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 Advisor 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

Highland Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. Highland Hospice is a charitable organisation which provides specialist palliative care to people over the age of 18 years.

Highland Hospice is currently being rebuilt on the original site near the city centre in Inverness. The administration offices are still in use at this site. The inpatient unit has temporarily relocated to Fyrish Ward in the County Community Hospital, Invergordon and the Netley Day Therapy Centre is operating from Cradlehall Business Park, Inverness.

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

The hospice currently has a maximum of 10 inpatient beds in Fyrish Ward with one three-bedded room, one two-bedded room and five single rooms. The day services run groups on Monday to Friday, for a maximum of 12 people.

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 Highland Hospice on 4 and 5 May 2016.

The inspection team was made up of two inspectors – Julie Miller (lead inspector) and Allison Wilson (inspector) and a public partner – Marguerite Robertson. A key part of the role of the public partner is to talk to service users 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: 5 – Very Good**
**Quality Theme 4 – Quality of management and leadership: 5 – Very Good**

The grading history for Highland Hospice and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.
What the service did well

- The service had an excellent staff culture that reflected the values of the service. Service users and families said that the care was respectful and compassionate and staff said they felt supported and respected by colleagues. The move to decanted premises whilst the hospice rebuild took place had been a considerable undertaking but had been managed extremely well. Patient care had not been affected and staff had been fully involved in the changes and in future plans.
- The service had a culture of continuous improvement and was seeing the move to the new hospice as an opportunity to review all of its systems and processes.

What the service could do better

- The service could strengthen its systems and processes for infection prevention and control and this could include developing internal expertise and forging stronger links with NHS Highland for support.
- Due to the move to temporary sites some of the usual audits and surveys had not taken place. For example patient satisfaction surveys and medication audits. The service should reinstate these irrespective of the temporary nature of the accommodation.

This inspection resulted in one requirement and eight recommendations. The requirement is 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.

Highland Hospice, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Highland Hospice 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 6 and 7 May 2014

Requirement

_The provider must ensure that all entries made in patient care records contain the full date, time and name of the healthcare professional for each consultation or examination of the patient._

Action taken

The service had implemented an electronic patient record which automatically recorded the date and name of the healthcare professional. The facility to record the time was due to be embedded in the imminent phase two of the implementation. **This requirement is met.**

Requirement

_The provider must carry out appropriate checks prior to the commencement of employment of staff and audit staff files to ensure fitness to practice on an ongoing basis. This must include:_

- sight and proof of qualifications
- verification of registration of healthcare professionals
- appropriate checks with Disclosure Scotland
- assessment of references, and
- assessment from occupational health.

Action taken

During this inspection, we reviewed four staff files. We found that all relevant checks had been completed. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 6 and 7 May 2014.

Recommendation

_We recommend that the service should develop a participation policy that sets out clearly how feedback is to be obtained from patients and relatives to help inform future developments._

Action taken

We were provided with a draft participation policy. This set out how feedback was to be obtained from patients and relatives. The draft policy did not currently capture all of the ways that patients and relatives could be involved in improving the service. This recommendation is reported under Quality Statement 1.1. **This recommendation is partially met.**

Recommendation

_We recommend that the service should ensure that the legal status of patients is recorded to ensure appropriate representation is provided._
Action taken
The service had implemented an end of life wishes document which recorded the legal status of patients. This recorded if the patient had a power of attorney, if the patient was certified under the Adults with Incapacity (Scotland) Act 2000 and if there was a will and an executor. This recommendation is met.

Recommendation
We recommend that the service should ensure that patient care records include details on:

- any advance statement
- end-of-life wishes, and
- preferred place of death and preferred place of care.

Action taken
The end of life wishes document recorded if there was an advance statement, end-of-life wishes and preferred place of care. This recommendation is met.

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

Action taken
We saw entries in the medical records that described the proposed care, length of stay and plans of care. There was however no clear space to record that the information had been fully discussed and agreed with the patient and their family. This recommendation is reported under Quality Statement 0.3. This recommendation is partially met.

Recommendation
We recommend that the service should develop a robust audit system to ensure that all paper and electronic records are completed to a required standard.

Action taken
The service had reviewed its audit system and had implemented the first phase of a new electronic patient care record. An audit of how this was being used was scheduled. This recommendation is met.

Recommendation
We recommend that the service should ensure that robust analysis is carried out after a fall to identify learning points and change practice where needed.

Action taken
We saw the falls audit for the period January 2014 to July 2015. This included a full analysis of patient falls and a comprehensive action plan that detailed recommendations, actions, who was responsible, timescales and subsequent changes in practice. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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

Grade awarded for this statement: 5
The service had a consent policy which gave clear guidance to staff. This was easy to read and contained information on assessing capacity and the Adults with Incapacity (Scotland) Act 2000. It also informed staff of the various tools available to aid communication when assessing capacity in service users who had for example a cognitive impairment or learning disability. There were flowcharts for staff to follow for consent and adults with incapacity and an example treatment plan.

The service carried out a daily delirium assessment on service users. This is good practice and identifies where there may be problems with the patient’s ability to consent. The daily safety brief, where staff discussed all service users in the inpatient unit, also alerted staff to any issues around cognitive impairment and delirium.

We saw that consent was sought for taking and using photographs and that medical staff recorded in notes when a patient had consented to more invasive procedures such as having a blood transfusion.

We spoke to service users who told us they had been fully involved in discussions about their care and the options available to them. They said:

- ‘Everything was explained as to what they were going to do’.
- ‘If I don’t understand anything they take the time to explain. They are very patient with me’.

Area for improvement
The service was working between two electronic systems and some paper documents for patient care records with the aim of phasing out the electronic systems. On the new electronic patient care record there was no place to clearly record that plans of care had been fully discussed with the patient and their family. This should be addressed in phase two of the new electronic system's implementation. At the time of inspection there were only three in-patients in Fyrish ward. We looked at their patient care records and could not see clear evidence that discussions had taken place with the service users about their care and that they had agreed to the plans of care (See recommendation a).

■ No requirements.

Recommendation a
■ We recommend that the service incorporate the facility to clearly record that plans of care have been discussed and agreed with the patient and family. This should be incorporated into phase two of the new electronic care record.
Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5
The staff we spoke to were highly aware of their duties to protect patient information. All staff signed a confidentiality agreement and their induction covered the importance of maintaining confidentiality. We asked staff about how they protected patient information and they were aware of the importance of this and their responsibilities.

We looked at how patient files were stored and also how they were disposed of when no longer needed. The electronic systems were password protected and paper files were locked away when not in use. Shredding took place daily for some patient information such as daily handover sheets. The service also had a contract for shredding with an external company.

The patient information leaflet contained good information for service users on how to access their information and on the electronic patient records and how these met data protection regulations.

The manager of the service was the Caldicott Guardian and had undergone training for this through Hospice UK. A Caldicott Guardian is a senior person who is responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing. The Caldicott Guardian was involved in the redesign of information management and at the time of inspection an external company was working in an advisory capacity to make recommendations on how information was managed within the service.

Areas for improvement
We saw that the new electronic patient care record had a section to record that confidentiality had been discussed and a space to record any issues about confidentiality. This section did not clearly record consent to sharing information and with whom (see recommendation b).

The service’s confidentiality policy was dated 2012 and referred to the Care Commission as the regulator (see recommendation c).

Recommendation b
- We recommend that the service should incorporate a section to record patient consent to sharing information and with whom. This should be built into the next development phase of the new electronic patient care record.

Recommendation c
- We recommend that the confidentiality policy is reviewed and updated to refer to Healthcare Improvement Scotland as the service regulator.
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: Grade 4
We were provided with a draft participation policy. This set out how feedback was to be obtained from service users and relatives. This included the use of a suggestion box, patient surveys and feedback forms.

An information board was displayed in the reception area of the inpatient ward. It included information such as the hospice complaints policy and Healthcare Improvement Scotland’s complaints policy. There was also an inpatient information leaflet available in the reception area. This contained information about how service users could make comments about their care and complain.

Areas for improvement
The draft participation policy did not include all of the ways that service users and relatives could be involved in improving the service. For example, staff told us that service users and relatives had been heavily involved in the planning and design of the new hospice and the development of information leaflets. During our inspection, we did not find any evidence of a suggestions box, patient surveys or feedback forms being used in the inpatient ward. Service users also said these were not available (see recommendation d).

Some of the information in the complaints policy and the inpatient information leaflet could be made clearer. The address details for Healthcare Improvement Scotland should also be updated. In addition, the Healthcare Improvement Scotland complaints policy should be replaced with the most current version that is available from the Healthcare Improvement Scotland website (see recommendation e).

Recommendation d

- We recommend that the service should finalise the participation policy and provide service users and relatives with opportunities to provide anonymous written feedback using the suggestion boxes and patient feedback forms.

Recommendation e

- We recommend that the service should update complaints information in their complaints policy and the inpatient information leaflet. The policy should include more information about the timescales for dealing with complaints and the internal escalation procedure. The address details for Healthcare Improvement Scotland should also be updated.
Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5
The service had a long-established clinical pharmacy service in place. This was delivered by an experienced Macmillan palliative and community care pharmacist and assisted by a pharmacy assistant.

We saw the systems for ordering, storing and prescribing medication and we looked at patient prescription charts and saw that all were well completed. Where certain medications may increase the risk of falls the pharmacist put a red dot on prescription charts to alert nursing and medical staff. This was good practice.

We looked at the pharmacy room and saw colour-coded systems to ensure stock was used within date and how unwanted medicines were safely disposed of.

The service used a specific sheet to track the medicines service users were on when they were admitted to the ward. The pharmacist showed us a draft national document that she hoped to implement soon that would make this process of checking clearer. The patient information leaflet contained very good information on the patient’s own medication.

The service had a nurse who was trained to prescribe medication and she supported other nursing staff who had received training to carry out single nurse drug administration. Having their practice observed was part of this role. Staff also undertook online modules and received quarterly training sessions on medication.

We saw an extensive range of policies and guidance for staff in relation to medication. These were reviewed every two years. Drug errors were investigated and reported to the service’s medicines management group which in turn reported to the clinical effectiveness group.

Area for improvement
The service would normally carry out audits on medication for example on controlled drugs, drug prescription charts and the use of symptomatic relief drugs. Due to the move to Fyrish Ward these had not been done (see recommendation f).

Recommendation f
- We recommend that the service should resume medication audits.
Quality Theme 2 – Quality of environment

Quality Statement 2.3
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: Grade 6
We saw evidence of maintenance contracts in place for all clinical and non-clinical equipment, such as hoists, beds, mattresses, kitchen and laundry equipment.

During our inspection, we saw that equipment was in a good state of repair.

Staff were able to describe the process to follow to report faults to the maintenance team using an online system. The maintenance team showed us how the jobs are logged, assigned and actioned.

- 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: Grade 4
Staff told us there was an informal arrangement in place with NHS Highland to provide infection prevention and control advice and support when required. There was a link nurse based in the hospice, who co-ordinates all infection prevention and control activities such as audits and training.

We saw evidence of completed infection prevention and control audits such as hand hygiene. We were told that Peripheral Vascular Catheter (PVC) and Catheter Associated Urinary Tract Infection (CAUTI) bundles were in place. Bundles are structured ways of improving the processes of care for service users.

We saw evidence of monthly clinical effectiveness governance meetings where infection prevention and control matters were discussed.

We saw a good standard of environmental and equipment cleanliness. Staff were adhering to standard infection prevention and control precautions.

There was a water management contract in place for the management of legionella. We saw evidence of weekly flushing of water outlets was taking place.

Areas for improvement
The link nurse told us that a formal review against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and the Vale of Leven inquiry report had not taken place. This would help identify any learning that is relevant to the service.
Although we saw evidence of completed healthcare associated infection (HAI) and hand hygiene audits, we noted that where deficiencies were found, action plans had not been developed. In addition, the HAI audit did not include all elements of standard infection prevention and control precautions as defined in the Health Protection Scotland National Infection prevention and control manual (2015). Compliance audits of the PVC and CAUTI bundle were not being completed.

The link nurse was unable to show us evidence of the training completed by staff for infection prevention and control training topics.

The link nurse told us that there were plans to review all policies and procedures and the audit and training programme. We were told that there was no written plan at present that identified all the development work required to achieve this.

The link nurse does not hold a formal qualification in infection prevention and control.

**Requirement 1 – Timescale: by end October 2016**

- The provider must ensure compliance with the Healthcare Improvement Scotland Healthcare Associated Standards 2015 and the recommendations made in the Vale of Leven Inquiry report. To achieve this, the provider must develop an action plan, with timescales, to identify the development work required.
- 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: Grade 5**

We saw the generic induction training programme that is completed by all staff. At present, any role specific training required is identified by the individual's line manager.

We were told that the human resources team are unable to produce reports for the uptake of education opportunities across the hospice. A new human resources system is being introduced that will allow these reports to be generated.

We reviewed four staff records. We saw that all relevant checks had been completed.

We were told that all retrospective protecting vulnerable groups (PVG) scheme checks had been completed.

As part of the induction and transition plan for the move to the new hospice, additional training events had been planned for October 2016 including health and safety, building orientation and cultures and values training.

**Areas for improvement**

It was unclear how senior managers could assure themselves that staff were completing education as required. We were told that there were plans in place to align education opportunities to specific job roles but that this was in its infancy (see recommendation g).
We recommend that the service should align education to specific job roles.

Quality Statement 3.4
We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: Grade 6
All service users we spoke with told us that they were treated with dignity and respect at all times.

We saw that interactions between staff and service users were respectful and caring. All staff we spoke with told us they loved working for Highland Hospice.

Highland Hospice is in temporary accommodation across three different sites. The new hospice is due to open autumn 2016. We saw that there had been extensive and ongoing consultation with staff about the temporary arrangements and the new hospice site.

We recognised the amount of work that had gone into involving, preparing and supporting staff through these changes. For example, staff from the inpatient unit had to travel to the temporary hospice site, which had resulted in shift changes and additional time to their working day. The senior management team had carefully explored this with staff and had taken advice from occupational health on what the best options would be for staff health. A shuttle service to transport staff to and from each shift had been put in place to help with travel. A counselling service was being set up to support staff with the move back to the new hospice site.

The service held an annual awards ceremony which recognised and celebrated staff achievements. Staff told us they looked forward to these events.

No requirements.

No recommendations.

Quality Theme 4 – Quality of management and leadership

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

Grade awarded for this statement: 6
Staff told us communication was excellent throughout the service, they felt listened to and their suggestions for improvement were considered.

We saw large photographs in the inpatient ward showing the progress of the new hospice building to keep staff informed. Staff also told us of regular site visits to see how the new
build is progressing. An off-site day was planned for all staff to help with the preparation for the move to the new hospice.

Management held quarterly strategic update meetings before each board meeting. These meetings informed staff of developments and gave them an opportunity to have their say.

The service held ‘significant event’ meetings for staff to come together and discuss and reflect on anything significant that had happened. The learning from these meetings was then shared with everyone.

- 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

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

The service had recently employed a Quality Improvement (QI) officer who at the time of the inspection was working hard to improve the existing audit processes. The QI officer had spent time with staff to listen to them and ensure they understood why audits were important and continued to spend half a day each week in Fyrish Ward to be on hand for support. We saw for example how improvements had been made to the mattress audit which in turn had achieved better results.

The service had established a clinical effectiveness quality improvement team. Staff were given an advice booklet on how to go about conducting audits and surveys and how to register interest in carrying these out. This process of registering meant there was a clear overview of audit activity and better prioritising of audits.

Clinical effectiveness meetings took place bi-monthly and audit results were discussed. Accidents and incidents were held on a database and were also discussed at these meetings. The service had a very low level of complaints.

In relation to overall quality of management and leadership within the service, the staff we spoke to told us they liked the new management structure and felt this was an improvement. They said senior managers had an open door policy and were very approachable. Morale appeared to be high despite the considerable changes staff were going through.

**Area for improvement**

Due to the upheaval of relocating services some audits and policy reviews were overdue. We saw, however, that work was in progress to improve the system for categorising policies and tracking when they were due for review (see recommendation h).

- No requirements.
Recommendation h

- We recommend that the service should resume audits for higher risk areas such as those related to medication.
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 0.3

**Requirements**

None

**Recommendations**

We recommend that the service should:

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<td>incorporate the facility to clearly record that plans of care have been discussed and agreed with the patient and family. This should be incorporated into phase two of the new electronic care record (see page 8).</td>
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National Care Standards – Hospice Care (Standard 2 – Assessing your needs)

### Quality Statement 0.4

**Requirements**

None

**Recommendations**

We recommend that the service should:

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<td><strong>b</strong></td>
<td>incorporate a section to record patient consent to sharing information and with whom. This should be built into the next development phase of the new electronic patient care record (see page 9).</td>
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National Care Standards – Hospice Care (Standard 2 – Assessing your needs)

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<td><strong>c</strong></td>
<td>ensure that the confidentiality policy is reviewed and updated to refer to Healthcare Improvement Scotland as the service regulator (see page 9).</td>
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National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)
Quality Statement 1.1

Requirements

None

Recommendations

We recommend that the service should:

d  finalise the participation policy and provide service users and relatives with opportunities to provide anonymous written feedback using the suggestion boxes and patient feedback forms (see page 10).

   National Care Standards – Hospice Care (Standard 21 – Advocacy, comments, concerns and complaints)

e  update complaints information in their complaints policy and the inpatient information leaflet. The policy should include more information about the timescales for dealing with complaints and the internal escalation procedure and the information leaflet should include more information about the timescales for dealing with complaints and the internal escalation procedure. The address details for Healthcare Improvement Scotland should also be updated (see page 10).

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

Quality Statement 1.4

Requirements

None

Recommendations

We recommend that the service should:

f  resume medication audits (see page 11).

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

Quality Statement 2.3

Requirements

None

Recommendations

We recommend that the service should:

None
### Quality Statement 2.4

**Requirements**

**The provider must:**

1. ensure compliance with the *Healthcare Improvement Scotland Healthcare Associated Standards 2015* and the recommendations made in the Vale of Leven Inquiry report. To achieve this, the provider must develop an action plan, with timescales, to identify the development work required (see page 13).

Timescale – by end October 2016

- *Regulation 3 (d) (i) the prevention and control of infection.*
- *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

- National Care Standards – Hospice Care (Standard 7 – Infection control)

**Recommendations**

None

### Quality Statement 3.2

**Requirements**

None

**Recommendations**

We recommend that the service should:

- align education to specific job roles (see page 14).

National Care Standards – Hospice Care (Standard 6 – Staff)

### Quality Statement 3.4

**Requirements**

None

**Recommendations**

None
### Quality Statement 4.2

**Requirements**

None

**Recommendations**

None

### Quality Statement 4.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

- resume audits for higher risk areas such as those related to medication (see page 16).

  National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)
Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** comments.his@nhs.net
Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

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<th>Grade</th>
<th>Description</th>
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<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</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 4 – Inspection process flow chart

We follow a number of stages in our inspection process.

**Before inspection**

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

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

**During inspection**

We arrive at the service and undertake physical inspection.

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

We give feedback to the service’s senior staff.

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

**After inspection**

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

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
## Appendix 5 - Terms we use in this report

### Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
We can also provide this information:

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