Unannounced Inspection Report: Independent Healthcare

Robin House | Children’s Hospice Association Scotland | Balloch
12–13 November 2014
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1 A summary of our inspection

About the service we inspected

Robin House is registered as an independent hospital providing care for babies, children and young people with a range of life shortening conditions many of which are rare. The service supports the whole family by offering:

- short, planned breaks
- emergency support
- end of life care, and
- a range of bereavement services.

The service provider is the Children's Hospice Association Scotland (CHAS). This charitable organisation is the sole provider of children’s hospice services in Scotland and has a second hospice service, Rachel House which is in Kinross.

Robin House is located on the outskirts of the small town of Balloch with open views to the countryside and Balloch Country Park. The grounds and building are accessible for wheelchair users. The garden area is well maintained, pleasant and has imaginative play areas for children. The car park is at the rear of the premises.

Robin House has nine individual bedrooms for children and young people. Sofa-beds are available for parents or siblings to sleep overnight within the children's rooms if they choose. The accommodation for the children’s family members is located on the ground floor. There are eight en-suite bedrooms and a shared sitting room with kitchen area. Support and care are provided to individuals and families by a multidisciplinary team of healthcare staff. A team of trained volunteer staff support the service in various activities. For example cleaning, gardening and office work.

The service aims to offer a place where families can relax, recharge their batteries and have fun with their children. This service helps children make the most of each day and to live life to the full.

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 Robin House on Wednesday 12 and Thursday 13 November 2014.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure.

We assessed the service against four 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: 5 - Very good
Quality Theme 2 – Quality of environment: Not assessed
Quality Theme 3 – Quality of staffing: 4 - Good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Robin House 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 26 February 2013.

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

- information leaflets about the services provided
- viewing the website
- four children’s and young person’s care records
- various policies, procedures, minutes of meetings
- accident and incident records
- audits
- staff files
- records verifying the professional registrations for staff
- training records, and
- comments and questionnaires from children and families.

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

- two young people using the service
- one parent using the service
- manager
- charge nurse
- doctor
- maintenance worker
- administration worker
- volunteer
- senior staff nurse
- nursing support worker, and
- two housekeepers.
We inspected the following areas:

- lounge and dining room
- a selection of bedrooms for children and young people
- family accommodation, and a
- play room with sensory pod and soft play pod.

What the service did well

We noted areas where the service was performing well.

- The service provided a very high standard of care, treatment and support to the children and families visiting the service.
- The service was well known and links with other local resources within the NHS as well as other charitable providers.
- There was a dedicated and caring team of staff who were focused on providing care, activities and comfort to all who stayed there.
- Robin House continued to offer a high quality service which was appreciated and commended by children, young people and families.

What the service could do better

We did find that improvement was needed in the following areas.

- The process and risk assessments of bed selection must be implemented to make sure children and young people are given the correct type of bed, and that additional features such as bedrails and bumpers can be used safely.
- The quality assurance system should be developed particularly to make sure any incidents or complaints are followed up appropriately.

This inspection resulted in three requirements 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.

CHAS, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Robin House for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 26 February 2013.

Requirement

*The provider must ensure that staff are competent to administer medication. To do this it must ensure:*

- staff have access to routine training about administering medication
- staff have periodic reviews of their practice to ensure they maintain competency, and
- staff involved in medication errors are given access to appropriate training and have their competency assessed before they are allowed to start administering medication again.

Action taken

Staff had regular updates and training about medicines management and administration. Their practice was reviewed periodically and actions were taken if any medications errors took place. **This requirement is met.**

We identified one other improvement for medicines management and comment on this in Quality Statement 3.3. This was in relation to direct observation of medication administration to check competency periodically (see recommendation f).
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent

Robin House had a wide range of information which it gave to children and young people, their families and other professionals. We saw evidence of children, young people, their families and professionals being involved in improving the quality of information provided.

- During the development of the new leaflet ‘With you every step of the way’, families were asked what information was needed to describe the service. The leaflet was designed and sent back to the families to review and comment before publication.
- The development of the new CHAS ‘Chatterbox’ newsletter following feedback received from families.
- The review and re-launch of the bereavement booklet following feedback from families asking what they needed in the booklet. The evidence of feedback received from families was positive.
- The development of bereavement leaflets for siblings, children and young people. With the help of the family support team, different age groups of children and young people were supported to produce leaflets relevant to their issues and needs. These leaflets provide a valuable resource to help signpost children and young people to other places of help and support.
- Family satisfaction forms ‘After your visit’ were checked and audited to assess effectiveness for a wide range of services and actions taken forward to improve these areas if required.
- A widespread consultation of stakeholders and professionals was evidenced on the new ‘Our model of care’ information booklet for professionals.
- A new user participation policy had been developed and implemented.

Area for improvement

Families, children and young people provided a lot of verbal feedback through discussion with staff. The service could improve systems to capture this, so that it could be used to make more improvements to the quality of information supplied.

- No requirements.
- No recommendations.
Quality statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent

A wide range of leaflets was available for families, children, young people and professionals.

- The small Robin House leaflet included information about the service and had a number of pictures to help new children and families decide if the service was right for them.
- The new leaflet ‘With you every step of the way’ provided more in-depth information for families to read.
- Bereavement leaflets gave information about the services offered by the hospice and have contact details.
- The new CHAS ‘Our model of care’ booklet will be given to healthcare professionals to help them when providing information to families about the services offered at Robin House.
- The family accommodation areas had information folders for the families to use.

The CHAS website had videos with links to ‘YouTube’ and a virtual tour of Robin House.

Families can visit the service, before coming into the hospice and there is an open day held once a year to encourage visits from members of the community and healthcare professionals. Members of staff from the service will visit families in their own home to discuss the support they can provide and also allow families to ask questions.

Robin House uses an interpreter service if required. Two members of staff speak languages other than English which is also very helpful and information leaflets can also be translated if needed.

The service reported that families and young people had been given information about the new transition service and how it would affect them. We saw copies of the letters that were sent out about the new transition service.

Areas for improvement

The service was in the process of reviewing the information folders in the family accommodation areas with the intention of revamping them. The service could also make sure that new leaflets are on the website.

- 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: 5 - Very good

The service’s main method of gaining feedback from children, young people and families was using the compliments, suggestions and complaints forms. These forms were available around the service and a leaflet explained the process that the service would follow to respond to the feedback.

All forms with compliments, suggestions and complaints were logged and a response was supplied to the person submitting it. If the feedback was verbal, then a staff member could help the person fill in the form.

We saw that the service received feedback and took action whenever possible. For example, parents had said that they would like Wi-Fi available in the bedrooms and this had been installed.

A family satisfaction questionnaire “After your visit,” was available in the family accommodation. This asked families for specific feedback on aspects of care and support and how they found the:

- welcome
- comfort
- meals, and
- activities.

The family satisfaction questionnaire also asked families for suggestions to make improvements and if there was anything the service should change. It also asked families to grade the care and support they received, using a five-point scale from poor to excellent.

A parent confirmed that they were involved extensively in compiling and reviewing care plans on each and every subsequent admission. Both staff and parents reported that changes would be made to care plans in direct response to the involvement of children, young people and their parents. This demonstrated a proactive approach to get feedback on quality of care and support and an open and responsive result when suggestions were made.

Area for improvement

The self-assessment carried out by the service in relation to this area recognised the need to improve recording of service users and carers participation involvement more fully.

We noted aspects of the user participation policy that were not fully used in practice. For example, active feedback using the ‘Are we getting it right?’ framework had not been used recently. There were no examples of receiving feedback using pictures or other creative approaches to get an understanding of the experience for younger children or children with sensory impairment. Methods of receiving feedback could be developed and formalised to help capture more widely views and experiences of the care and support provided.

- No requirements.
- 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: 5 - Very good

A parent confirmed they were very involved in the compiling and reviewing of the patient care records. Both parents and staff confirmed that there was a strong sense of partnership with regards to the care and support of the children and young people.

The most appropriate member of the multidisciplinary team carried out a holistic assessment. This could be a doctor or a nurse and helped to establish the main areas of concern and how these could then be supported.

The patient care records were mostly electronic with some supporting documents used in a bedside folder. The electronic notes contained all of the essential information, such as next of kin contact details, allergies and medication information. In addition, an alert flashed up on the screen to make staff aware about things that were important to a child or young person. We saw examples that were very detailed and clearly described important points of care, such as how to fit the ventilation mask so that it was comfortable.

All of the children and young people had emergency plans of care and we saw these were stored in the bedside folders. These gave very clear instructions to staff of what to do in the event of a sudden deterioration of health. Staff were able to tell us about the emergency plans of care for each child or young person as this information was handed over to staff at each shift change.

Furthermore, some of the children and young people had a children and young people’s acute deterioration management plan (CYPADM). This is a nationally recognised document that sets out the agreed care and treatment in the event of a sudden deterioration. This was signed by their consultant from another specialty area and travelled with the child or young person to other settings. Staff knew to check these on each admission and we saw these stored in the bedside folder.

We saw an example of a very detailed and personal anticipatory care plan. This explained the parent and young person’s wishes for what should happen at end of life. Writing these wishes down is beneficial, so everyone is aware of and can work towards meeting them, if at all possible. Staff were keen to support parents and young people to do this, and adapt their approach to the assistance they provide, in a manner that reflects to each person's situation and ability.

We heard some very positive comments from parents and young people about the care and support received:

- ‘We were able to have a visit to the local area knowing my child was well looked after.’
- ‘We've had the most amazing time (at Robin House).’
- ‘It’s been really good – it’s not a sad place, you all mix in, look the same, talk the same, it’s a happy bright place.’
• ‘It’s a really good place – you can do what you want and meet other people with the same condition, act normal, not all serious and have a laugh.’

Areas for improvement

We saw one child who was only 19 months old, in an adult size bed with bedrails and bumpers in use. We looked to see what sort of risk assessment had been carried out to match the bed size and use of bedrails with the individual. Although staff had some awareness of the risks associated with the equipment and were aiming to provide constant supervision, there was no formal method of recording this. A formal risk assessment for the bed type and use of bedrails must be introduced to improve record-keeping (see requirement 1).

Staff had a very detailed knowledge of the emotional support needs of particular families. However, when we checked the electronic patient care record, there was no detail of assessment or plans of care that had been developed to record these. This element of care is important to make sure holistic care and support is provided (see recommendation a).

An end of life care pathway had been in use, but had stopped over the past year. A new 'symptom management care plan' was being developed, but had not yet been implemented. Staff need clear guidance on the correct care plan documentation to use, to make sure record-keeping in this area meets recommended practice (see recommendation b). This development work could be shared with stakeholders and families to provide an open dialogue about this sensitive subject.

The draft symptom management care plan did not have a clear signature space for the senior clinician to verify their agreement to the proposed plan for end of life care. This is important as this confirms agreement that the clinical team is as sure as it can be that active treatment is no longer appropriate. We pointed this out to staff and it was agreed that this would be reviewed. The service planned to have a new policy and guideline to support staff with end of life care in place in the near future.

The service carried out a recent audit of patient care records specifically looking at the recording of preferred place of death and anticipatory care plans. This highlighted that very few patient care records had preferred place of death or anticipatory care plans recorded. It is important that these details are recorded so everyone can be made aware and work towards meeting them whenever possible (see recommendation c).

There was great care taken to make sure children and young people had their most up to date deterioration management plan with them. Although this was reviewed appropriately, there was no record of this. The electronic patient care record could be developed further, to allow the checks made in relation to the deterioration management plan to be recorded every time the child or young person is admitted into the service.

When a young person aged 16 and above, moves away from paediatric and school services and onto adult services, the children and young person’s deterioration management plan (CYPADM) will not be supported. The service could consider developing a policy and system to ensure the use of the adult documentation equivalent in Scotland is considered and checked regularly on each admission.

Legal status could be recorded more clearly in the patient care record, for example using a specific heading. This relates to young people over the age of 16, some of whom may lack capacity to make decisions. In such a situation, legal powers may be given to a parent or through the local authority and it is important that staff know about these.
Requirement 1 – Timescale: by 31 January 2015

- The provider must implement a risk assessment for the use of beds and bedrails.

Recommendation a

- We recommend that the service should ensure that the emotional needs of the patient identified by the assessments are recorded and support plans are developed to take account of this.

Recommendation b

- We recommend that the service should finalise and implement its symptom management care plan documentation.

Recommendation c

- We recommend that the service should record end of life wishes and preferred place of death and record the reason why if it is not appropriate to discuss.

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: 4 - Good

The service had recently conducted a skill mix review, which considered the numbers of qualified nurses and the qualifications of nursing support staff required to run the service on a day to day basis. As part of the review, families were asked to give their opinion on the staffing needs of the service by:

- completing a questionnaire, and
- participating in informal discussion groups.

The management told us that a lot of feedback about staff and staffing arrangements was given verbally in discussion with staff. In addition, we saw many thank you cards which showed appreciation of all the staff groups.

Area for improvement

Apart from being involved in the recent skill mix review, there was limited evidence to show that families, children and young people participated regularly in giving feedback on the quality of staffing.

The ‘After your visit’ questionnaire should be used to ask more specific questions about staff, such as:

- Do know who your key worker or named nurse is?
- Do you know the names of staff and what they do?
• Can you change staff if you wish?
• Are staff knowledgeable about your child’s condition and treatment?

As well as asking for comments, families could be asked for general suggestions about how to improve the quality of staff. A system could be used to capture verbal feedback more effectively (see recommendation d).

■ No requirements.

Recommendation d
■ The service should develop the ‘After your visit’ questionnaire to include questions about the quality of staffing.

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 4 - Good
The service had a staff recruitment policy and procedure in place. We assessed three staff personnel files during the inspection. Each staff file contained good evidence that the correct recruitment processes were being followed in line with policy and current legislation. We found the files were in good order.

Before a new member of staff can start work, the service must check to make sure that employees are suitable to work with the children and young people who use the service. This includes:

• taking up references from their previous employer
• an occupational health check-up
• enrolling the person on the Protection of Vulnerable Groups (PVG) scheme, to check they have no relevant criminal record, and
• contacting their professional regulator, if appropriate.

We found that pre-employment information was being obtained before a new member of staff started work and a system was in place to track or follow up checks made to make sure these were carried out properly.

With regard to existing staff, there was a system in place to enrol them on to the PVG scheme and to check and monitor that all appropriate staff were on their respective professional registers.

We also looked at volunteer recruitment files. We found that relevant checks were being carried out, including enrolling them on to the PVG scheme. The retrospective enrolment for existing volunteers was in the process of being finished. All the files were in good order. Both these systems were being moved from paper files to online file systems.

We saw documentation which showed there was a comprehensive staff induction programme.
Statutory and mandatory staff training was delivered through a combination of online modules and face to face sessions. The specific content of the training was tailored to each different staff groups in the service. Completion of the online learning was monitored and managers were provided with monthly statistics on completion rates. Face to face training was made possible through a system of monthly, 3-monthly and yearly training days with each staff member attending one of each. Other training was arranged as required, with external trainers being used as needed.

A child protection policy and adult support and protection policy was in place. These policies were clear and had contact numbers for local social work services. There was extensive training for staff also provided on this subject. We also asked staff if they were able to challenge colleagues if they observed poor practice and all stated that they would report this to senior staff. This showed an awareness of the vulnerability of the children and young people using the service and the need to make sure they are protected.

We saw the clinical competency framework which had recently been developed for registered nurses with 41 competencies for staff to meet including:

- assessment and care planning
- communication skills with children and young people
- end of life care
- pain management
- peritoneal dialysis
- seizure management, and
- wound management.

Staff told us that a university was interested in developing the clinical competency framework into an accredited module.

Medicines management was included as modules in the online learning package. Staff must complete these as part of their induction and subsequently every year as part of their mandatory training. New staff also had a period of supervised practice before they would administer medication.

Clinical supervision and peer support meetings encouraged staff development and an annual staff performance review system was in place. Staff were encouraged to identify appropriate training at their performance review that linked in with the department plan and organisational learning and development strategy. Funding was also available for external relevant courses, such as higher national certificates, nursing degrees, social worker degrees and postgraduate certificates.

The service used a capacity trigger tool to make sure there was an adequate staff to children ratio, reducing admissions if required. For example, on the days we inspected the service, not all of the bedrooms were occupied. The service had calculated that the staff on duty were able to meet the needs of the children and young people at that time.

A new skill mix framework was implemented the week before our inspection. This informed both the organisational structure and the different grades of staff on each shift. We will follow up the new skill mix framework at our next inspection.
Staff we spoke with described the care of the children and their families as their most important priority, saying: 'It was a privilege to serve them' and 'You feel you are making a difference in their lives.'

Areas for improvement

The new skill mix framework had recently been introduced and many staff were changing their roles within the organisation. To support staff in their new roles, new individual training needs should be assessed and learning plans produced to include leadership knowledge and skills development (see recommendation e).

All registered nurses were in the process of meeting the new clinical competency framework, with support from the new clinical effectiveness team. The target for completion for all the staff currently in post is by 31 March 2015. This was being monitored and at the time of the inspection, we saw that the nursing team had demonstrated meeting 32% of competencies contained in the framework. The service had decided that it is essential that all nursing staff can demonstrate the competencies in this framework and therefore be assured that they have the specialist skills and knowledge to undertake their role.

The service had identified the need for a similar competency framework for support staff to be introduced. The clinical effectiveness team was in the process of developing this.

Although some clinical leads and champions were in place, such as infection control, more individuals could be identified to support staff in the development of specific knowledge and clinical skills.

While we saw that staff competency to administer medication was assessed as part of new staff induction, they did not undergo any subsequent observation of their practice when administering medication. It is good practice to periodically observe staff practice when administering medication to make sure they are doing this safely (see recommendation f).

We noted that some staff were in new roles and others were still to be decided. This was causing an unsettled period of change for a small number of staff. We will look again at how the team has developed at the next inspection.

■ No requirements.

Recommendation e

■ We recommend that the service should assess individual staff training needs and create learning plans which include the development of leadership knowledge and skills to support staff in their new roles.

Recommendation f

■ We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.
Quality Theme 4 – Quality of management and leadership

**Quality Statement 4.1**
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

**Grade awarded for this statement: 5 - Very good**

Families and young people had been involved in developing the service’s strategy and evaluating service developments. We saw evaluation forms were filled in to give feedback on specific parts of the service, for example bereavement and family support.

One parent was a member of the CHAS Board. This was intended as a way of representing the views of families.

The service had supported a group of young people aged 16–18 to form a ‘Young Adult Campaign’ group. This group had contributed both strategically and operationally to developing care and support for this age group. They attended the Scottish Parliament to raise awareness of the needs of this age group and directly influenced the creation of the transition team at CHAS.

The ethos of the service was one of partnership of care and this was clearly valued highly by people using the service.

**Area for improvement**
The service could ask young people and their families to feedback on local management and leadership.

- 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 clinical governance committee met four times a year. The purpose of this group was to oversee clinical reports on incidents, outcome of audits and other key quality indicators.

There had been a recent review of some of the reporting structures within the service and CHAS. One of the results of this review was the ‘Children and Families Management and Support meeting structure’. This showed how various groups should link together to provide a flow of information from point of care to other operational staff and management.

Minutes of the meetings showed that there were opportunities for incidents to be followed up. For example, the medication audits were discussed at the nurses meeting and this gave a clear breakdown of any incidents or errors that had occurred and the subsequent learning points that were identified.

There were a low number of incidents or accidents affecting children and young people, and this was an indicator of good quality care.
There had been some limited audit activity to check the quality of aspects of the service. One example was the audit on preferred place of care and preferred place of death in October 2014. This provided valuable information which could be used to help the service to improve further.

Incidents and complaints were logged and some feedback was sought from families and young people. There were lots of compliments about the service and many suggestions were acted upon. For example, non-slip bathmats were provided in response to a suggestion.

Areas for improvement
The clinical governance structure had not yet been fully reviewed and it was not clear how audit results, feedback from families and young people, incidents and complaints were tracked and linked to improvement plans. There is a need for an overall quality assurance policy to set out how this should be done (see recommendation g).

There was no comprehensive patient care record audit and no evidence that the frequency of core audits had been agreed. A new clinical effectiveness team had just been formed, but this was at an early stage. This is an important aspect of quality assurance and should be developed (see recommendation h).

According to the complaint records, we saw that the service had only responded verbally to some complaints. This was contrary to the formal written response which is required by the provider’s complaints policy. Staff told us this was because the complaint had been made verbally. However, the policy did not make this distinction. This practice must be reviewed (see requirement 2).

The service had not been making notifications to Healthcare Improvement Scotland as required by law and set out in the published guidance. In particular, these were in relation to a change of manager, medication administration errors and a reduction in the number of beds available for use (see requirement 3).

As mentioned earlier, the participation policy was not fully used in practice and we could not see how this was being monitored using the current governance structures in place.

Requirement 2 – Timescale: Immediate

- The provider must ensure that complaints are responded to in line with the CHAS complaints policy.

Requirement 3 – Timescale: Immediate

- The provider must notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers.

Recommendation g

- We recommend that the service should review and improve quality assurance systems to ensure incidents, audit, complaints and user feedback are considered to gain learning points and influence improvement plans.

Recommendation h

- We recommend that the service should develop an audit plan which details the frequency of core audits.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 1.5

**Requirements**

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Timescale – by 31 January 2015

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

**Recommendations**

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<th>We recommend that the service should:</th>
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National Care Standards – Hospice Care (Standard 12 – Wellbeing)

| b | finalise and implement its symptom management care plan documentation (see page 13). |

National Care Standards – Hospice Care (Standard 12.4 – Wellbeing)

| c | record end of life wishes and preferred place of death and record the reason why it is not appropriate to discuss (see page 13). |

National Care Standards – Hospice Care (Standards 22.8 and 22.9 – Around the time of death)
Quality Statement 3.1

Requirements
None

Recommendation
We recommend that the service should:

d  develop the ‘After your visit’ questionnaire to include questions about the quality of staffing (see page 14).

National Care Standards – Hospice Care (Standard 21 – Expressing your views)

Quality Statement 3.3

Requirements
None

Recommendations
We recommend that the service should:

e  assess staff individual training needs and create learning plans to include leadership knowledge and skills development to support staff in their new roles (see page 16).

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

f  undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 16).

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

Quality Statement 4.4

Requirements
The provider must:

2  ensure that complaints are responded to in line with the CHAS complaints policy (see page 18).

Timescale – Immediate

Regulation 15(3)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

3  notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers (see page 18).

Timescale – Immediate

10J (5) The National Health Service (Scotland) Act 1978
<table>
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<tr>
<th>Recommendations</th>
<th>We recommend that the service should:</th>
</tr>
</thead>
</table>
| **g** | review and improve quality assurance systems to ensure incidents, audit, complaints and user feedback are considered to gain learning points and influence improvement plans.  
  National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment) |
| **h** | develop an audit plan which details the frequency of core audits (see page 18).  
  National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment) |
### Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>26/02/2013</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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.

<table>
<thead>
<tr>
<th>Before inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.</td>
</tr>
<tr>
<td>We review the self-assessment submission to help inform and prepare for on-site inspections.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>We arrive at the service and undertake physical inspection.</td>
</tr>
<tr>
<td>We have discussions with senior staff and/or operational staff, people who use the service and their carers.</td>
</tr>
<tr>
<td>We give feedback to the service’s senior staff.</td>
</tr>
<tr>
<td>We undertake further inspection of services if significant concern is identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <a href="http://www.healthcareimprovementscotland.org">www.healthcareimprovementscotland.org</a></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Appendix 6 – Terms we use in this report

Terms and explanation

<table>
<thead>
<tr>
<th>Term</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.