Unannounced Inspection Report: Independent Healthcare

Marie Curie Hospice: Glasgow | Marie Curie Cancer Care | Glasgow
23 August 2012
11 and 12 September 2012
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www.healthcareimprovementscotland.org

Independent Healthcare Inspection Report (Marie Curie Hospice: Glasgow, Marie Curie Cancer Care) – 23 August and 11 & 12 September 2012

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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

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

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Marie Curie Hospice: Glasgow is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care to adults who are affected by cancer and non cancer related illnesses within Glasgow. The hospice states that 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 care provided by Marie Curie Hospice: Glasgow aims to meet the:

- physical
- psychological
- social
- cultural, and
- spiritual needs of patients and their families.

Support and care are provided to individuals and families by a multidisciplinary healthcare team which includes:

- specialist nurses
- doctors
- physiotherapists
- occupational therapists
- complementary therapists
- social workers, and a
- chaplaincy service.

There is a team of trained volunteer staff who support the hospice in various activities such as driving patients to appointments, working on reception, helping on the wards, support day services and working at a local hospice shop.

Inpatient care is provided in a 30 bed purpose built unit adjacent to Stobhill Hospital.

We carried out an unannounced inspection to Marie Curie Hospice: Glasgow on 23 August, and 11 and 12 September 2012.

We assessed the service against two Quality Themes related to the National Care Standards.

The inspection team was made up of two inspectors and one public partner. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Marie Curie Hospice: Glasgow can be found in Appendix 4.
Based on the findings of this inspection this service has been awarded the following grades:

**Quality Theme 1 – Quality of care and support: 4 - Good**  
**Quality Theme 3 – Quality of staffing: 3 - Adequate**

In this inspection, we gathered evidence from various sources. This included the relevant sections of policies, procedures, records and other documents, including:

- patient care records  
- information leaflets  
- relevant sections of policies and procedures  
- risk assessments  
- staff recruitment files  
- public liability certificate, and  
- certificate of registration.

We had discussions with a variety of people, including:

- the hospice manager  
- the regional human resource manager  
- nurse manager - inpatient unit  
- the ward sister  
- registered nurses  
- healthcare assistants, and  
- people who use the service.

Overall, we found evidence that:

- people who use the service are complimentary of the service they receive  
- the hospice has quality assurance systems in place  
- a multidisciplinary approach to care is in place, and  
- people using the service have the opportunity to give their opinion to help make improvements.

We did find that improvement is required in some areas, which include:

- the recording of medication given to people who use the service  
- improved completion of care plan documentation for all people using the service, and  
- significant numbers of clinical staff employed without relevant checks being carried out.

This inspection resulted in four requirements and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made
under the Act, or a condition of registration. A full list of the requirements and recommendation can be found in Appendix 1.

The provider, Marie Curie Cancer Care, 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: Glasgow for their assistance during the inspection.
3 Key findings

Quality Theme 1

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good
The hospice has a variety of ways in which people are able to raise issues and make suggestions to help make improvements.

People who use the service told us that they were able to raise any issues and concerns with staff:

- ‘My family phoned yesterday, they were given support and information and I would raise issues no problem’.

People who use the service were encouraged to share their experiences of the service and leaflets entitled ‘Tell us what you think’ were clearly displayed.

The hospice carried out a satisfaction survey every year, which asked people who use the service about their views on care, staff and the environment.

Suggestion boxes were placed throughout the service. Notice boards were in place to inform people of the improvements that had been made as a result of their suggestions. For example, people asked for more seating to be provided outside. We saw that this had been done.

The hospice gave us a summary of complaints. This covered the period from 2008 to date. People used this system to express their views, and actions were taken to address complaints.

Events were highlighted, such as a ‘carers week’ and people who use the service were encouraged to participate.

Areas for improvement

The leaflet which was available for people to express their views, ‘Tell us what you think’, gave details of how to raise a complaint. This did not make clear that people could take their complaint to the regulatory body without first going through the service’s own complaints procedure (see recommendation a).

We spoke with the managers about how the hospice gave people feedback from the satisfaction surveys they had been involved in. We discussed compiling feedback from annual satisfaction surveys into a format for people to see that their views had been taken into account. The managers acknowledged that this would be useful. We will look at progress at the next inspection.

■ No requirements.
Recommendation a

- We recommend that Marie Curie Hospice Glasgow should review complaint information leaflets to guide people appropriately to the regulatory body, Healthcare Improvement Scotland.

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 - Very good
There is a medicine management group in place within the hospice. Membership of the group includes pharmacy staff, nurses, doctors and the hospice manager. We saw minutes from recent meetings which showed discussion on a variety of medication management topics in the hospice. There were clear action points documented along with who should complete the action and the expected timescale.

We saw that the hospice audited compliance with National Patient Safety Agency (NPSA) alerts. The NPSA alerts care providers to any potential safety issues and makes recommendations for patients on how to reduce the risk. The hospice has an item on the agenda of the medicine management group meeting to discuss the results of these audits and to identify any action it needs.

The hospice also carries out medicine management audits. We saw evidence of a national medicine management audit which looks at whether there are up-to-date policies and procedures in place to support safe management of medicines in the hospice. We looked at the results from the audit in July 2012 and saw that the hospice has the required policies and procedures in place. We also saw examples of the policies and procedures, for example the medicines management policy and the medicines management training policy.

The hospice has recently introduced a new telephone prescribing policy. The policy takes into account guidance from the Nursing and Midwifery Council. Nurses and medical staff were given training about the new policy. The hospice carried out an audit of telephone prescribing before the policy was put in place and then after it was in use. The audit showed a reduction in telephone prescribing and an increase in anticipatory prescribing.

Marie Curie Cancer Care has developed a national medicines management policy. We saw that the pharmacist is taking the lead in updating the procedures within the hospice to make sure they are consistent with the national policy.

All staff, including agency staff, have to complete a drug calculation test. They have to achieve a pass mark of 100% before they are allowed to dispense medication. There is also a comprehensive medicines management induction pack that all registered nurses must complete when they start working within the hospice. Part of this induction includes the nurse completing two supervised medication rounds which are assessed to make sure that the medicine is dispensed safely. After successful
completion of the induction, nurses are then able to dispense medication independently. All nurses in the hospice have their competency re-assessed every year. This includes the nurse completing a supervised medication round which is assessed.

We looked at 10 prescriptions during the inspection. We found that all the prescriptions:

- had the person’s name and date of birth clearly written
- were all signed by the prescriber
- had the name of the medication to be given written legibly
- had the dose and frequency clearly recorded
- had the route identified, for example to be given by mouth or injection, and
- had a stop date written, if applicable.

**Areas for Improvement**

The hospice has identified in their self-assessment that an audit of antibiotic prescribing recently identified some areas for improvement. Education sessions on current guidelines have been carried out and a further audit is planned to measure any improvement or identify areas for further improvement.

We looked at the recording sheets which corresponded to the 10 prescriptions we looked at. We saw that there were 16 times when the recording sheet had not been completed. All the gaps were noted in two specific recording sheets. On one occasion, nine of the gaps were due to the patient being on home leave and staff not recording this appropriately. The recording sheet should always have an entry to confirm the medication was given or the reason why it was not given. A requirement is made (see requirement 1).

During the inspection, we found two medication errors while we were reviewing the prescriptions and recording sheets. In the first case, the medication had been prescribed for 5 days. However we saw that it had been given for a further 4 days. There had been a clear stop date written on the prescription. In the other case, the stop date for the prescription was noted, the medication was not given for 3 days and was then given again using the same prescription. If the medication was to be re-started, a new prescription should have been written. The hospice has a policy in place to manage medication errors. The hospice has a no blame approach to encourage staff to disclose any errors and to allow staff to learn from any errors which do happen. Any member of staff involved in a medication error has to undergo further training and competency checks before they are allowed to dispense medication in the future. We brought these errors to the attention of staff in the hospice. The hospice has provided us with an update and we are satisfied that it has managed this appropriately.
Requirement 1: Timescale: immediate on receipt of this report

- The provider must ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider is also required to ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

- No recommendations.

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 - Good
We saw that the service has a multidisciplinary patient care record in place to assess and plan people’s care and to document any care given. We saw that there is an assessment system in place which includes assessments for:

- falls
- malnutrition, and
- pressure areas.

The hospice carries out audits of the care documentation. We saw examples of recent national audits which have identified areas for improvement. There are action plans in place to make these improvements. We also saw that the hospice carried out a local audit to look at the quality of record-keeping.

We looked at four sets of patient care records during the inspection. We saw lots of evidence of people who use the service being involved in their care. There was lots of discussion with medical and nursing staff.

The ward manager in the hospice is a member of the national care planning group within Marie Curie Cancer Care.

Areas for improvement

From the four patient care records we looked at, we saw that the assessments which had been completed were not always calculated properly, this had not changed the overall level of risk identified. It was also not always clear what care had been given. For example, we looked at one patient’s care record and saw that they were assessed as being at high risk of developing a pressure ulcer. The patient had not developed a pressure ulcer while in the hospice, there was no care plan in place or record of any interventions the staff told us they had undertaken to reduce the risk. A requirement is made (see requirement 2).
Requirement 2 – Timescale: immediate on receipt of this report

■ The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments.

■ No recommendations.

Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good
Information in Quality Theme 1, Statement 1 of this report is relevant to this statement.

Areas for improvement
Information in Quality Theme 1, Statement 1 of this report is relevant to this statement.

■ 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: 3 - Adequate
The hospice has a recruitment policy.

We reviewed two staff recruitment files. These members of staff were the most recent recruits to the organisation. The files showed that the hospice has a clear process to follow when recruiting staff. There were completed application forms detailing past experience and knowledge. Disclaimers were signed, references were sought and appropriate checks were made. Both members of staff had taken up employment following satisfactory checks.

There was a summary sheet at the front of each file which was completed as each step of the process was completed. There are ongoing checks of staff registration status with their professional body, where appropriate. Induction training was mandatory for all staff.
Areas for improvement

During the inspection, we saw a number of clinical staff had not been subject to any form of criminal record checks. Staff working in the hospice should have been subject to checks by Disclosure Scotland on a periodic basis. The Disclosure Scotland scheme has now been replaced by the Protecting Vulnerable Groups (PVG) scheme. The service told us that approximately 30 staff are affected by this. Under the current changeover from the Disclosure Scotland scheme to the PVG scheme, the service is only allowed to have five staff who already work in the service checked each month. All staff should have a Disclosure Scotland check in place while they are waiting to join the PVG scheme. This was not the case within the hospice. However, given the number of staff involved, the hospice could not have removed these staff from direct care without causing significant disruption to care and denying people access to specialist hospice care. As a result, Healthcare Improvement Scotland decided to take a risk-based approach to allowing the hospice to continue accepting admissions. We made an immediate requirement, by letter, that the provider supply us with a risk assessment on how they will safeguard people in the hospice. We also required that all staff in the hospice sign a self-declaration about any criminal convictions while they apply to the PVG scheme. A requirement is made (see requirement 3).

Requirement 3 – Timescale: immediate on receipt of this report.

- The provider must reduce the risk to patients who are being looked after by staff who have not yet been checked under the PVG scheme and have no Disclosure Scotland check in place. The provider must supply Healthcare Improvement Scotland with a risk assessment detailing how they will manage the risk. The provider must also ask all staff to complete a self-declaration detailing any previous convictions.

A letter detailing this requirement was sent to the provider on 12 September 2012. The provider supplied Healthcare Improvement Scotland with a risk assessment on the day the requirement was made. The provider is currently in the process of collecting completed self-declarations from staff and keeping Healthcare Improvement Scotland updated with progress.

- 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: 3 - Adequate

During the inspection, we saw that staff were motivated to provide good care. We saw and heard positive interaction between staff and people who used the service. Staff treated people respectfully and they had a calm approach. People were very complimentary about staff and gave comments such as: ‘They cannot do enough for you’.
There was a number of training courses for staff. Many of these were online and workbooks were used to assess learning from the training. The manager stated that they were progressing competency checks of staff following training events.

Staff gave us examples of the training that they had completed such as adult support and protection.

The complaint log showed that there had been a number of complaints raised about the attitudes and behaviours of staff. We spoke with seven staff members individually about adult support and protection. This was to determine whether they were aware of their role in this aspect of care and of their understanding of the whistleblowing policy in the service. All staff members were clear that they would report any issues to the unit sister or their line manager if they had any concerns and thought that people were not cared for or treated with dignity or respect. They stated that the managers in the service were approachable.

The service had begun a rolling programme of communication training for all staff working in the service. This covered their:

- role and responsibilities
- professional behaviours expected of them
- self-awareness
- personality, and
- managing and responding to challenging behaviours and considering how this could impact on others.

Five people had attended this training event in August 2012.

Area for improvement

We looked at two complaints in more detail. Due to the nature of these complaints, Healthcare Improvement Scotland and the local authority should have been notified. This did not happen for both complaints. A requirement is made (see requirement 4). Both complaints were investigated within the hospice and neither were upheld.

Requirement 4: Timescale: immediate on receipt of this report

- The provider must ensure that service users are safe and protected in line with protection local area guidance on adult support and protection. The provider must also inform Healthcare Improvement Scotland about any allegation of abuse to a service user.

- 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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the Healthcare Improvement Scotland.

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

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>No requirements</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td>We recommend that Marie Curie Hospice: Glasgow should:</td>
</tr>
<tr>
<td>a</td>
<td>review complaint information leaflets to guide people appropriately to Healthcare Improvement Scotland.</td>
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### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>The provider must:</th>
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<tbody>
<tr>
<td>1</td>
<td>ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider is also required to ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.</td>
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**Timescale** – immediate on receipt of this report.

*Regulation 3(d)(iv)*

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

National Care Standard 8 – Medicines management [Hospice care]

| Recommendations | None |

### Quality Statement 1.5

**Requirements**

The provider must:

2. ensure that all patient care records accurately reflect how the people that use this service health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments.

**Timescale – immediate on receipt of this report**

*Regulation 4(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 2 - Assessing your needs [Hospice care]

**Recommendations**

None

### Quality Statement 3.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 3.2

**Requirement**

The provider must:

3. reduce the risk to patients who are being looked after by staff who have not yet been checked under the PVG scheme and have no Disclosure Scotland check in place. The provider must supply Healthcare Improvement Scotland with a risk assessment detailing how they will manage the risk. The provider must also ask all staff to complete a self-declaration detailing any previous convictions.

**Timescale – immediate on receipt of this report**

*Regulation 8(1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 6 - Staff [Hospice care]
### Recommendations

| None |

### Quality Statement 3.3

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>The provider must:</td>
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</tbody>
</table>

| 4 | ensure that service users are safe and protected in line with protection local area guidance on adult support and protection. The provider must also inform Healthcare Improvement Scotland about any allegation of abuse to a service user. |

  **Timescale** – immediate on receipt of this report.

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

  National Care Standard 3 – Guidelines and Legislation [Hospice care]

<table>
<thead>
<tr>
<th>Recommendations</th>
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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
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 both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

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

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<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>
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We do not give one overall grade for an inspection.
Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Prior to inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to inform and prepare for on-site inspections

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff and patients

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Marie Curie Hospice: Glasgow was conducted on Thursday 23 August 2012, and Tuesday 11 and Wednesday 12 September 2012.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Janet Smith
Associate Inspector (Tuesday 11 September)

Margo Biggs
Public Partner (Thursday 23 August)
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk
We can also provide this information:

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