence through the use of audit and assessment that the incidence of medication errors in the service is reducing and practice is improving, and</td>
</tr>
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<td></td>
<td>• ensure that staff are aware of and implement the protocols in place to give staff guidance on what action to take when clinical incidents occur.</td>
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<td></td>
<td>Timescale – 13 April 2013 and ongoing</td>
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*Regulation 3(1)(a), 3(d)(iv) and 12(c)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<td>2</td>
<td>ensure that staff have the training, skills and experience necessary to meet all of the needs of patients, which must be identified by a comprehensive process of assessment prior to admission to the hospice.</td>
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<td>Timescale - Immediate</td>
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*Regulation 8(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
| Regulation 3(1)(a) and 8(2)(a) | The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |

### Recommendation

We recommend that CHAS should:

a. review the protocol which gives guidance to staff about prescribed medication that patients bring with them to the service, to make sure that it includes all of the steps that medical staff should take to get clear information about original prescriber’s instructions. They should also make sure that medical and nursing staff are all aware of the revised protocol.
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 6 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>Meaning</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>
</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>
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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 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.

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 Rachel House Children’s Hospice was conducted on Thursday 7 and Tuesday 12 February 2013.

The inspection team consisted of the following members:

**Katie Wood**  
Lead Inspector

**Irene Robertson**  
Associate Inspector
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.