Unannounced Inspection Report: Independent Healthcare

Robin House Hospice
Children’s Hospice Association Scotland, Balloch

3–4 May 2017
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1 A summary of our inspection

About the service we inspected

Robin House is a children’s hospice situated in the small town of Balloch, West Dunbartonshire, Scotland. Registered as an independent hospital Robin House provides care for babies, children and young people who have a range of conditions which may be life shortening. The staff work closely with volunteers, various agencies and link professionals to offer families short planned breaks, emergency support, home care and bereavement support. The hospice aims to offer a service where families can relax and have fun with their children. The vision is that every baby, child and young person in Scotland will have access to palliative care when and where they need it.

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 Robin House on Wednesday 3 and Thursday 4 May 2017.

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

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

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

**Quality Theme 0 – Quality of information: 6 – Excellent**
Quality Statement 0.1 – participation: 6 – Excellent
Quality Statement 0.3 – consent to care and treatment: 6 – Excellent

**Quality Theme 1 – Quality of care and support: 5 – Very good**
Quality Statement 1.1 – participation: 6 – Excellent
Quality Statement 1.5 – care records: 5 – Very good

**Quality Theme 2 – Quality of environment: 5 – Very good**
Quality Statement 2.2 – layout and facilities: 5 – Very good
Quality Statement 2.4 – infection prevention and control: 5 – Very good

**Quality Theme 3 – Quality of staffing: 5 – Very Good**
Quality Statement 3.2 – recruitment and induction: 5 – Very good
Quality Statement 3.3 – workforce: 5 – Very good
Quality Theme 4 – Quality of management and leadership: 5 – Very good
Quality Statement 4.3 – leadership values: 5 – Very good
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for Robin House and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

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
Robin House had excellent systems in place to make sure the patients and families who used the service were well informed about the treatments and family accommodation available at the hospice. The staff valued the opinions of people who used the service.

The children’s needs were met in homely surroundings. The service were able to provide accommodation so that families could stay together. The activities and resources available helped to promote positive outcomes for each family.

The staff had improved their electronic documentation of patient care since our last inspection carried out in July 2016. We also found the quality assurance processes to be more organised which provided evidence of how the service evaluated the quality of care.

What the service could do better
Robin House must make sure written records of patient care are completed in full. The service should make sure systems are in place for assessing and evaluating staff induction.

This inspection resulted in one requirements and one recommendation. Requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

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

What the provider had done to meet the requirements we made at our last inspection on 26 and 27 July 2016

Requirement

The provider must develop and implement a planned programme of replacement for all non-compliant sinks within the service. All sinks replaced must comply with (the current version at the time of installation) of the Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.

Action taken

This requirement is reported under statement 2.2. This requirement is met.

Requirement

The provider must:

(a) Relocate the cleaning cupboard from the electrical switchboard room to a suitable alternative location and thereafter keep the switchboard room for this sole purpose, locked and accessible by authorised personnel only.

(b) Partition the electrical switchboard in the laundry room from the rest of the room and relocate the hand wash basin to a more suitable location within the room.

Action taken

The contents of the cleaning cupboard had been relocated to a more suitable cupboard further along the corridor. The electrical switchboard room had been locked and a keypad added to prevent unauthorised access.

The electrical switchboard in the laundry room had been partitioned off and a new clinical hand wash basin provided. This requirement is met.

Requirement

The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current standard infection control precautions SICPs auditing programme, to ensure it meets the above standards.

Action taken

This requirement is reported under quality statement 2.4. This requirement is met.

Requirement

The provider must implement an effective system of cleaning the contents and surfaces of the sensory room between each use, to minimise the risk of infection.
Action taken
The sensory room had been reorganised and tidied. A new ‘cleaning of toys’ policy had been introduced and a new cleaning rota was in place. Detergent wipes were being used to clean toys between each use and soft toys were being laundered regularly. A reusable sheet was being used to cover the floor when the projector was in use. This sheet was being laundered after use. This requirement is met.

Requirement
The provider must develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals.

Action taken
We looked at seven performance appraisal records and five had been completed. Those that had not been completed were due to long term staff sickness and a subsequent change in line management. New line management had recently been appointed and senior managers were assured that regular appraisals would continue for those that had been missed. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 26 and 27 July 2016

Recommendation
We recommend that the service should make sure all patient care information is recorded appropriately.

Action taken
Most of the patient’s care was documented using an electronic care plan system. The staff were also recording some of the patient’s care in written form. The written records we reviewed were not consistently completed. This recommendation is not met and a requirement has been made.

Recommendation
We recommend that the service should ensure that assessments identify a patient’s emotional needs and these are recorded. Support plans should developed to reflect this.

Action taken
The staff have developed their knowledge of emotional and spiritual care. Electronic care plans demonstrated staff were assessing and evaluating patient’s emotional needs. This recommendation is met.

Recommendation
We recommend that the service should record information about how a child’s care should be managed if it was to deteriorate or change. End of life wishes and preferred place of death should be documented. Any reason why it is not appropriate to discuss should also be documented.
Action taken
The staff were recording information about how each child’s care would be managed in the event of deterioration or sudden change. This supported best practice in relation to anticipatory and end of life care. **This recommendation is met.**

Recommendation
*We recommend that the service should provide appropriate infection prevention and control training for its lead infection control nurse. This will help the service keep up to date with current infection prevention and control practice.*

Action taken
The infection control lead was currently undertaking a degree in infection control at Dundee University. A programme of annual mandatory infection control training had also commenced for all staff. **This recommendation is met.**

Recommendation
*We recommend that the service should review the Hydrotherapy Pool Guidelines Operating Procedures and Emergency Action Plan and amend the standard operating procedure for cleaning the hydrotherapy pool area, so that both documents are an up to date and accurate reflection of how the hydrotherapy pool should be managed.*

Action taken
These guidelines had been reviewed and new cleaning schedules introduced. **This recommendation is met.**

Recommendation
*We recommend that the service should ensure new staff are healthy enough to work in the role they are being recruited for.*

Action taken
All of the staff working in the service were fit to do so. Recruitment processes were very good. Regular discussions between staff and line managers were carried out which helped to identify and act on concerns early. **This recommendation is met.**

Recommendation
*We recommend that the service should develop staff knowledge of legislation and best practice frameworks such as the Children and Young People (Scotland) Act 2014 and Getting it Right for Every Child (GIRFEC).*

Action taken
The staff had developed their knowledge of Getting it Right for Every Child (GIRFEC). A rolling training programme had been commenced and visual images of the wellbeing indicators were displayed on computer desktops. **This recommendation is met.**
Recommendation

*We recommend that the service should review and re-establish the audit programme, to ensure quality of care including documentation. Action plans should be developed in response to issues identified.*

Action taken

The audit programme had been reinstated. We saw clear evidence of audits taking place, action plans being developed and outcomes being discussed at senior nurse managers’ meetings. **This recommendation is met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

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

The service had a wide range of information available for children and young people, their families and other professionals. We saw evidence of the service involving these groups in improving the quality of information it provides. Examples included the CHAS ‘Chatterbox’ newsletter, which was entirely based on themes requested from family members. The service sought feedback from families following each publication.

We saw that staff seek feedback from patients when developing new leaflets and information, to make sure content is relevant and useful.

Leaflets were available in various formats and some had been designed specifically by siblings, children and young people. The family support team helped to support different age groups of children and young people to produce leaflets relevant to their needs.

We saw a comments, suggestions and complaints database where feedback was collated and evaluated on a monthly basis.

The service updated it’s ‘After your visit’ questionnaire since our last inspection to include questions on staffing and leadership. The new version of the questionnaire has been in use since April 2017.

Families, children and young people who use the service provided a lot of verbal feedback about the quality of information through discussion with staff. There were various different ways to do this, including suggestion boxes in lounge areas. We saw a further suggestion box in the nurse’s room for staff to record verbal feedback received from patients.

■ No requirements.
■ No recommendations.

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 excellent processes in place to make sure patients and families were fully aware of the treatments available in the hospice. The website and the patient admission form provided information about informed consent. Parents or guardians signed consent forms, which confirmed they understood when and why
information may be shared with other professionals or service providers. Signed consent forms were also completed prior to specific activities, such as before children and siblings could use the hydrotherapy pool.

Physiotherapists also sought consent from patients, or where necessary parents or guardians, prior to treatments. Anticipatory care plans developed to plan for changes in the patient’s wellbeing were also signed once a discussion of the child’s care had taken place.

- 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**

The staff provided an array of opportunities for the children and families who used the service to assess and share their views about the quality of care.

Families were invited to share their views about developing the service, in several ways. We saw an improvement tree in the entrance corridor that invites families to tell the service what they did well and what they could do better. It included the following comments:

- ‘Robin House is woowee!’
- ‘We have had a fantastic stay at Robin House. We do not want to leave; it has been everything I thought it would be and more.’

On the opposite wall we saw a ‘You Said We Did’ board where the senior management team had provided feedback about some of the comments left on the improvement tree. All of the comments we read were positive. We saw examples of feedback that had led to improvements in the service, for example following feedback additional mirrors will be provided in the parent’s accommodation.

Robin House had recently been refurbished following feedback from staff and the people who used the service about how the facility could be improved. The children wanted a place where they could play and listen to music. Lots of musical instruments were available for children in newly refurbished ‘den’. The children told us they love this area.

The Children’s Hospice Association Scotland (CHAS) were in the process of rebranding. The families were involved in developing a new name and logo for the service. The provider will continue to be known as CHAS but the name of the service will be Children’s Hospice across Scotland which supports the feedback from the staff and families about all the work that the organisation does throughout Scotland.

- 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: 5 – Very good

Admissions forms were completed for all patients. The forms contained contact details for the parents or guardians and the name of the child’s doctor and/or consultant. The child’s condition and current treatment was also recorded within the admission form.

We reviewed all of the children’s electronic care plans. Staff made sure that specific care plans were developed to assess and record how each child’s daily needs were met. The service was in the early stages of introducing the wellbeing indicators associated with the Getting it Right for Every Child (GIRFEC) framework. This helped to make sure children were fully involved in planning their own care and sharing information about how they felt as well as what they needed from the people who provided care.

All of the children had an anticipatory care plan, which helped the staff and families to plan early interventions for any unexpected changes. Emergency care plans were also in place for all children. These care plans provided guidance for staff about managing sudden changes in treatment or end of life care. The plans were reviewed annually, or more frequently if required.

We spoke to a number of families about the quality of care at Robin House. All of them were very happy with the care and treatment at the hospice. Comments included:

- ‘We know exactly what the treatment is about, staff explain everything thoroughly.’
- ‘We were totally involved in the care plans.’
- ‘We love coming here. The house is full of life, the staff help us cope and are wonderful with siblings too.’

Area for improvement

While we were satisfied that electronic records of care were up-to-date, written care plans were not. We found checklists to be incomplete and patients’ names were not recorded consistently.

Requirement 1 – Timescale: Immediate

- The provider must make sure written records of patient care are completed.

- No recommendations.
Quality Theme 2 – Quality of the 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

Robin House is purpose-built and has nine children’s bedrooms (two of which are en-suite) and eight parent’s bedrooms. It is set within beautiful gardens with play areas for patients and visitors to enjoy. Parking and facilities for wheelchair users was also available.

Children’s bedrooms had appropriate facilities and bathrooms and shower rooms were available with a variety of bath aids suitable for all ages and sizes.

The service was updating its design, layout and some facilities during our last inspection, as part of a space creation project. This work is now finished. The reception area has been redesigned and is now a bright and welcoming space. The following new areas have been created:

- an additional play room
- two new garden room areas
- a new soft play area
- a first floor meeting room, training room and video-conferencing area, and
- a new lift has been installed.

The following existing areas have also been refurbished and improved:

- the art room has been extended
- the main lounge/dining area has been redecorated, and
- the teenage den has been extended.

The service had upgraded its clinical hand wash basins in the lounge areas and bedroom one, with basins compliant with the current guidance contained in Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies. A planned programme is in place to replace the remaining clinical hand wash basins over the next 2 financial years.

Due to the lack of space in patient bedroom one, the service was unable to install a personal washing sink for patient use. Therefore a new safe operating procedure had been introduced whereby a clinical trolley was used to transport used bathing water to a toilet to dispose of. The service plans to change the use of a storage cupboard in the corridor to a sluice in the near future, to provide a more appropriate disposal facility.

The service has further plans in place to renovate a storage cupboard into a sluice area and redecorate the sensory studio in the near future.
Area for improvement

Two shower rooms in the hospice were being used as storage areas for hoists and chairs. One was the main shower room and the other was the shower room next to the hydrotherapy pool. Consideration should be given to finding a suitable separate room for storing chairs and hoists, so that these two rooms can be used for their intended purpose.

Furthermore, the main equipment store was disorganised and untidy and would benefit from being completely reorganised.

- 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: 5 – Very good

The service had an infection control group which provided oversight for infection control across both Robin House and Rachel House. We saw evidence that the group met regularly to review infection control issues in the service and that outcomes were being reported through the CHAS clinical governance structure.

The service had reviewed its provision of staff training since our last inspection and all of its policies and procedures in relation to infection control. All staff now undertake mandatory infection control training annually and we saw evidence that the provision of this training was being monitored.

We saw that staff had worked hard to review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. All infection control policies and procedures had been reviewed and a new audit programme had been implemented. All of the new policies and the audit programme were based on the standard infection control precautions (SICPs) described in the current version of the Healthcare Protection Scotland National Infection Prevention and Control Manual.

The hospice environment was clean and well maintained. We saw a good supply of personal protective equipment and alcohol-based hand rub dispensers in corridors, patient bedrooms and communal areas.

Area for improvement

We discussed the frequency of audits in the newly implemented infection control audit programme. The service planned to audit one standard infection control precaution each month over a rolling 12-month period. However, some audits may need to be undertaken more frequently. We discussed this with senior managers who agreed to review the frequency of audits during the first year of implementation.

- No requirements.
- No recommendations.
Quality Theme 3 – Quality of staffing

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 – Very good
The service used a quality audit tool to ensure staff were recruited safely. We reviewed four staff files, all of which contained supporting information about their application, interview, references, Protecting Vulnerable Groups and Disclosure Scotland checks.

An additional system was in place to support the recruitment and development of staff who were registered with a governing body such as the General Medical Council and Nursing and Midwifery Council. This helped to identify which staff were due to renew their registration or revalidation.

We saw an induction programme and recording booklet for all staff employed at Robin House. An appropriate person was allocated to each employee to support them during their induction. The practice education nurse was also able to offer any additional support and mentorship to nursing staff.

Area for improvement
We were advised that staff completed their induction but did not always submit their updated induction booklet as evidence of learning. We had a discussion with the administration and the senior management team about the importance of gathering evidence of staff induction and development. The senior management team agreed to implement a better system to make sure all induction booklets were completed and submitted within an agreed timescale. This will help to provide evidence of the employee’s fitness and ability within their specific role (recommendation a).

No requirements.

Recommendation a
- The staff should make sure they complete a record of their induction. A designated person or team should be responsible for gathering and evaluating induction processes.

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 5 – Very good
The service had developed a range of training since our last inspection. Line managers encouraged staff to attend development days and ‘in-house’ training to make sure everyone promoted best practice at work. Additional learning was available from National Health Service (NHS) LearnPro, an online resource available for staff working at CHAS.
The practice education nurse provided additional guidance to nursing staff about current and emerging best practice frameworks. Nursing staff completed certain competencies, which provided further evidence of their learning and development. Examples included infection control, mouth care and feeding and nutrition.

The Family Support Team were based at Robin House. They worked closely with an array of professionals who supported children within the hospice and at home. The nursing staff working at Robin House explained how the family support team held training sessions to develop nursing staff knowledge of the wellbeing indicators associated with Getting it Right for Every Child (GIRFEC). The nursing and play staff were able to tell us how they were developing their knowledge of the GIRFEC framework and how they planned to record care using these indicators.

The senior management team recognised that some of the staff were anxious during our last inspection and had arranged some ‘mini master classes’ to reassure and prepare staff for future inspections. We found the staff to be less anxious which demonstrated the preparation classes had a positive effect.

We spoke with different staff groups during our inspection. All reported they enjoyed their jobs and felt supported but others. The staff told us:

- ‘I love my job.’
- ‘I enjoy working here. I am able to develop my skills which has helped to promote my communications skills and the quality of my work.’
- ‘I like working here and really enjoy meeting the families. We do get to participate in training, most if it is within Robin House. It would be nice to visit other parts of CHAS if this could be possible.’

Area for improvement

Registered nursing staff recorded more detail of their learning than nursing support staff. The support staff completed a grading system of their learning which could be enhanced with a short summary of their learning.

Opportunities to work within other areas of CHAS may also be an appropriate way of developing staff knowledge, skills and working relationships.

Some staff were not being allocated protected learning time to undertake training and education. The service should consider ways of making study time available to staff. This will also allow time to complete induction booklets and reflective accounts for professional development.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3

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

Grade awarded for this statement: 5 – Very good
Staff appeared to work well as a team and value each other’s knowledge and skills. Opportunities were available to develop leadership skills and a leadership programme was in place. This enabled staff to learn how to delegate tasks and responsibilities within their team.

Two senior managers were currently undertaking masters’ qualifications in business administration and paediatric palliative care. The lead infection control nurse was also undertaking a degree in infection control.

The service had a system of daily staff ‘huddles’ (staff meetings) in place for staff to discuss current and ongoing priorities for patient care.

- 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 each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

The services’ most recent self-assessment had been completed by five different staff members, each taking responsibility for writing one quality theme. The aim of this approach was to share the responsibility and make the completion of the self-assessment a team effort.

The hospice had a clinical governance structure in place, with a committee that met regularly to oversee issues such as audit outcomes, incidents and complaints. Minutes of meetings demonstrated that issues were being tracked and followed up and action points were clear.

The audit programme had been put on hold due to staff shortage at our last inspection. We found clear evidence that audits were again taking place in line with the audit programme. Outcomes were being discussed at senior nurse meetings and the completion of action plans monitored.

The comments, suggestions and complaints database demonstrated how service user’s suggestions were acted upon.

- 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.

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<th>Quality Statement 1.5</th>
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<tr>
<td><strong>Requirements</strong></td>
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<td>The provider must:</td>
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<tr>
<td>1 make sure written records of patient care are completed (see page 12).</td>
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<tr>
<td>Timescale – Immediate</td>
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<td>Regulation 4 (2c) (3 b)</td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td><strong>Recommendations</strong></td>
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<td>None</td>
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<th>Quality Statement 3.2</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>Recommendations</strong></td>
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<tr>
<td>We recommend that the service should:</td>
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<tr>
<td>a make sure they complete a record of their induction. A designated person or team should be responsible for gathering and evaluating induction processes (see page 15).</td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 6.4 – Staff)</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
We can also provide this information:

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

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.