Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

About the service we inspected

Marie Curie Hospice - Edinburgh is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. The service provider is Marie Curie Cancer Care, a UK-wide charity with headquarters in London.

People can use the hospice in a number of ways. They can:

- visit the day care therapy unit for individual appointments or to attend a group
- receive visits from specialist nurses to their home (through the community nurse specialist team), or
- be admitted to the hospice inpatient ward.

All of the services offered by the hospice work together to meet the palliative care needs of people with progressive, life-limiting illness.

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 hospice provides specialist palliative care for up to 25 adults over the age of 18, in its two inpatient wards. Care is provided using a multidisciplinary team of healthcare staff.

The day care therapy service can take up to 12 people, 3 days every week from 10am–2pm. Patients and families are also provided with complementary therapies on an appointment basis.

A team of trained volunteer staff support the hospice in various activities such as manning the reception, offering drinks and snacks, and gardening.

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 Marie Curie Hospice - Edinburgh on Tuesday 15 and Wednesday 16 July 2014.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure, and a public partner, Fraser Tweedie. 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 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.
Based on the findings of this inspection, this service has been awarded the following grades:

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

The grading history for Marie Curie Hospice - Edinburgh can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events
- the previous inspection report of 11–12 November 2013, and
- a complaint report of 19 December 2013.

During the inspection, we gathered information from a variety of sources. This included:

- information leaflets about the services provided
- viewing the website
- five patient care records
- evidence files with various policies, procedures, minutes of meetings
- accident and incident records
- audits
- four staff files
- records verifying the professional registrations for staff, and
- training records.

We spoke with a number of people during the inspection, including:

- four patients in the inpatient unit
- one relative visiting the inpatient unit
- a group of patients attending the day care therapy unit
- medical director
- inpatient unit manager
- pharmacist
- charge nurse
- three staff nurses
- healthcare assistant
- head of facilities
- maintenance person
- community nurse specialist manager
• occupational therapist
• domestic supervisor, and
• human resources senior advisor.

We inspected the following areas:

• inpatient ward, toilets and bathrooms
• lounges
• ward kitchen
• day care therapy unit - lounge area, and
• consulting rooms.

What the service does well
We noted areas where the service was performing well.

• The service provides a good standard of care, treatment and support to the patients and relatives visiting the service.
• The service is well known and links with other local resources within the NHS as well as other charitable providers.
• There is a dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
• Marie Curie Hospice - Edinburgh continues to offer a high quality service which was appreciated and commended by patients and relatives.

What the service could do better
We did find that improvement is needed in the following areas.

• Recording and acting on all concerns raised by patients or relatives.
• A new risk assessment for the use of bedrails is required.
• Ensuring that sufficient staff with the appropriate skills are on duty both night and day.
• Improved monitoring of hot water outlets.
• Improved follow-up and analysis of learning points in relation to incidents.

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

Marie Curie Cancer Care, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

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

What the service has done to meet the recommendations we made at our last inspection on 11–12 November 2013

Recommendation

We recommend that Marie Curie Hospice - Edinburgh should ensure that staff have training in how to deal with complaints or concerns.

Action taken

A national workshop was held for senior staff from Marie Curie Cancer Care sites across the UK to develop new processes for complaints management. However, due to staff changes affecting the Marie Curie Hospice in Edinburgh, this has not resulted in any local training for the current senior staff.

This recommendation is reported under Quality Statement 1.1 (recommendation b) in this report. This recommendation is not met.

Recommendation

We recommend that Marie Curie Hospice - Edinburgh should develop more specific feedback on the quality of staffing and use this information to create action plans for improvement.

Action taken

The use of electronic and paper feedback questionnaires has provided some information on the quality of staffing. However, the questions could be developed further to provide more specific feedback.

This recommendation is reported under Quality Statement 3.1 in this report. This recommendation is met.

Recommendation

We recommend that Marie Curie Hospice - Edinburgh should explore ways to help them calculate and plan the number of staff needed on wards for example, the use of dependency tools.

Action taken

Marie Curie Cancer Care is actively involved in the development of a national dependency tool for hospices in Scotland. At the time of this inspection, no dependency tool was in use at the Marie Curie Hospice - Edinburgh that takes account of the changing needs of patients. With continued staff turnover and high use of agency staff, we could not be sure that the staffing numbers and skill mix were or were not sufficient to meet the needs of the patient’s resident in the hospice at the time of the inspection.

This recommendation is reported under Quality Statement 3.3 and a revised recommendation (recommendation i) has been included in this report. This recommendation is partially met.
Recommendation

*We recommend that Marie Curie Hospice - Edinburgh should ensure that key staff have competency and skills in leadership and promotion of effective teamwork.*

Action taken

Since the last inspection, staff changes had resulted in new staff in leadership roles at Marie Curie Hospice - Edinburgh. There was evidence of staff meetings and workshops aimed at promoting effective teamwork. Staff told us that they were being listened to and that there was now a more motivated staff group. This recommendation is met.

Recommendation

*We recommend that Marie Curie Hospice - Edinburgh should ensure that staff supports such as clinical supervision are made fully available with an explanation as to the purpose.*

Action taken

This was in the early stages of development. However, systems were in place to offer both one-to-one and group supervision. Further development was needed to use these systems more fully and effectively.

This recommendation is reported under Quality Statement 3.3 in this report. This recommendation is met.

Recommendation

*We recommend that Marie Curie Hospice - Edinburgh should ensure that staff concerns are recorded and actions taken in response are fed back.*

Action taken

Staff told us that concerns were being listened to. A national Marie Curie Cancer Care staff survey was in progress and staff were being encouraged to complete this. This recommendation is met.

Recommendation

*We recommend that Marie Curie Hospice - Edinburgh should ensure that all staff can contribute to service development.*

Action taken

A national consultation had taken place to consider the UK-wide Marie Curie Cancer Care strategy. Local meetings had been held and some staff had attended. A ‘tool kit for line managers’ was developed in January 2014. This was intended to help share the changes in the aims of the organisation and promote local discussion. The senior management team at Marie Curie Hospice - Edinburgh had been meeting regularly with staff. Staff told us that they felt more involved. This recommendation is met.
What the service has done to meet the recommendations we made in an upheld complaint investigation of 19 December 2013

Recommendation

*Marie Curie Cancer Care should ensure that it is clear in the healthcare record when and in what circumstances a family member should be contacted in the event of a fall or a sudden change of condition.*

**Action taken**

The layout of the next of kin information sheet had improved and contained a Yes/No preference for night contact. However, the completion of this record was not always robust.

This recommendation is reported under Quality Statement 1.5 (recommendation d) in this report. This recommendation is not met.

Recommendation

*Marie Curie Cancer Care should ensure that efforts are made to consult with agreed next of kin at the earliest opportunity if a decision is to be made regarding the commencement of the Liverpool Care Pathway.*

**Action taken**

New documentation for end of life care to replace the Liverpool Care Pathway had been introduced. We checked two records of patients who had recently deceased and found that the record showed that relatives had been consulted when use of the documentation was started. Evidence of regular discussion after this could be improved.

This recommendation is reported under Quality Statement 1.5 in this report. This recommendation is met.

Recommendation

*Marie Curie Cancer Care should ensure that staff involved in making decisions about the commencement of the Liverpool Care Pathway have a clear policy and procedure to guide them in their decision making and in particular in the involvement of agreed family members.*

**Action taken**

The new end of life care documentation had guidance for staff in how to use it. There is ongoing review of end of life documentation in Scotland. The service expects to review and update its documentation in keeping with the Scottish Government working group guidance. This recommendation is met.

Recommendation

*Marie Curie Cancer Care should ensure that if family members are involved in care it is discussed, agreed and included in the relevant care plan.*

**Action taken**

No family members were directly involved in care, so we could not check this fully at this inspection. However, the development of more person-centered care plans would assist in being able to record this information. This will be followed up at future inspections.
This recommendation is reported under Quality Statement 1.5 in this report. We were unable to review this on this inspection. This recommendation will be carried forward to the next inspection.

**Recommendation**

*Marie Curie Cancer Care should ensure that dignity and privacy for patients is preserved at all times. To ensure this, a more person-centered approach to care should be encouraged and personal preference for evening care, daywear and nightwear should be recorded in the care plan.*

**Action taken**

A focused project on developing more person-centered care is due to begin in August 2014 at Marie Curie Hospice - Edinburgh. Details on personal preferences for care remain absent from care plans. However, we saw no evidence of patients’ dignity or privacy being affected by this. A recent survey of nine patients all reported that they were treated with dignity and respect.

This recommendation is reported under Quality Statement 1.5 in this report. This recommendation is met.

**Recommendation**

*Marie Curie Cancer Care should ensure that moving and handling is always carried out safely.*

**Action taken**

We checked staff training records and saw that moving and handling training was available for staff. Compliance with updates and refresher training was being monitored. A new moving and handling trainer had been identified. This meant that more practical face-to-face training was now available. We found no evidence that moving and handling was not being carried out safely. 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: 5 - Very good

We found that the hospice had a ‘Help us make our services better for you’ comments card. This was made available to patients and relatives at various information points throughout the hospice. This included various questions about the quality of information provided. This questionnaire is also available on the hospice website.

Marie Curie Hospice - Edinburgh has a user governance group that meets every 2 months. Part of the remit of the group is to review any new leaflets or information for patients and relatives.

Nationally, Marie Curie Cancer Care has set up an expert voices group. This is a group of people with personal experience of caring for someone at the end of life. Members of this group are consulted about a range of information developments.

A new electronic 'real-time' feedback system was introduced earlier in 2014 on a pilot basis in Scotland. Using iPads, staff and volunteers can help patients and relatives provide feedback on a range of services and information. Reports can be run allowing for a more responsive approach to feedback. Information will be shared and addressed at the user governance group and escalated to the senior management team as required. Results are circulated by email to staff and volunteers and are included in the hospice newsletter. Additional volunteers and some healthcare assistants have been trained to help with this.

A noticeboard in the reception waiting area was displaying the results of information gathered from the feedback.

Area for improvement

Only one question in the feedback questionnaire asks about the quality of information. It was very general and asks for a grade on the quality of all aspects of information provided. The service could consider asking more specific questions about the quality of information to provide more detailed feedback. For example, the accuracy of information provided, the format of information and how easy it is to understand.

The information available on the website could also be assessed by patients by asking questions in the feedback questionnaire or online.

Although the results of feedback information were displayed, it would be useful to know how this improved the service.

- No requirements.
- No recommendations.
Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good
A website is available with information on the services provided by Marie Curie Cancer Care nationally and locally. This is accessible to all internet users and includes a virtual tour of the Marie Curie Hospice - Edinburgh facility.

Marie Curie Hospice - Edinburgh provides a range of leaflets including a general information brochure for patients and carers. These are available in paper format and on the hospice website. The leaflets can be provided in other languages and large print on request. They are available at various information points throughout the hospice, including the day care therapy unit. Leaflets are also sent to:

- local hospitals
- GP surgeries, and
- community staff.

The hospice information brochure includes a summary of all the services provided and other information including:

- what happens on admission
- what items to bring to the hospice
- discharge arrangements, and
- statement of purpose.

The hospice information brochure is kept in the patient bedside folder.

A leaflet, ‘Tell us what you think’, also guides patients or carers to comment, compliment or complain about the treatment or service they have received.

Nationally, Marie Curie Cancer Care produces leaflets on a wide range of subjects which are available for patients and carers. These include:

- ‘Managing your fatigue’
- ‘Keeping your information confidential and safe’, and
- ‘Keeping infections at bay - advice for visitors’.

The service can also be visited before admission to allow patients to ask questions and decide if the service is right for them. The service also gives bereavement information for relatives and carers.

Area for improvement
While speaking with patients, we noted that some stated that they had received written information while some stated they had not. Not all patients were aware of the hospice information brochure.
The hospice could consider developing a system to record the information that has been given to a patient. This can help to track the information provided to patients and make sure that they get the information they need. It could also be helpful if there is a dispute over whether or not important information has been provided, for example about resuscitation choices or the care in the last days and hours of life.

The patient bedside folder did not have information about how to make a complaint. We were told that this was intended to be included, but had been left out as an oversight.

There should also be information about how a patient could access their care records and policies such as resuscitation, recording wishes on future treatment and end of life care (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should ensure information supplied to patients and relatives includes how to make a complaint, how to access their records if they wish, and offers the chance to view policies on resuscitation decisions, statements about future treatment and end of life care.

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: 4 - Good

We found evidence that the views of patients and relatives were being sought on a regular basis using a variety of methods. These included:

- completion of the electronic real-time feedback system
- completion of the paper version comments cards
- informal feedback gained during management ‘walkrounds’, and
- a national annual patient survey.

Results of the local feedback from nine patients using the electronic system from June 2013 was displayed on a noticeboard at reception. This showed high levels of satisfaction with care and support in most areas.

We asked four patients if they felt fully involved in discussions about care and treatment options. Three agreed strongly they were and one was not sure.

Areas for improvement

We noted that some ‘niggles’ had been raised by patients and relatives. We looked to see if these had been recorded as ‘concerns’, but they did not seem to have been taken forward formally. For example, we saw that a relative’s concern was recorded in the patient care record about their mother’s care at night. We could not see this recorded as a concern anywhere else to ensure that management gained an overview of these concerns. We
previously made a recommendation in November 2013 about staff having training on handling complaints and concerns. There had been no local training, and complaints information was not readily available within the inpatient unit (see recommendation b).

We noted that a patient with incapacity had a ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) document in place. This documentation relates to the emergency treatment given when a patient’s heart stops or they stop breathing. Sometimes medical staff will make a decision that they will not attempt to resuscitate a patient. This is because they are as sure as they can be that resuscitation will not benefit the patient. We looked to see if this had been discussed with the patient’s next of kin, in keeping with the principles of the Adults with Incapacity (Scotland) Act 2000. However, it was not documented that any discussion had taken place or what the reason was for not having a discussion about this important decision. This was also the case in one other DNACPR document for a patient with capacity to make decisions (see recommendation c).

Consideration could be given to recording the informal feedback gained from the management walkrounds. This would help to make sure that patients’ views are listened to and actions taken in response.

It would be beneficial for the service to have an overarching participation policy to set out the methods and frequency of gaining feedback from patients and relatives.

- No requirements.

**Recommendation b**
- We recommend that the service should ensure that staff have training in how to deal with complaints or concerns.

**Recommendation c**
- We recommend that the service should ensure that patients or their representatives are consulted when appropriate in any DNACPR decisions and, if this is deemed inappropriate, the reason why is clearly documented.

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: 4 - Good

We examined five patient care records from the inpatient ward. The patient care records contained an integrated record used by all of the hospice departments. This included the clinical nurse specialists, day care therapy unit and the inpatient unit. Staff told us this was helpful and they could easily refer back to the different assessments carried out. Medical staff carried out detailed assessments at the point of admission to the ward.

We saw that entries made in the patient care record by healthcare professionals after each consultation with the patient contained the date, time and a signature.
A weekly multidisciplinary meeting was held. Preferred place of death was reviewed each week and this was documented. From the entries in the patient care records, we could see strong multidisciplinary involvement to help meet the needs of patients.

Care plans, risk assessments and daily records of care were contained in a folder which was kept at the patient’s bedside or in the staff office.

Nursing and care staff were given a printed handover sheet which helped them to refer easily to important details about patients.

There was a falls risk assessment that gave a score of high, medium or low risk. We saw that this was completed for each patient. A corresponding care plan was then put in place to consider falls prevention strategies such as alert mats or ultra-low beds. Alert mats are devices which set off an alarm if the patient steps on it. Ultra-low beds are used for patients who are at risk of falling to reduce the height of fall.

Marie Curie Hospice - Edinburgh has introduced a new end of life document called ‘Priorities for the end of life’ to replace the Liverpool Care Pathway. We checked the use of this document in two of the patient care records examined. Overall, we found a good record of decisions and regular review of patients’ needs.

Some improvements had been made to the layout of the patient care record to record next of kin details more clearly.

We spoke with four patients in the inpatient unit during our inspection. We received many positive comments about the quality of care and support. Two rated the level of care as ‘Excellent’ and two rated it as ‘Very good’.

Comments from patients in the inpatient unit included:

- ‘I would recommend to anyone in a similar position they are that good.’
- ‘The care is superb.’

All of the patients we spoke with said that they were treated with dignity and respect. This was in line with the internal local feedback in which all nine patients also stated that this was the case.

Areas for improvement

We saw a patient in bed, with bed rails in use who did not have a risk assessment in their patient care record to make sure that this was safe. We discussed with staff the type of bed rail risk assessment used by the service as it was not specific to the type of beds in use. This must be reviewed and developed to make sure an effective system is in place to ensure safe use of bed rails (see requirement 1).

We checked the recording of next of kin details in the patient care records and found that a small number had details which were missing or incorrect. This included:

- a record with three next of kin contacts, but only one address and two telephone numbers
- a record where the contact details were present for two of the contacts, but not for the third
- a record where a friend of the patient has been recorded as the next of kin, but the patient’s next of kin was their son, and
- in one of the records, the preference to contact at night was not indicated.
In modern families, arrangements around next of kin and welfare power of attorney can be complicated. It is essential that the arrangements and patients’ preferences are clearly recorded. This will allow staff to make decisions easily and in line with the wishes of their patients. We previously made a recommendation about this following a complaint investigation in December 2013 (see recommendation d).

The initial patient assessment carried out by the medical staff was comprehensive, but focused mainly on physical aspects of care. There was a section to record family and social circumstances, but this was only partly completed in two of the records we looked at and was absent in one. This was also the case for the psychological and spiritual section of the assessment. There was evidence of referral to other professionals for these aspects to be considered. However, there was little reference to these aspects within the plans of care (see recommendation e).

Medical staff produced a list of action points following the initial patient assessment. Nursing staff also listed a summary of nursing concerns. We saw evidence that the two lists did not then fully match with the care plans contained in the patient bedside folder. These care plans are pre-printed generic documents. It was not possible to see what plans of care had been discussed and agreed with the patient and their family. The documentation could be improved to make this more explicit and make sure that proposed care, length of stay and plans of care have been fully discussed and agreed (see recommendation f).

No end of life care plan was in use that set out details of preferences for care. A very basic ‘supportive care plan’ set out preferred place of death. Although there were many points of discussion about preferences for care at the end of life, this was not documented in one place to produce an end of life care plan or anticipatory care plan. An anticipatory care plan anticipates significant changes in a patient (or their care needs) and describes action, which could be taken, to manage the anticipated problem in the best way.

The plans of care were pre-printed and did not reflect personal preferences for care. This was widely acknowledged by senior staff as being a limitation of the current documentation in use. There was a plan to develop a new approach to person-centred care planning later in the year. Progress with this will be reviewed at the next inspection.

No nutritional assessment was in use. This was recognised as an area for development in the service’s self-assessment.

**Requirement 1 – Timescale: by 31 October 2014**

- The provider must develop an appropriate risk assessment for the use of bed rails that takes into account the type of equipment in use.

**Recommendation d**

- We recommend that the service should ensure that patient care records show complete next of kin contact details and when and in what circumstances a family member should be contacted in the event of a fall or a sudden change of condition.

**Recommendation e**

- We recommend that the service should ensure there is full multi-professional assessment of patients’ social, psychological, spiritual and intellectual needs.
Recommendation f

- We recommend that the service should ensure that patient care records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient.

Quality Theme 2 – Quality of environment

**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

There was one question in the ‘Help us make our service better for you’ comments card which asked about cleanliness.

A patient-led assessment of the care environment (PLACE) had taken place since the last inspection. This used an assessment process developed by the NHS commissioning board and included two user representatives from the expert voices group. The PLACE survey looked at cleanliness, privacy and the condition and maintenance of the building. The scores for the service had gone up between 2013 and 2014.

Areas for improvement

More specific questions on the comments card could provide more detailed feedback about aspects of the environment.

In particular, we noted that patients have to go outside to smoke as there were no smoking facilities within the hospice. Some staff thought that a smoking room would be welcomed by patients. Some incidents had taken place with patients asking to go outside to smoke late at night or early in the morning and staff had not always allowed this. We were told that the smoking policy was due to be reviewed. Therefore, as no formal survey has been carried out in relation to this, the view of patients could be sought as a part of the review.

In the meantime, individual risk assessments involving the patient should be carried out to determine what is safe and to make sure that all staff are aware of this agreement (see recommendation g).

- No requirements.

Recommendation g

- We recommend that the service should ensure that individual smoking risk assessments are carried out to agree the level of support a patient may need to go outside to smoke. The house rules on smoking should be made clear. Any difficulties with this should be fully discussed so that arrangements to deal with this can be put in place.
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
We found that all areas of the hospice were clean and tidy. Newly refurbished areas were bright and welcoming.

The ward areas have single en-suite rooms and triple bed bays with en-suite facilities. All bedrooms have doors to outside areas. On the ground floor, there is access to a patio area and, on the first floor, there is access to a balcony area. Beds can be pushed out onto the balcony. The patio and balcony overlook the landscaped gardens. All of the furnishings were of a high standard. Guest beds were available if family wanted to stay overnight. There were also several areas for patients and relatives to use including lounges and quiet rooms.

The day care therapy unit also had access to a garden space and this was used by patients and staff.

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception. This helped the security of the building.

We spoke with the domestic supervisor who was able to show us the systems and processes in place for cleaning the hospice. This included cleaning schedules, weekly walkrounds with senior clinical staff, monthly audits and action plans. Control of substances hazardous to health (COSHH) risk assessments were also present, relevant and up to date.

We spoke with the maintenance manager who showed us service records for both clinical and non-clinical equipment, including equipment serviced by outside contractors. He was also able to show us the process for reporting and recording issues with equipment and how that was dealt with on a daily basis. We saw evidence of environmental risk assessments including fire and water assessments.

Health and safety policies were in place. A health and safety audit was carried out in May 2014 which identified 18 areas of actions, many of which had been addressed.

Policies and procedures were in place to support the control and prevention of infection. These included policies on:

- standard infection control precautions (precautions staff should take when caring for patients to prevent the spread of infection)
- how to manage people in isolation
- decontamination (cleaning) of patient equipment, and
- policies on the management of specific conditions such as Clostridium difficile infection (CDI) and meticillin resistant Staphylococcus aureus (MRSA).

We saw evidence of fridge and room temperatures being checked and recorded in medication storage areas.

Of the patients that we spoke with, one rated the environment as ‘Excellent’ and three rated it as ‘Very good’.
We heard some positive comments, such as:

- ‘I can get out onto the balcony in my bed, this is much appreciated.’
- ‘I like the balcony for getting outside.’
- ‘The garden makes a big difference.’
- ‘Beautiful, the grounds are lovely!’

**Areas for improvement**

The service identified in its self-assessment that it would like to review the ward layout and create a reception area for patients and relatives so they can see staff members as soon as they come onto the ward.

Some health and safety risk assessments such as manual handling for staff needed reviewing and updating. The service’s management team was aware of this.

Two commodes were noted to be missing their foot plates and one had a stain on the back canvas. Footplates can make the use of commodes safer and these should be available (see recommendation h).

The temperature of the hot water wash basin taps in the toilets next to the day care therapy unit was too hot and needed a thermostatic regulator to be fitted. We were told this was addressed the day after the inspection. Improved monitoring of hot water outlets must take place (see requirement 2).

Limited facilities were available for children: one lounge had some toys. Development could take place to make sure the service is family and child friendly.

A patient commented that some areas of the hospice were difficult to access by wheelchair. This included some garden paths and some doors. The service’s management team was aware of this and planned to try to improve accessibility in the future. We will follow this up at future inspections.

The photo boards of staff needed reviewing to make sure they stay up to date. This can help patients and visitors to see who everyone is.

While there was no evidence to suggest that patients that request a bath did not get one, staff told us that the jacuzzi bath was not used much. We noted that there was a bathing chair that could be used to access the bath. Consultation could take place to consider if more patients would use the bath if there were alternative bath aids available such as a bath trolley or overhead tracking hoist. This could also help to improve patients’ privacy.

**Requirement 2 – Timescale: by 31 July 2014**

- The provider must ensure monitoring of hot water outlets takes place to ensure safety of patients and visitors.

**Recommendation h**

- We recommend that the service should ensure that commodes with footplates have the footplates attached and available for use.
Quality Theme 3 – Quality of staffing

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
The comments card ‘Help us make our services better for you’ included questions linked to staff interactions with patients, such as the welcome on arrival, the support to relieve symptoms, emotional support, spiritual support and support for family and friends.

Areas for improvement
The questions in the comments card could be made more specific to the quality of staff such as politeness, well dressed, knowledgeable, takes time, answering the buzzer and listening to you.

We noted some concerns from patients about the number of staff on duty at night. We reviewed staff rotas which showed a minimum of five staff on duty at night. The service’s management team told us that they were aware of this issue and were considering introducing a twilight shift. However, the service gave us no definitive timescales for this.

More explicit feedback on actions taken as a result of concerns raised, in a ‘You said/We did’ style, could help to make sure that patients and relatives feel their comments are listened to and acted upon.

■ No requirements.
■ No recommendations.

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
We checked four staff files which were held centrally at Marie Curie Hospice - Glasgow rather than in Marie Curie Hospice - Edinburgh. We were told that all medical staff files are now held in Marie Curie Cancer Care offices in Wales. We also reviewed one medical staff file electronically.

The files were well structured and there was evidence of:

• application form
• a note of the Protecting Vulnerable Groups (PVG) scheme or Disclosure Scotland reference number
• check with professional register (if applicable)
• two references
• health fitness check (if applicable), and
• start date.
In one of the staff files, a third reference was requested which is good practice.

A probationary period was used to further assess staffs’ suitability for the job. During this time, an induction workbook was completed. This gave evidence of discussions about learning and performance with their line manager.

**Area for improvement**

One of the staff files had a reference from a manager who had last worked with the staff member 14 years ago. The quality of this reference did not seem to have been checked. It would have been good practice for a third reference to be requested.

- No requirements.
- No recommendations.

---

**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: 4 - Good**

Nurses, and allied health professionals, registrations were checked and recorded using online verification systems if possible, and a system was in place to check these every year.

We spoke with the practice educator who explained about the mandatory online training which was completed by all staff. Nurses completed a drug calculations competency check and worked through a medicines management pack as part of their induction. There was also a yearly medication management update with observed practice. The practice educator was able to show the online matrix for mandatory training.

A new manual handling trainer had recently been appointed. All manual handling training was now taking place face to face for all staff members.

Staff can access other training through the Marie Curie Cancer Care Learn and Develop online programme as well as seeking funding for other relevant courses.

Staff members had an annual personal performance and review document. This helped to examine training needs and any support needed to improve on performance.

We saw evidence of the recent induction programme for new nursing staff and plans for the clinical update day in September 2014. Plans were also under way for healthcare assistants to complete the healthcare assistant development programme leading to a Scottish Vocational Qualification (SVQ)3 qualification.

Staff told us that some clinical supervision took place on a one-to-one basis, but that most were conducted in small groups of peers facilitated by trained supervisors.

We asked staff if they were aware of what to do if they saw poor practice. All stated that they would report this. This showed an awareness of the need to protect vulnerable adults.

There was a notice in patients’ bedrooms of who their named nurse was. Nurses introduced themselves to patients on each shift. This helps patients to know who is looking after them.
We saw evidence that staff meetings were held. An action plan was produced to deal with issues raised and dates for further meetings arranged.

The human resources senior advisor explained they were involved with informal coaching for charge nurses in relation to staff welfare reviews.

We heard some very positive comments from patients that we spoke with during the inspection.

One patient rated the quality of staff as ‘Excellent’ and three rated them as ‘Very good’.

Some of their comments included:

- ‘The staff are friendly and take their time.’
- ‘The staff are friendly and you can have a good laugh.’

Areas for improvement

The use of agency staff remained very high (22%). Staff turnover was also very high for the period from January to December 2013 (26%), but had improved for the year from July 2013 to July 2014 (20%).

Due to staff changes, the maximum number of beds had temporarily reduced from 25 to 18.

Staff told us that this had provided a ‘breathing space’ to develop new staff and new teams.

The numbers of staff at night had dropped from a minimum of six to a minimum of five on some occasions. We saw from incident reports and from speaking with patients that at times this had caused some difficulties. Examples included medication sometimes being given out late and a family member had expressed concern about their mother not being checked frequently enough at night.

We made a recommendation at the last inspection in November 2013 that a dependency tool should be used to help to determine the number of staff needed on duty. This had not been put in place yet. Marie Curie Cancer Care is actively involved in the development of a national dependency tool for hospices in Scotland. However, the unstable staffing at Marie Curie Hospice - Edinburgh means that tighter controls are needed to make sure that there is sufficient staff with the appropriate skills to meet the needs of this complex patient group (see recommendations i and j).

One patient commented: ‘Yes there are enough staff but not when there is staff illness. There are a lot of different nurses and this makes remembering names difficult.’

Another said: ‘I know who my nurse is at night they come and introduce themselves but not during the day. The sign (by the bed) with names on is not kept up to date. Sometimes there’s not enough staff at night - last night there were only 2, and sometimes they are short through the day too but you’re never kept waiting long.’

Another patient said: ‘No I don’t think there’s enough staff at night, I feel stuck in my bed.’

We asked staff about numbers of staff with qualifications in palliative care. We were told this had reduced due to staff turnover. In order to provide specialist palliative care, there needs to be a skilled staff team on duty. The service was not able to produce any detailed information about the specialist qualifications of the current team and are in the process of undertaking further analysis (see recommendation j).
We also asked about the support for staff. We were told that plans were in place to develop a more formalised preceptorship package. This is a structured programme of support for newly qualified nursing staff.

Marie Curie Cancer Care carried out an internal compliance visit in February 2013. This had identified the need to develop link nurses or champions for specific clinical areas. This had not progressed yet due to staff turnover. Progress will be checked at the next inspection.

From talking with patients and looking at incident and complaint reports, there were some occasions when staff attitude or actions have caused distress. These incidents were being investigated and the senior management team was taking action to make sure corrective measures were put in place. However, there could be benefit in refocusing staff on a philosophy that respects patients’ rights and makes sure that choices and freedoms are respected. There was a limited understanding of legislation about restraint and the wider definitions of what constitutes restraint. It is important to understand that restraint, in law, can be as simple as telling someone that they cannot leave a building when they want to or using bed rails without a patient’s permission. Training for staff on this subject must take place (see requirement 3).

An adult protection incident had occurred and delays had taken place in escalating this to management. Recognition of adult support and protection issues must be improved (see requirement 4).

Requirement 3 – Timescale: by 31 October 2014

- The provider must ensure no patient is subject to restraint or limit to freedom unless this has been assessed and agreed. In order to ensure this:
  
  a) training must take place for staff
  b) risk assessments and documentation must be used if a limit to freedom is to be agreed, and
  c) review dates must always be in place to ensure this is for the shortest time possible.

Requirement 4 – Timescale: by 31 August 2014

- The provider must ensure that adult support and protection referrals are made in line with the Marie Curie Cancer Care policy for safeguarding without delay.

Recommendation i

- We recommend that the service should continue to work on the development of the national dependency tool for hospices in Scotland, so the service can calculate and plan the number of staff needed on wards to meet the needs of patients.

Recommendation j

- We recommend that the service should develop a staff training analysis and plan to ensure that there are sufficient staff with palliative care qualifications to cover each shift.
Quality Theme 4 – Quality of management and leadership

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
There had been recent ‘roadshows’ to involve the public in the new Marie Curie Cancer Care service strategy. This had provided an opportunity for patients and relatives to comment on the future direction of the service.

The expert voices group has patient representatives and is asked to comment on a range of policies.

Locally, the user governance group has two volunteers to represent the view of patients and relatives.

Area for improvement
There were no specific questions on the ‘Help us make our service better for you’ comments card for patients to give their views on management and leadership. The service had recognised in its self-assessment that this could be reviewed and incorporated into a revised version of the comments card in the next 12 months.

Ways of involving patients or representatives of patients in the self-assessment process to grade the service could be considered.

■ 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: 4 - Good
The senior management team met daily for a short briefing session. This was an interim measure as the hospice was without a permanent manager at present. There was also a formal monthly meeting.

A revised hospice governance structure had been put in place to take account of staff changes.

This comprised of the following five groups which all reported into the senior management team’s governance group:

- environment and risk group
- medicines management group
- peoples’ group
- quality group, and
- user governance group.
This system allows the hospice to have lines of reporting in place to monitor and improve the services for patients and relatives.

We spoke to members of these groups who told us that incidents, accidents and complaints were discussed and lessons learnt identified.

The Marie Curie Cancer Care Quality Account 2013/14 reports on hospice performance against three headings: patient safety, clinical effectiveness and patient experience. This report sets out ‘What we said we would do’ and ‘What we actually did’.

The patient safety element focused on five areas: medicines management, falls, pressure ulcers, PLACE audits and infection control. This meant that these areas have had reviews of policy and audits carried out.

The pharmacist carried out a check of controlled drugs every 3 months and provided a report to the designated accountable officer. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. All discrepancies were recorded and there was a description of actions taken. Regular spot checks were carried out by the pharmacy technician to ensure availability of medications and returns of those no longer required. There had been adjustments made to the storage of some controlled drugs to reduce selection error, which had proved successful. The trend for errors was monitored and reported to be decreasing.

Marie Curie Hospice - Edinburgh, carried out the ‘place of death 6-month analysis’ which aimed to monitor if preferences of where to die were being achieved.

Compliments as well as complaints were recorded and this gave valuable information about what people thought of the service.

Areas for improvement
We tracked one incident and one accident on the electronic recording system. In both cases, we found no information of analysis or action points. Staff told us there had been difficulties in ensuring that these follow-up reports were attached correctly into the system. Since then, action had been taken to improve the use of the system. However, both of these cases were fairly recent. One involved an injury to a patient which had not been notified to Healthcare Improvement Scotland as required. Improvements must be made to this system and monitoring must take place to make sure it is checked and used correctly (see requirement 5).

We saw that the last internal compliance report was February 2013. This set out a recommendation and a number of areas for improvement. However, no follow up had taken place as the internal compliance visits have been suspended while they are reviewed. Consideration could have been given to ensuring that the recommendations from the last visit were followed up.

Action plans had been put in place to take account of the previous Healthcare Improvement Scotland inspections. Progress with these was being monitored but, in some areas, was slow due to staff changes.

We saw a copy of a national falls audit from February 2014. This made a recommendation about changing falls risk assessments to be individual rather than including a risk rating of low, medium or high. This is in keeping with good practice and we will check progress with this at the next inspection.
Although there was involvement with audit at a national level, we could not see what was being done locally to check and improve systems. Examples should include audits of patient care records to make sure they are completed accurately, checking that risk assessments are in place for bed rails and used appropriately, and ensuring that concerns and complaints are acted upon with records of outcomes and responses sent (see recommendation k).

**Requirement 5 – Timescale: by 31 August 2014**

- The provider must ensure that there is follow-up and analysis following incidents to ensure that there are lessons learnt to prevent future occurrence. Accidents with serious injury must be notified to Healthcare Improvement Scotland in line with notification guidance.

**Recommendation k**

- We recommend that the service should ensure that local audits are put in place to drive up standards in record-keeping.
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 0.2

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

**We recommend that the service should:**

| a | ensure information supplied to patients and relatives includes how to make a complaint, how to access their records if they wish, and offers the chance to view policies on resuscitation decisions, statements about future treatment and end of life care (see page 13). |
|-------------------------------|

National Care Standards – Hospice Care (Standard 1.4 – Informing and deciding and Standard 3.6 – Guidelines and legislation)

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
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</table>

**Recommendations**

**We recommend that the service should:**

| b | ensure that staff have training in how to deal with complaints or concerns (see page 14). |
|-------------------------------|

National Care Standards – Hospice Care (Standard 21.6 – Advocacy, concerns, comments and complaints)

This was previously identified as a recommendation in the November 2013 inspection report for Marie Curie Hospice - Edinburgh.
## Quality Statement 1.1 (continued)

**Recommendations**

We recommend that the service should:

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<tr>
<td>c</td>
<td>ensure that patients or their representatives are consulted when appropriate in any DNACPR decisions and, if this is deemed inappropriate, the reason why is clearly documented (see page 14).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standards 2.4, 2.5 and 2.6 – Assessing your needs)

## Quality Statement 1.5

**Requirement**

The provider must:

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<tr>
<td>1</td>
<td>develop an appropriate risk assessment for the use of bed rails that takes into account the type of equipment in use (see page 16).</td>
</tr>
</tbody>
</table>

Timescale – by 31 October 2014

*Regulation 3(a)*
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

**Recommendations**

We recommend that the service should:

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<tr>
<td>d</td>
<td>ensure that patient care records show complete next of kin contact details and when and in what circumstances a family member should be contacted in the event of a fall or a sudden change of condition (see page 16).</td>
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National Care Standards – Hospice Care (Standard 18.2 – Caring for those important to you)

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<td>e</td>
<td>ensure there is full multi-professional assessment of patients’ social, psychological, spiritual and intellectual needs (see page 16).</td>
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National Care Standards – Hospice Care (Standard 2.3 – Assessing your needs)

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<tr>
<td>f</td>
<td>ensure that patient care records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient (see page 17).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 2.2 – Assessing your needs)
### Quality Statement 2.1

**Requirements**

None

**Recommendation**

We recommend that the service should:

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<td>g</td>
<td>ensure that individual smoking risk assessments are carried out to agree the level of support a patient may need to go outside to smoke. The house rules on smoking should be made clear. Any difficulties with this should be fully discussed so that arrangements to deal with this can be put in place (see page 17).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation and Standard 4 – Premises)

### Quality Statement 2.2

**Requirement**

The provider must:

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<tr>
<td>2</td>
<td>ensure monitoring of hot water outlets takes place to ensure safety of patients and visitors (see page 19).</td>
</tr>
</tbody>
</table>

**Timescale** – by 31 July 2014

*Regulation 10(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation and Standard 4 – Premises)

**Recommendation**

We recommend that the service should:

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<tr>
<td>h</td>
<td>should ensure that commodes with footplates have the footplates attached and available for use (see page 19).</td>
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</table>

National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation and Standard 4 – Premises)
Quality Statement 3.3

Requirement

The provider must:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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<tbody>
<tr>
<td>3</td>
<td>ensure no patient is subject to restraint or limit to freedom unless this has been assessed and agreed. In order to ensure this:</td>
</tr>
<tr>
<td>a)</td>
<td>training must take place for staff</td>
</tr>
<tr>
<td>b)</td>
<td>risk assessments and documentation must be used if a limit to freedom is to be agreed, and</td>
</tr>
<tr>
<td>c)</td>
<td>review dates must always be in place to ensure this is for the shortest time possible (see page 23).</td>
</tr>
</tbody>
</table>

Timescale – by 31 October 2014

Regulation 3(a), (b) and (c)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

This requirement also takes into account the Mental Welfare Commission guidance (Rights, Risks and Limits to Freedom, 2007).

4 | ensure that adult support and protection referrals are made in line with the Marie Curie Cancer Care policy for safeguarding without delay (see page 23). |

Timescale – by 31 August 2014

Regulation 3(a), (b) and (c)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

Recommendations

We recommend that the service should:

1 | continue to work on the development of the national dependency tool for hospices in Scotland, so the service can calculate and plan the number of staff needed on wards to meet the needs of patients (see page 23). |

National Care Standards – Hospice Care (Standard 6.1 – Staff)

This was previously identified as a recommendation in the November 2013 inspection report for Marie Curie Hospice - Edinburgh.
### Quality Statement 3.3 (continued)

**Recommendations**

**We recommend that the service should:**

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<tr>
<td>j</td>
<td>develop a staff training analysis and plan to ensure that there are sufficient staff with palliative care qualifications to cover each shift (see page 23).</td>
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</table>

National Care Standards – Hospice Care (Standard 6.1 – Staff)

### Quality Statement 4.4

**Requirement**

**The provider must:**

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<tr>
<td>5</td>
<td>ensure that there is follow-up and analysis following incidents to ensure that there are lessons learnt to prevent future occurrence. Accidents with serious injury must be notified to Healthcare Improvement Scotland in line with notification guidance (see page 26).</td>
</tr>
</tbody>
</table>

Timescale – by 31 August 2014

*Regulation 3(a)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)

This requirement also takes into account the Healthcare Improvement Scotland guidance on records to be kept by registered independent healthcare services (March 2011).

**Recommendation**

**We recommend that the service should:**

<p>| | |</p>
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<tbody>
<tr>
<td>k</td>
<td>ensure that local audits are put in place to drive up standards in record-keeping (see page 26).</td>
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</tbody>
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National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)

### Recommendation carried forward following an upheld complaint investigation of 19 December 2013

**We recommend that the service should:**

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<tr>
<td></td>
<td>ensure that if family members are involved in care it is discussed, agreed and included in the relevant care plan (see page 10).</td>
</tr>
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</table>

National Care Standards – Hospice Care (Standard 3.1 – Guidelines and legislation)
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 &amp; 20/07/2012</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>Not assessed</td>
<td>Not assessed</td>
</tr>
<tr>
<td>22/05/2013</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>11–12/11/2013</td>
<td>Not assessed</td>
<td>Not assessed</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
Appendix 3 – 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](http://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: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

<table>
<thead>
<tr>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>excellent</td>
<td>very good</td>
<td>good</td>
<td>adequate</td>
<td>weak</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</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 provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

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

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

**During inspection**

We arrive at the service and undertake physical inspection.

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

We give feedback to the service’s senior staff.

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

**After inspection**

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

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
### Appendix 6 – Terms we use in this report

**Terms and explanation**

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

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