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www.healthcareimprovementscotland.org
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1 A summary of our inspection

About the service we inspected

St. Margaret of Scotland Hospice is registered with Healthcare Improvement Scotland as an independent hospital and provides hospice care for adults with life-limiting conditions that require assessment and management of complex symptoms and specialist care. The service provider is St. Margaret of Scotland Hospice, Company Limited which is a charitable organisation.

St. Margaret of Scotland Hospice is located in Clydebank and is set in a quiet residential area close to local amenities. There is car parking at the front and rear of the premises. The hospice is non-denominational with an underpinning philosophy of ‘care for all in need’.

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

- visit the Edwina Bradley Day Hospice 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 one of the hospice wards.

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

The hospice provides 30 specialist palliative care places on St. Joseph’s ward and 28 continuing care of older people beds in the Mary Aikenhead Centre. There is also an outpatient clinic and the Edwina Bradley Day Hospice, which cares for up to 10 people between Monday to Friday.

The hospice has a number of single bedrooms and shared bedrooms. There are quiet lounge areas, a prayer room, a spa, a ‘snoozelen room’, therapy rooms and accommodation available for families. Patients and staff have access to a hydrotherapy pool, sauna and steam room. There is also a garden room restaurant for patients, families and staff.

The hospice has a mission statement and core values of the Sisters of Charity. There is a philosophy of care and aims of care which include ‘to improve the quality of life and allow rehabilitation within the limits imposed by the patient’s illness’.

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 St. Margaret of Scotland Hospice on Wednesday 3 and Thursday 4 September 2014.

The inspection team was made up of three inspectors: Sarah Gill, Winifred McLure and Karen Malloch.
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: 6 - Excellent
- Quality Theme 1 – Quality of care and support: 6 - Excellent
- Quality Theme 2 – Quality of environment: 6 - Excellent
- Quality Theme 3 – Quality of staffing: 6 - Excellent
- Quality Theme 4 – Quality of management and leadership: 6 - Excellent

The grading history for St. Margaret of Scotland Hospice 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, and
- the previous inspection report of 14 November 2012.

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

- evidence files with various policies, procedures and minutes of meetings
- satisfaction questionnaires
- patient views expressed at focus groups
- two patient care records
- a poster presentation (evaluating the use of the Snoozelen room)
- information management systems
- risk management systems
- incident and accident records
- infection control systems, and
- staff training and development systems.

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

- seven patients
- the chief executive
- a consultant in specialist palliative care
- the director of clinical services
- a nurse lecturer
- the assistant director of nursing
- assistant administrator
• three care assistants
• a ward sister
• the maintenance manager
• two administrators, and
• a physiotherapist.

We inspected the following areas:

• St Joseph’s ward
• the Mary Aikenhead Centre
• the Edwina Bradley Day Hospice
• lounges, dining area and a sample of bedrooms
• sluice rooms
• domestic cupboards
• consulting and therapy rooms
• the swimming pool
• the chapel, and
• the restaurant.

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

• The service provides an excellent standard of care, treatment and support to the patients and relatives visiting the service.
• There were systems in place to gain feedback from patients and ways of continuing to improve this system were being explored.
• There were very low numbers of accidents or incidents and no complaints.
• The audit activity was very high which demonstrated a high level of commitment to constantly monitoring and improving 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 highly dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
• The service continues to maintain a very 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 area.

• The service should continue to ensure care plans are in place to support all aspects of patient care.

This inspection resulted in no requirements and no recommendations.
We would like to thank all staff at St. Margaret of Scotland Hospice for their assistance during the inspection.

2 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1

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

Grade awarded for this statement: 6 - Excellent

There were a variety of methods available for patients and relatives to provide feedback on the quality of information provided by the service. Questionnaires and focus groups were the main methods used.

In June 2014, a focus group was held to evaluate the ‘Breathlessness and fatigue’ leaflet. This involved asking the group to rate all aspects of the leaflet. All participants rated the leaflet as being ‘excellent’.

A patient satisfaction questionnaire was used to evaluate the service provided by the clinical nurse specialists in the community. This checked that patients had received appropriate information. Feedback from the questionnaire showed that 90% thought they had received appropriate information and the remaining 10% could not remember.

Staff told us that they continually seek feedback from patients and relatives informally and make changes to the website and leaflets, in response to any comments received. Great effort had been made to make the information as accessible to patients as possible. We saw that information was provided in various formats including audio and audio-visual.

Questionnaires are also used to get feedback from relatives about the quality of information provided by the service and respondents are able to grade this information. In June 2014, a questionnaire was distributed to relatives. All 51 relatives who responded to the questionnaire rated the quality of information as ‘excellent’.

Area for improvement

The patient satisfaction questionnaire could be developed further to include some specific questions about the quality of information and the methods used. For example, in relation to the website, leaflets or verbal information provided.

■ No requirements.
■ No recommendations.

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: 6 - Excellent
During the inspection, we saw that St. Margaret of Scotland Hospice had systems and processes in place to oversee all aspects of information management. Patients and relatives were provided with comprehensive information about how their personal information is kept and used. Policies were in place which detailed the arrangements for information governance and reflected legislative requirements.

Patients were asked to sign a consent form to allow information to be shared and to clearly identify who the primary family contact should be. Patients were also provided with information on how to restrict some of the information that is shared and how to access their own records.

The procedures for sharing and gathering information were based on necessity, the use of minimum personal identifiers and on a strict, need-to-know basis. Patient care records were transferred securely and electronic information was managed through a secure password protected system, where staff had relevant permissions in line with their roles. Printing and faxing procedures ensured that information confidentiality was maintained.

When starting with the service, all staff, volunteers and students are required to sign a confidentiality statement which confirms they understand their responsibilities in relation to maintaining confidentiality. This is also reinforced through induction processes, mandatory training, the mentorship program and through the core values.

During the inspection, we saw that staff carried out conversations about patients privately. Patients we spoke with confirmed that staff respected their privacy and dignity. We saw that patient information was stored securely in staff offices within locked cabinets.

Information management was regularly reviewed through the information technology (IT) sub-group and Caldecott Guardian and as part of the audit quality framework. An effective system was in place to manage active and inactive files by using a spreadsheet and a register. Secure and traceable archiving systems were in place and staff showed us how well these were working.

During the inspection, we spoke with seven patients. All confirmed that they felt confident that staff would be discreet with information held about them and that they had been provided with enough information.

- No requirements.
- No recommendations.

**Quality Theme 1 – Quality of care and support**

**Quality Statement 1.1**

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

**Grade awarded for this statement: 6 - Excellent**

St. Margaret of Scotland Hospice had a participation strategy in place. We were told that this had been reviewed and updated for 2014-2015. The strategy set out the various methods that patients and relatives could use to provide feedback and be involved in developing the service. ‘Mission effectiveness’ checks were used to ensure that the hospice’s core values were embedded operationally and that the strategy was monitored and updated yearly.
The methods of gathering feedback from patients and relatives included:

- questionnaires
- focus groups
- individual patient stories captured on film and case histories
- web-based feedback and social media
- involvement in audits
- informal feedback during management walk-rounds, and
- completing a proforma before each multidisciplinary team meeting.

Staff told us that they take great effort to get the views of patients and relatives.

We saw the satisfaction survey results for:

- the clinical nurse specialist service
- the Edwina Bradley Day Hospice
- St Joseph’s ward
- the Mary Aikenhead Centre, and
- relatives attending the memorial services held twice a year.

These surveys asked a wide range of questions about aspects of care and support. Although the results of the surveys were overwhelmingly positive, action plans were produced to ensure that staff continued to develop and improve.

The results of the satisfaction surveys were published on the St. Margaret of Scotland Hospice website. This meant that these were available publically which is good practice.

**Area for improvement**

A signature space was available for patients to sign that they agreed with their plans of care and treatment. During the inspection, we saw one that had not been signed. The audit of patient care records did not include checking this and could be developed to include this.

- No requirements.
- No recommendations.

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**Quality Statement 1.6**

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

**Grade awarded for this statement: 6 - Excellent**

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.
Staff in the service must complete health and safety training every year, which included an in-depth session on risk assessment and incident reporting. Senior staff were monitoring this to make sure staff were completing this training. Senior staff had also attended health and safety training, which leads to the National Examination Board in Occupational Safety and Health (NEBOSH) qualification. Up-to-date risk assessments were available for all areas.

The service had an incident and accident reporting policy which identified the response to an incident, the system of analysis and action planning for clinical and non-clinical areas. The service used a paper system for reporting all incidents, both clinical and non-clinical. Although numbers remained very low, these were reported to the chief executive, the health and safety group, and the clinical governance group. This allowed action plans to be formulated and learning to take place.

Staff were given a safety brief at every handover where ‘at risk’ patients can be identified. This allows senior staff to allocate a named nurse for the patient at all times to ensure patient safety. During the inspection, we reviewed four patient care records. We saw that individual risk assessments were recorded. These included:

- falls
- moving and handling
- pressure ulcer care
- malnutrition, and
- the use of bedrails.

Other risk assessments were available, depending on patient need.

The service had a system in place for distributing hazard notices. This included an email which was sent to relevant heads of department and hard copies were attached to the hazard notification record sheet. The hard copy was read and then signed by staff on the record sheet.

During the inspection, we spoke with the maintenance manager who showed us service records for equipment both clinical and non-clinical, including equipment serviced by outside contractors. The manager 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 that a computerised maintenance programme was used which generates work orders and maintenance requests. Manufacturers serviced the clinical equipment and Gartnavel General Hospital, Glasgow, carried out specialised servicing and repairs. We saw evidence of environmental risk assessments, including fire and water assessments, and evidence of fire education and fire drills being carried out twice a year.

During the inspection, we spoke with seven patients to get their views on the care and support provided at the service. Some comments included:

- ‘No issues, feel safe.’
- ‘Staff treat [me] with respect and maintain privacy.’
- ‘[I] feel involved and consulted about care and encouraged to provide feedback to staff.’
- ‘I am in a much better place both physically and mentally from where I started.’
- ‘If I can’t be home then this is the only place I want to be.’
**Area for improvement**

Although incidents and accident numbers remain very low, it would be easier to view them on one spreadsheet or table to see action taken and follow-up results.

During the inspection, we saw one Waterlow risk assessment (used to assess risk of pressure sores) was filled in without considering the discretionary issues that can be added. This may have resulted in a different type of pressure reducing equipment being used. Although no harm to the patient was noted, it is best practice to show care when completing risk assessments.

- No requirements.
- No recommendations.

**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: 6 - Excellent**

A variety of methods were available for patients and relatives to provide feedback on the quality of the environment. Questionnaires and focus groups were the main methods used.

Staff told us that an informal consultation had been carried out on a proposed change to the Garden Room restaurant. Plans were in place to construct a new conservatory as part of the restaurant and were being shared and discussed with patients and relatives.

Staff told us that they would involve patients and relatives in choosing the decor when the conservatory is built.

We saw that the Snoozelen room, which contains specialist sensory equipment designed to soothe and stimulate the senses, had been evaluated. This involved seeking feedback from 11 patients who use the service and collating their comments. This helped to audit the effectiveness of using the room and also developed an understanding of who would benefit most from its use.

**Area for improvement**

The patient questionnaire could ask more specific questions about the quality of the hospice environment, including its facilities, to get more recorded feedback about these areas.

- 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: 6 - Excellent

We saw a range of infection protection and control policies in place at the service. These give staff guidance on various aspects of infection prevention and control practices. Infection control training is mandatory for staff and is carried out annually.

During the inspection, we saw that all staff were compliant with the national dress code policy. This policy describes how staff should dress to reduce the risk of spreading infection. This includes being bare below the elbow and not wearing jewellery. This allows staff to decontaminate (wash) their hands more effectively.

In the areas of the service we inspected, the standard of cleaning was very good. We spoke with the housekeepers who were able to tell us about the systems and processes in place for cleaning the environment. This includes the use of cleaning schedules, daily walk-rounds and carrying out a checking system with housekeeping staff. We saw evidence of cleaning schedules, both domestic and clinical, and monthly audits and action plans carried out.

The service carries out a number of regular infection control audits, including:

- hand hygiene
- care of peripheral intravenous (IV) lines
- environmental
- patient equipment
- waste handling and disposal
- safe handling and management of linen
- use of personal protective equipment, and
- the safe handling and disposal of sharps.

Other audits are carried out depending on patient need or specific equipment, including:

- the care of short term, non-tunnelled, IV lines, and
- enteral feeding.

We saw evidence of audits being carried out, the results of these audits and action plans produced as a result. We also saw that further training and re-audit was carried out regularly. This cycle ensures high awareness and compliancy of infection control policies.

- No requirements.
- No recommendations.
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: 6 - Excellent
A variety of methods were available for patients and relatives to provide feedback on the quality of staffing. Questionnaires were the main method used.

The patient questionnaire, for patients using the clinical nurse specialists, contained the most detailed questions about staff. This included asking about the most important characteristics of a nurse and their abilities in co-ordinating and liaising with others. This provided highly relevant feedback from patients.

In each of the main areas of the service, there were clear posters displaying photographs of staff with their names and job titles. This helped to ensure that patients and relatives were aware of staff names and faces.

The relative questionnaire asked if staff introduced themselves and were approachable. We reviewed the results of this questionnaire and respondents stated ‘yes’.

**Area for improvement**
The patient questionnaire could be developed to get more specific recorded feedback on staff and their abilities.

- 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: 6 - Excellent
Nurse and physiotherapist registrations were checked and recorded using online verification systems, if possible, and a system was in place to check these annually. We saw evidence of disclosure checks, including retrospective checks, for staff through the new Protecting Vulnerable Groups (PVG) scheme.

Staff and volunteers carry out comprehensive induction, mentorship and annual mandatory training programmes. This covers:

- health and safety
- fire awareness
- child and adult protection
- IT matters
- moving and handling, and
- infection control.
The staff induction programme covers the service’s core values and mission statement. The core values outline the benchmark of personal and professional conduct. ‘Mission effectiveness’ is a monthly programme for all staff. This is where a reflective practice model helps to analyse case examples and compares them to the core values.

The service had a programme of face-to-face training and e-training for all staff groups. The service education and training programme is developed every year to include the main concepts of national direction and local initiative. The service nurtures a ‘learning together’ philosophy for all staff and volunteers by ensuring the patient and family experience remains firmly at the heart of learning. A database is used to record attendance and completion of the online training. Management were monitoring completion of training to ensure that all staff were up to date with this.

During the 13-week probationary period, an experienced member of staff supervises new staff using a competence-based workbook.

All staff competencies are mapped to the West of Scotland managed clinical network for palliative care. Registered staff competencies are mapped to the Royal College of Nursing (RCN) framework for nurses working in specialist palliative care. All registered staff are expected to undertake an accredited palliative care course and the document ‘journey of a registered nurse’ is used to support this.

Education for non-registered staff is also well developed, with all staff encouraged to attend in-house training and undertake Scottish Vocational Qualification (SVQ) 2 and 3 in Health and Social Care. The Hospice Mentorship Programme which has developed over the past 18 months, now has six mentors. All of these mentors are senior auxiliary nurses who are educated to Scottish Credit and Qualifications Framework (SCQF) Level 6. Courses carried out include:

- SVQ L3 health and social care
- risk assessment
- underpinning best practice
- competency achievement and promoting effectiveness of the team
- four supplementary units, specific to health and safety, and
- team leadership and management.

Attendance at multidisciplinary meetings also gives staff an opportunity to learn by presenting and reviewing cases together. Reflection on practice is carried out during these sessions. This is supported by peer support and guidance.

Performance appraisal is carried out every year, which uses a system of self assessment and manager assessment. This allows staff to create a development plan tailored to their needs.

The service provides a ‘clinical lunch and learn programme’, which is now in its third season. This is well attended by community-based staff as well as staff from the service.

Staff spoken with were very committed to the work of the service and all were proud of their association with St. Margaret’s Hospice. Volunteers are valued and have access to training events and induction to the service.
Development of a new end of life framework is in progress. This aims to introduce new paperwork to replace the Liverpool Care Pathway. The new paperwork has been constantly reviewed and developed and, to date, the service has tested it six times. The latest test also involved a questionnaire for nursing and medical staff. This was aimed at getting feedback from the team on the usability and effectiveness of the new paperwork and also in ensuring that their comments can help to inform further improvements and successful introduction of the new system.

A new clinical indicator review chart had been introduced. This sets out dates of assessment and review of key clinical indicators associated with specialist palliative care. This included preferred place of care and preferred place of death, anticipatory care planning and resuscitation status.

During the inspection, we spoke with seven patients. All were highly complimentary about staff at the service. Some comments included:

- ‘They always know what to say to you, most people don’t.’
- ‘They couldn’t do any better – I’m really happy, it’s like a second home.’

In one of the relative questionnaires, a relative commented:

- ‘I have never come across such a diligent, friendly and caring staff in any other hospital/hospice I have been in.’

- No requirements.
- No recommendations.

**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: 6 - Excellent**

There were a variety of methods available for patients and relatives to provide feedback on the service management and future direction of the service. Questionnaires were the main method used.

There had been great public and relative involvement in petitions to the Scottish Government to lobby for the retention of the NHS continuing care beds.

The patient questionnaire asked patients if they were aware of the availability of senior staff within the service. All respondents stated ‘yes’.

During the inspection, we asked patients if they knew about the service’s complaints procedure. They were aware of this, however the overwhelming response was that it was not required. Comments included:

- ‘I don’t think I would need that.’
- ‘It would never cross my mind [to make a complaint] – I’m lucky to be here.’
Area for improvement
The involvement of patients and relatives in viewing the self-assessment that is submitted to Healthcare Improvement Scotland and agreeing its contents could be considered as another method of engagement.

- 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: 6 - Excellent
A well-established clinical governance system was in place at the service. This comprised of subgroups that reported to an overarching clinical governance committee. The subgroups were as follows:

- medicines management
- mission effectiveness
- policy and protocol
- health and safety
- IT
- research and audit (including clinical effectiveness), and
- pastoral.

Each of these groups had terms of reference which set out the aims and objectives and the frequency of meetings. In turn, the outcomes of these meetings were reported to the clinical governance committee. This system allows the service to have lines of reporting in place to monitor and improve the services to patients and relatives.

The service had an extensive audit programme which was monitored throughout the year. These included:

- patient care records and medical records
- clinical audits, such as oxygen prescribing or pain control, and
- user focus, using the satisfaction surveys.

Each of the audits was colour coded to aid tracking. For example, green was for infection control, blue was for satisfaction, red was for medicines management and black was for ‘other’.

A scorecard had been introduced to provide an overview of service activity and clinical issues arising. This was being developed further in conjunction with the Hospice Quality Improvement Forum.
The policy manual was also reviewed regularly and each policy had review dates in place and a named policy lead. Staff told us that the management team was highly visible and regular walk-rounds took place to constantly monitor quality.

There were low numbers of accidents and incidents within the service, and no complaints. The feedback from patients and relatives was overwhelmingly positive.

The service had regular meetings with the NHS to discuss activity and clinical governance issues. The service also held open events throughout the year and was involved in G.P. training.

**Area for improvement**

The patient care records we examined had some gaps in care planning. The audits carried out on patient care records check that care plans are in place for all aspects of care and support. This audit confirmed that, at times, there had been deficits in record-keeping. The service could consider other methods to ensure patients’ care needs are fully supported by detailed plans of care which set out if individual preferences. For example, the service could develop a lead on person-centred care planning or staff development.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.
## 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>
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<tr>
<td>14/11/2012</td>
<td>6 - Excellent</td>
<td>6 - Excellent</td>
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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

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:

- 6: excellent
- 5: very good
- 4: good
- 3: adequate
- 2: weak
- 1: unsatisfactory

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

<table>
<thead>
<tr>
<th>Terms</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</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.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.