Unannounced Inspection Report: Independent Healthcare

Marie Curie Hospice – Glasgow
Marie Curie

26–27 July 2017
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
Contents

1 A summary of our inspection 4

2 Progress since our last inspection 6

3 What we found during this inspection 8

Appendix 1 – Requirements and recommendations 17
Appendix 2 – Who we are and what we do 20
1 A summary of our inspection

About the service we inspected

Marie Curie Hospice – Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. Marie Curie is a UK-wide charitable organisation which provides specialist palliative care to a maximum of 30 people over the age of 18 years.

All services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness. The day care therapy unit provides people with a goal-based treatment plan along with some complementary therapies. The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness.

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.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Marie Curie Hospice – Glasgow on Wednesday 26 and Thursday 27 July 2017.

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

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

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

**Quality Theme 0 – Quality of information:** 6 – Excellent
- Quality Statement 0.3 – consent to care and treatment: 6 – Excellent
- Quality Statement 0.4 – confidentiality: 6 – Excellent

**Quality Theme 1 – Quality of care and support:** 4 – Good
- Quality Statement 1.1 – participation: 4 – Good
- Quality Statement 1.4 – medicines management: 5 – Very good

**Quality Theme 2 – Quality of environment:** 5 – Very Good
- Quality Statement 2.2 – layout and facilities: 5 – Very Good
Quality Statement 2.3 – equipment: 6 – Excellent

Quality Theme 3 – Quality of staffing: 5 – Very Good
Quality Statement 3.2 – recruitment and induction: 5 – Very Good
Quality Statement 3.3 – workforce: 5 – Very Good

Quality Theme 4 – Quality of management and leadership: 5 – Very Good
Quality Statement 4.2 – workforce involvement: 6 – Excellent
Quality Statement 4.4 – quality assurance: 4 – Good

The grading history for Marie Curie Hospice – Glasgow and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

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

What the service did well
The service had excellent processes in place to ensure patient confidentiality. We saw very good systems in place to minimise risks associated with prescribing, administration, storage and recording of medication. Excellent systems were in place to ensure that the maintenance of all clinical equipment was carried out. Staff worked well as a team and senior managers encouraged all staff to share their views about ways to evaluate and improve the service.

What the service could do better
The service should develop its participation strategy and ensure feedback obtained from patients, carers and stakeholders could also be more visible in the hospice. Patients, carers and stakeholders should be able to contribute to evaluations of existing strategic plans.

The inpatient unit was located on the second floor and every room had access to the rooftop garden area. The service must develop a risk management plan to ensure the safety of the patients.

The induction process should be made clearer with a list of competencies specific to each role.

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

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

We would like to thank all staff at Marie Curie Hospice – Glasgow 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 7 and 8 June 2016

Requirement

The provider must ensure compliance with the guidance in the Health Protection Scotland National Infection Prevention and Control Manual 2015.

Action taken

We saw that the service had carried out an infection control compliance audit in January 2017 that supported best practice in relation to Health Protection Scotland. The audit showed good compliance. Any deficits had an action plan and were reported back to the infection control prevention committee. This requirement is met.

Requirement

The provider must ensure that all staff have an up-to-date performance review and development plan in place.

Action taken

This requirement is reported under Quality Statement 3.3. This requirement is not met and will be carried forward with a revised timescale.

What the service had done to meet the recommendations we made at our last inspection on 7 and 8 June 2016

Recommendation

We recommend that the service should update the consent checklist to clearly identify that it is the separate ‘agreed goals of care’ plan that the patient has consented to.

Action taken

The service had a new electronic system in place that allowed staff to record patients care. It included a section for staff to complete patient consent for agreed goals of care. This recommendation is met.

Recommendation

We recommend that the service should display information for patients and relatives in a format and font size that makes it easy to read and understand.

Action taken

Information boards had been lowered throughout this hospice. Font sizes were increased to ensure information could be read more easily and new signs had been installed to guide visitors. This recommendation is met.
Recommendation
We recommend that the service should improve how the patient’s spiritual needs and the concerns of their relatives and carers are recorded and taken into account.

Action taken
The chaplain and volunteers provided spiritual support for patients. All patients had a care plan that provided information about their spiritual needs, and beliefs and how they wish to be supported in the hospice. This recommendation is met.

Recommendation
We recommend that the service should improve how the ‘agreed goals of care’ plan is completed. This should demonstrate that the goals that are most important to the patient have been taken into account.

Action taken
The service had introduced new care plans that provided information about goals that were important to the patient. These included physical, psychological, spiritual, social and environmental, person risks and carers needs. This recommendation is met.

Recommendation
We recommend that the service should ensure that all risks identified in the service are included in the risk register.

Action taken
We saw that the risk register had been updated to include all identified risks within the service. This recommendation is met.

Recommendation
We recommend that the service should identify a lead person to oversee the uptake of education opportunities across all staff groups.

Action taken
The service had appointed a practice development facilitator to oversee, advertise and facilitate any educational opportunities. This recommendation is met.

Recommendation
We recommend that the service should have a volunteer co-ordinator that oversees the induction and uptake of continuing education for volunteers.

Action taken
The service appointed a volunteer co-ordinator and produced a new guidance booklet for volunteers. 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: 6 – Excellent

The hospice had a consent policy in place that reflected best practice. Staff told us that they understood their role when obtaining verbal and written consent from patients and their families.

The service had excellent systems in place to ensure patients, and where necessary family members and carers, consented to the care received and sharing of information with relevant others. The care plans and medication charts had sections for staff to record discussions that had taken place with the patient, family members or carers about consent and understanding of treatment. We reviewed five patient care records and saw that discussions about consent to care had been documented for all five.

Staff documented when discussions had taken place with the patient, family members or carers about end of life care. Written consent was obtained before to any specific treatments were carried out. For example, the insertion of equipment to drain fluid or when photographs had to be taken in order to assess wounds. Written consent was also sought from patients before the hospice shared any activities externally such as through social media coverage.

- 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

The service recorded information in both paper and electronic forms. A policy was in place that gave guidance on how to store information in both paper and electronic form. The staff we spoke with had excellent knowledge of this process and could explain what it meant in practice.

A new electronic management information system (EMIS) was being implemented to store all information electronically. Although the system was relatively new staff reported that they had received training and assistance was available from other members of staff who had specialist knowledge if required.

All members of staff were required to follow a clear desk policy to ensure that any information that could identify a patient was stored securely at the end of the working
day. Staff we spoke with on the wards were aware of the importance of protecting the patients’ confidentiality. Staff were aware of the Data Protection Act 1998 and how this impacted upon confidentiality. Trained nurses were all aware of the Nursing and Midwifery Council guidelines on confidentiality. The service had a local and national Caldicott guardian. These are the people who have a responsibility for protecting the confidentiality of patients.

The administration centre was protected by a swipe card system and computers are protected by password with individual log in details.

**Area for improvement**

We saw that the company policy on information storage was not version controlled and did not have a date for review recorded (see recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should make sure that all policies are version controlled.

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

**Quality Statement 1.1**

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

**Grade awarded for this statement: 4 – Good**

The service had a suitable patient involvement policy that provided guidance for staff about how to prioritise the needs of patients and their families. The policy included examples of ways to involve patients, family members and carers in assessing and improving the service.

Staff provided opportunities for patients, family members and carers to share their views about the service. Patients could offer feedback confidentially by completing the ‘help us make our hospice care better for everyone’ questionnaire. Feedback was also gathered from volunteers using a tablet. Information gathered was reviewed monthly. Responses from the most recent questionnaires were mostly positive. The hospice manager received email alerts when patients provided additional comments about the service or when they wanted to discuss their care in more detail. The alerts meant that patient feedback was acknowledged in a timely manner.

We saw examples of how the service had responded to suggestions made by patients, family members and carers using the ‘you said, we did’ feedback board at the entrance to the café.

Most of the patients’ experiences were captured verbally. Patients and families told us that staff frequently asked how they were and if they needed any advice or support. We observed some of the patient support groups taking place in the day centre; staff listened attentively.
We spoke with patients in the ward and day centre and all of them said they were very happy with the quality of care and support. They told us:

- ‘The staff have helped me to explain my illness to my family.’
- ‘We are well informed; everything is explained to the nearest dot.’
- ‘I was asked what I liked to be called, this is the first time anybody has asked me that.’

Areas for improvement

Very few of the patients we spoke with were asked to complete a formal questionnaire. The recent number of patient surveys completed had decreased. Staff were aware that patients’ experiences had not been captured as well as previous months.

The ‘expert voices’ patient group had stopped and had not yet been replaced. The senior management team told us that they hoped to start a new group soon to promote better engagement with patients.

While strategies were in place to gather patient opinions, more could have been done to share responses back with them (see recommendation b).

We saw one you said, we did board at the entrance to the café and notice boards at the entrance to the hospice were blank. There was a lack of information about feedback displayed in the hospice and day centre (see recommendation c).

- No requirements.

Recommendation b

- We recommend that the service should develop its participation strategy and ensure that information gathered is more visible within the hospice.

Recommendation c

- We recommend that the service should make sure that information gathered from feedback is more visible in the hospice.

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

The service had very good systems in place to prescribe, administer, record and store medication. The pharmacist, pharmacy technician and pharmacy support worker liaised with nursing and medical staff to ensure risks were minimised.

Staff reviewed patients’ medication on admission to the ward. Medication that was no longer required was safely disposed of. Any new medications that were prescribed were explained to the patient.

When patients were discharged from the hospice, they were given a yellow card that provided information about the dose and when to take the medication. Relevant professionals were also informed of the patients discharge and prescription.

The service provided either a nurse or medical led outpatient clinic daily. Patients who attended a specific clinic were able to talk about their medication and how their pain was managed. Staff sought advice from nursing, medical or pharmaceutical staff as necessary. The people who attended the day centre could also make use of this facility.

The hospice had three medication preparation and storage rooms in the ward. All three were well presented. We inspected the largest medication room and saw that cupboards were labelled clearly with contents and average stock balance. This helped staff to minimise risks associated with preparation and under or over ordering of stock.

**Areas for improvement**

Two of the sharps bins we saw were too full. This can increase risks associated with needle stick injury (see recommendation d).

Staff were not consistently following hospice procedures to record patient consent within medication records. Staff should record that they had obtained patient consent to share information with link professionals about any changes to their prescription. Staff were also required to seek patient consent to destroy existing medication that was no longer required. We reviewed five patient medication charts and only one confirmed consent had been discussed with the patient. Three of the patient care records had details of consent, two of the records did not have details of consent in the medication chart or in the care plan. The pharmacist told us she would speak to medical staff about the importance of recording this area of consent. The service is considering changes to the existing medication chart to ensure staff are fully aware of where to record consent (see recommendation e).

- No requirements.

**Recommendation d**

- We recommend that the service should ensure sharps bins are not filled past the warning line. Larger items should be disposed of in appropriate sized bins to avoid overfilling of smaller bins.

**Recommendation e**

- We recommend that the service should ensure staff are consistently following hospice procedures to record patient consent in relation to medication.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.
Grade awarded for this statement: 5 – Very good

The ward area is located on the second floor of the building. We saw that a great deal of thought and imagination had been taken to make sure that an attractive garden view could be seen from each bedroom.

The service had predominately single rooms with en-suite facilities. Each room had its own television and radio. Rooms that had three beds were designed to offer as much privacy as possible by using curtains and ensuring that each bed did not face directly onto another patient.

The hospice had very clear signage, which made getting round very easy.

Communal facilities were available for families and cares to use. This included a café and some smaller rooms that could be used by relatives if they were upset and needed some time to themselves. Each room had tea and coffee making facilities as well as a range of snacks. We saw evidence that staff were continually working on the communal areas to make them more welcoming, age appropriate and comforting. We saw areas that were being refurbished and equipped with activities of interest for teenagers.

We saw that the decoration and the fixtures and fittings of the building were well maintained and was constantly being cleaned.

The day centre was easily accessed and had been designed to meet all aspects of the Disability Discrimination Act 1995. It was spacious and provided some private consulting rooms that were being used for the patients in the hospice. Staff told us that at times these rooms were used for treatments which would normally be carried out by community nurses. This allowed people to attend the hospice on an allocated day without missing out on treatments which were scheduled to be carried out by a district nurse.

Areas for improvement

We saw that some areas of the flooring in the inpatient area was lifting. The hospice was aware of this and was taking steps to replace it with flooring that was harder wearing.

We saw that the inpatient unit was located on the second floor. A small barrier was in place that surrounded the perimeter of the rooftop garden. This had been identified by staff as presenting a risk, particularly for someone with unsteady or limited mobility. We were advised that the service had undertaken a risk assessment. This could not found at the time of inspection (see requirement 1).

We saw that the sinks in the treatment area were not compliant with current standards (see recommendation f).

Requirement 1 – Timescale: Immediately

- The provider must ensure that they review the risk management plan for the rooftop garden.

Recommendation f

- We recommend that the service should ensure that all hand washing sinks are Scottish Health Technical Memorandum (SHTM) 64 compliant.
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: 6 – Excellent
We saw excellent systems in place to ensure that all of the equipment checked and maintained. All major mechanical systems were carried out by an outside contractor.

We saw records that the maintenance team checked all of the electrical equipment as well as regular checks and flushing of the water systems.

To ensure that any maintenance requests were acted upon quickly, staff have access a portal from the hospice’s intranet to log any concerns. Each member of the maintenance team could also be paged for anything that required more urgent attention. The maintenance team also carried out regular walk rounds. Maintenance issues can also be discussed at a morning meeting and if they have any impact upon the running of the hospice. This was attended by the hospice’s senior management team.

We saw a recent health and safety audit that was carried out by an independent company. The hospice had a very high degree of compliance gaining four out of five stars.

- No requirements
- No recommendations.

Quality Theme 3 – Quality of staffing

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

Grade awarded for this statement: 5 – Very good
We examined six files of staff members who had recently started working at the hospice. We saw that the service followed Scottish Government guidelines on safer recruitment. Each applicant had been interviewed, had a protection of vulnerable groups check carried out and had references checked. Any member of staff who belonged to a professional body had their registration status checked. The service carried out health checks on any prospective member of staff before they were offered a contact of employment.

We spoke with six members of staff about their induction period. All told us that they had a period of induction and that they had to complete some online training. They then had an extra period where they shadowed an experienced member of staff.

Area for improvement
Although the staff we spoke with were confident they participated in the induction process, they were unclear when it came to an end or what competencies had to be completed as part of their role (see recommendation g).
Recommendation g

We recommend that the service should make the induction process clearer. Each staff member should have a timescale for completion and a list of competencies specific to their role to be completed.

Quality Statement 3.3

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

Grade awarded for this statement: 5 – Very good

We saw that the service had a variety of policies that were designed to support staff to be professional and ensure they received appropriate training for their role. The service had also appointed a practice development facilitator who records training provided and develops future training plans. We saw evidence of some proposed future training which involved communication, resilience, person-centred culture and bereavement.

A specific programme had been created for the trained nurses. This had taken into account the changing type of patients who are being looked after by the hospice. The new programme included non-malignant diseases in palliative care, the management of agitation and delirium and motor neuron disease.

We saw that all of the doctors had undergone revalidation.

Staff we spoke with were enthusiastic and motivated and spoke very positively about the changes which had taken place in the service over the last 12 months.

We saw staff interacting with patients in the inpatient unit and the day centre and they displayed compassion and professionalism.

Areas for improvement

The heads of departments were in the process of receiving their objectives for the year ahead. As such they could not create development plans and a basis for appraisal for their respective staff. A number of staff had not received an annual appraisal. This was a requirement from a previous inspection and will be carried forward with a revised timescale.

We saw some low scores recorded regarding mandatory training in certain areas. We were told that the area of safeguarding patients had created a new training programme to comply with Scottish legislation. This included the Protection of Vulnerable Groups (Scotland) Act 2007 and The Adults with Incapacity Act (Scotland) Act 2000. In other areas the results were not representative of the workforce as they included non-attenders on sick and maternity leave.

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 – Excellent

All of the staff were able to contribute to assessing and improving the service. The senior management team provided a range of opportunities for staff to share their views about the strengths and weaknesses of the hospice. Staff were asked for their views about what should be included in the next strategic plan and how their ideas could be facilitated.

Five 'hot spot' posters were displayed in various staff areas of the hospice. Staff were encouraged to share their views about what was important to them. Information recorded from the posters had not yet been gathered. However, the senior management team told us they were encouraged by the positive engagement by staff. Comments from the hotspot posters included:

- the creation of rooms, which help to meets the needs of people who have dementia
- a 'dementia garden', and
- more support for children and carers.

The staff changing rooms contained a wealth of information to read, all of which helped to promote good communication. Staff were asked to complete an annual survey. Feedback and actions arising from the surveys were displayed in the staff changing room. You said, we did posters were also displayed. Staff reported that the laundry room was too hot and as a result air conditioning had recently been installed. The administration team asked to wear a uniform. This was agreed by the senior management team and had since been actioned.

We spoke to a number of staff and volunteers during our inspection who felt the communication between staff was good. They felt included in decisions made about the hospice.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 4 – Good

The service submitted a self-assessment to Healthcare Improvement Scotland, which provided information to support the inspection. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the
quality themes and national care standards. We found good quality information that able to verify during our inspection.

A number of audits were carried out in the hospice to assess the strengths and weakness of the service. Results were reported to a central division and summaries were discussed by the senior management team who acted on any areas of improvement. The senior management team met with staff to discuss and develop appropriate action plans to facilitate improvement and minimise risks. Examples of audits carried out by the service included:

- medicines management
- staff satisfaction, and
- infection control.

We looked at complaints management and saw that all except one had been addressed. We discussed the existing complaint with the service and an action plan was developed.

The current strategic plan 2014–2019 included three key objectives for the hospice that had input from patients, families, staff and stakeholders to develop the strategic objectives. These were to:

- broaden the range of services available at the hospice
- increase collaboration with professionals and stakeholders, and
- make best use of resources and promote sustainability of finances in the hospice.

**Area for improvement**

The hospice were in the early stages of developing a new 5-year strategic plan, which staff, patients and other key stakeholders had been asked to contribute. We were told this was due to the provider reassessing the future direction of the hospice. Area managers were being encouraged to develop new objectives to support the changes in healthcare. We were concerned that the key people who had initially been involved in identifying the priorities for the current 2014–2019 plan were not being involved in evaluating its effectiveness before beginning the development of the next. The senior management team agreed and said they would discuss the matter with strategic leads for Marie Curie (see recommendation h).

- No requirements.

**Recommendation h**

- We recommend that the service should ensure it implements a clearer framework for developing and evaluating strategic plans.
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.

<table>
<thead>
<tr>
<th>Quality Statement 0.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td><strong>a</strong> make sure that all policies are version controlled (see page 9).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 14-1 Information held about you)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td><strong>b</strong> develop its participation strategy and ensure that information gathered is more visible within the hospice (see page 10).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 21 – Expressing your views)</td>
</tr>
<tr>
<td><strong>c</strong> make sure that information gathered from feedback is more visible in the hospice (see page 10).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 21 – Expressing your views)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
Recommendations
We recommend that the service should:

d ensure sharps bins are not filled past the warning line. Larger items should be disposed of in appropriate sized bins to avoid overfilling of smaller bins (see page 11).

National Care Standards – Hospice Care (Standard 8 – Medicines)

e ensure staff are consistently following hospice procedures to record patient consent in relation to medication (see page 11).

National Care Standards – Hospice Care (Standard 8 – Medicines)

Quality Statement 2.2

Requirement
The provider must:

1 ensure that they review the risk management plan for the rooftop garden (see page 12).

Timescale – Immediately

Regulation 13(2)(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation
We recommend that the service should:

f ensure that all hand washing sinks are Scottish Health Technical Memorandum (SHTM) 64 compliant (see page 12).

National Care Standards – Hospice Care (Standard 15-3 Your environment)

Quality Statement 3.2

Requirements
None

Recommendation
We recommend that the service should:

g make the induction process clearer. Each staff member should have a timescale for completion and a list of competencies specific to their role to be completed (see page 14).

National Care Standards – Hospice Care (Standard 10-7 Staff)

Quality Statement 4.4
### Requirements

None

### Recommendation

We recommend that the service should:

**h** ensure it implements a clearer framework for developing and evaluating strategic plans (see page 16).

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

---

### Requirement carried forward from our 7 and 8 June 2016 inspection

**The provider must:**

> ensure that all staff have an up-to-date performance review and development plan in place (see page 6).

Timescale – by 30 December 2017

**Regulation 12(c)(i)**

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

National Care Standards – Hospice Care (Standard 6.3 – Staff)

This was previously identified as a requirement in the June 2016 inspection report for Marie Curie Hospice – Glasgow.
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

Telephone: 0131 623 4300
Email: comments.his@nhs.net
We can also provide this information:

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