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1 A summary of our inspection

About the service we inspected

Robin House Children’s Hospice is situated in the small town of Balloch, West Dunbartonshire, Scotland. Registered as an independent hospital Robin House provides care for babies, children and young people who have a range of conditions which may be life shortening. The staff work closely with volunteers, various agencies and link professionals to offer families short planned breaks, emergency support, home care and bereavement support. The hospice aims to offer a service where families can relax and have fun with their children. The vision is that every baby, child and young person in Scotland will have access to palliative care when and where they need it.

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 Tuesday 26 and Wednesday 27 July 2016.

The inspection team was made up of three inspectors and a public partner. A public partner also supported our inspection. 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: 4 - Good
Quality Theme 1 – Quality of care and support: 4 - Good
Quality Theme 2 – Quality of environment: 3 - Adequate
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Robin House can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.
What the service did well
Staff at Robin House worked well as a team and demonstrated a good understanding of how to support each child’s condition effectively. The service had good systems to manage information security. Staff treated families who used the service respectfully and leadership in the service was very good. Staff benefitted from good training and leadership opportunities which helped develop confidence, knowledge and skills.

The service was going through major refurbishment work at the time of our inspection, as part of a space creation project. Risks from this work were well managed. Staff were working well together to make sure care and treatment was still delivered to a high standard.

What the service could do better
Staff at Robin House should ensure that each child’s care plan provides information about how to care for the child in the event of an emergency or acute deterioration. Each child should also have an anticipatory care plan. Nursing staff should develop their knowledge of legislation and best practice frameworks and the service must ensure staff have a yearly performance review.

The service must provide extra infection control training for its infection control lead to help make sure they have a greater understanding of how to minimise the risks associated with the spread of infection. The service should also resume its audit plan so that it can continue to improve its quality assurance.

This inspection resulted in five 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.

The Children’s Hospice Association Scotland (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 requirements we made at our last inspection on 12 and 13 November 2014

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

Action taken
The requirement is reported under Quality Statement 1.5. This requirement is met.

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

Action taken
The requirement is reported under Quality Statement 4.4. This requirement is met.

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

Action taken
The requirement is reported under Quality Statement 4.4. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 12 and 13 November 2014

Recommendation
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.

Action taken
This recommendation is reported under Quality Statement 1.5. One nurse had completed extra learning in spiritual and emotional care, as well as record-keeping. The nurse shared their learning with staff. The service was considering ways to gather child and family views in the child’s care plan. The service had not yet identified a suitable assessment to identify and record patient’s emotional needs. This recommendation is not met (see recommendation b).
Recommendation

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

Action taken
This recommendation is reported under Quality Statement 1.5. This recommendation is not met (see recommendation c).

Recommendation

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.

Action taken
This recommendation is reported under Quality Statement 1.5. This recommendation is not met (see recommendation c).

Recommendation

We recommend that the service should develop the ‘After your visit’ questionnaire to include questions about the quality of staffing.

Action taken
This recommendation is reported under Quality Statement 1.1. This recommendation is met.

Recommendation

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

Action taken
This recommendation is reported under Quality Statement 4.3. This recommendation is not met (see requirement 5).

Recommendation

We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Action taken
A lead nurse and pharmacist carried out periodic observations of staff when they were administering medication. The pharmacist has since left the service and these observations have ceased. The service are recruiting a new pharmacist in the near future and will continue periodic observations. We have advised that observations are reinstated. This recommendation is met.
Recommendation

*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.*

**Action taken**

This recommendation is reported under Quality Statement 4.4. **This recommendation is not met** (see recommendation h).

Recommendation

*We recommend that the service should develop an audit plan, which details the frequency of core audits.*

**Action taken**

This recommendation is reported under Quality Statement 4.4. **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: 4 - Good

Families and children were given verbal and written information to allow them to make informed choices about care. A consent policy and outings policy had recently been developed. Various consent forms were available, including one for use of photos and another for using the hydrotherapy pool.

Staff told us that each time a child or young person was admitted, their care plan was reviewed in consultation with their parents. Where appropriate, the child or young person would also be involved in care planning. One parent we spoke with confirmed they found it useful to attend care meetings to discuss care and treatment. The service had an ‘After Your Visit’ questionnaire which had a five-point scale for families to rate the care and support from poor to excellent. Feedback from this questionnaire suggested that most families felt involved in planning their child’s care.

Comments included:

- ‘Care has been wonderful as always.’
- ‘Our son has been very well looked after and very relaxed.’
- ‘Yes. Our child’s health and medical needs were always discussed and what he was going to do that day was discussed too.’
- ‘It was discussed on day of arrival.’

Areas for improvement

Staff recorded patient consent in patient care records. Staff told us that consent should also be recorded on the electronic patient care record. However, consent was not consistently recorded in the electronic patient care record. Health professionals and parents also signed some forms, such as anticipatory care plans. The signed plans were scanned into the electronic patient care records. Of the four electronic patient care records we checked, one anticipatory care plan was not signed (see recommendation a).

- ■ No requirements.

Recommendation a

- ■ We recommend that the service should make sure all patient care information is recorded appropriately.
Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good
The service had very good systems in place to manage information security. The service’s information governance policy and framework highlighted roles, such as ‘senior information risk owner’ and Caldicott Guardian, as key. A range of other policies were in place to help support this framework. An information governance group met every 2 months to review what information was shared with patients and families. Minutes from the meetings showed that the service was taking action to raise awareness about information sharing and managing feedback.

Staff told us they completed two online modules on data protection every year and the Caldicott Guardian had recently attended a national training course.

We saw that patient information was stored and destroyed securely and the service had recently introduced a consent to share information form for parents to sign. At the time of our inspection, an external review of the service’s IT security was being carried out.

■ 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 had various ways of gathering feedback. Compliments, suggestions and complaints forms were available and a leaflet explained how the service would respond to feedback. The most recent feedback from patients and families was displayed and staff had responded to the comments.

A capital project manager had been appointed to an extensive refurbishment programme in the service. Families, children, volunteers and staff had been consulted about design, colours and asked about any comments or concerns regarding the project. The service planned to continue to involve stakeholders in the next phase to assess its effects on the needs and expectations of families and staff.

After consulting with families, the service had recently made changes to its bereavement service. Each family who had used the new bereavement service had completed a questionnaire to assess it. The family support team were evaluating this feedback to help develop ways to help bereaved families, including developing a model for supporting bereaved children.
The service was about to develop its new strategic plan and planned to consult with a wide range of stakeholders. A poster at the reception area asked families to get involved in this.

**Areas for improvement**

The service could continue to develop its participation model to look at ways to gather feedback from younger children or children with sensory impairment.

- No requirements
- No recommendations

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**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**

All children and young people in the service had a care plan with an assessment and evaluation of how their clinical needs were met. A variety of care plans were linked to the clinical care plan. Staff recorded the child’s treatment in their care plan. This helped staff understand the interventions in place to support each child’s condition.

Care plans included information about the family’s needs and any support provided to them. Each child’s clinical care plan had family and consultant contact details recorded in it, so staff could ask for additional information from them when necessary.

Every patient care record included information about the treatments and interventions they received. When staff carried out home visits, they could also access care plans, so every child’s information was up to date. This also supported staff to manage the children’s care safely.

At our last inspection of the service in November 2014, we required it to develop a risk assessment for the use of bedrails. We saw a suitable risk assessment had been put in place which described how risks should be managed and when bedrails should be used to promote patient safety.

Part of the care plan, called the ‘daily diary’, summarised the child’s care every day. The daily diary made it easier for staff to identify how each child’s needs had been met. We reviewed all seven patient’s clinical care plans during our inspection. We were satisfied that the staff regularly recorded information about how each child’s needs had been met. Staff knew how to use the recording systems and could tell us which care plans children had and why. This confirmed staff knew the children well and what aspects of care they received from CHAS.

**Areas for improvement**

The service was considering ways to identify and record patients’ emotional and spiritual needs. However, it had not yet actioned our previous recommendation made
in 2014. We gave staff some additional guidance to support them to meet this recommendation (see recommendation b).

Some of the children did not have an emergency or acute deterioration plan, which gives staff information about how best to manage the child’s condition. Some children also did not have an anticipatory care plan in place. Without an anticipatory care plan, staff had a lack of information about how each child’s care should be managed in the event of any sudden change. We spoke with the medical director for CHAS who was able to provide more information about documentation to support anticipatory care planning. We were satisfied that staff were trying to clarify the documentation processes for end of life care. The medical director told us the provider was discussing how to improve end of life care documentation and staff guidance nationally. We agreed that each child or young person should have an end of life care plan in place (see recommendation c).

No requirements

Recommendation b

■ We recommend that the service should ensure that assessments identify a patient’s emotional needs and these are recorded. Support plans should developed to reflect this.

Recommendation c

■ We recommend that the service should record information about how a child’s care should be managed if it was to deteriorate or change. End of life wishes and preferred place of death should be documented. Any reason why it is not appropriate to discuss should also be documented.

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: 4 - Good

The service was updating its design, layout and some facilities during our inspection, as part of a space creation project. A risk assessment was in place for this refurbishment project and meetings were held to make sure risks were appropriately managed. A designated capital project manager was in post for the refurbishment. The project manager had a background in palliative care and helped make sure the impact of the project on the day-to-day work of the service was minimised.

While the service had nine bedrooms, only four were in use during our inspection. Some bedrooms had ensuite facilities and separate shower rooms and bathrooms were available. All bedrooms had appropriate storage for patient’s belongings and a nurse call button.

Patient bedrooms had a door to the outside gardens so that patients could use the garden area. All patients and their visitors could use the outdoor garden area.
Family accommodation was available at basement level, where families could meet and spend time with their child. This area had a kitchen and dining area, a laundry room and family bedrooms with access to the garden area.

The service’s environment was clean. All staff we spoke with were very complementary about the housekeeping staff’s standard of cleaning.

Contracts were in place to service, maintain and inspect the fire detection system in the hospice. A security sign-in procedure was used and staff had been appropriately trained and regular evacuation drills were taking place.

A process was in place to report faults and repairs. The service employed a full time maintenance engineer and a maintenance assistant to manage this process. These members of staff were also available out of hours.

Areas for improvement
Several hand wash basins in the service did not comply with current guidance. The service should identify all non-compliant sinks and upgrade them as part of a planned programme of work (see requirement 1).

The electrical switchboard room was also being used as a cleaning products and equipment storage room. Another electrical switchboard cabinet was in the main laundry, next to a hand wash sink. Electrical switchgear should be stored on its own, away from any liquids or flammable materials. Ideally, access to electrical switchboard should be restricted to authorised personnel only. As part of the space creation project, the laundry was being extended into an adjoining room. This should provide an opportunity to partition the electrical switchboard from the rest of the laundry room and relocate the hand wash basin. The service must also find a suitable alternative location to locate the cleaning cupboard (see requirement 2).

A passenger lift was not in use at the time of inspection. The service told us about its plans to have an independent building accessibility assessment carried out which would look into disabled access and facilities improvements that could be made to the building. Senior managers told us they planned to carry this assessment out after the space creation project had been completed. We will follow this up at future inspections.

Requirement 1 – Timescale: by 30 December 2016
- The provider must develop and implement a planned programme of replacement for all non-compliant sinks within the service. All sinks replaced must comply with (the current version at the time of installation) of the Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.

Requirement 2 – Timescale: by 30 December 2016
- The provider must:
  
  a) Relocate the cleaning cupboard from the electrical switchboard room to a suitable alternative location and thereafter keep the switchboard room for this sole purpose, locked and accessible by authorised personnel only.
  
  b) Partition the electrical switchboard in the laundry room from the rest of the room and relocate the hand wash basin to a more suitable location within the room.
No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 3 - Adequate

The service had a lead nurse for infection control and an infection control group which included healthcare support workers, housekeeping, and nursing staff.

We saw evidence that the group met regularly to review infection control issues in the service.

An infection control policy and several infection control standard operating procedures were in place. The standard operating procedures gave staff guidance about how to prevent infection while carrying out their job. This included protecting children and young people from infection while in the service and making sure they were appropriately cared for if admitted with an infection.

At the time of inspection, the service was reviewing all its policies.

Staff and volunteers involved in caring for children and young people received face-to-face training as part of their induction. Staff we spoke with all told us they also received yearly infection control update training.

Appropriate controls were in place to manage the risks from legionella bacteria in the service’s water supply. A Legionella risk assessment was in place and was reviewed every 2 years. The next assessment was due at the time of inspection.

We saw a good supply of personal protective equipment in the service, such as disposable gloves and aprons. We also saw a suitable supply of alcohol-based hand rub dispensers in corridors, patient bedrooms and communal areas. Hand hygiene audits were being carried out monthly and results analysed to see where improvement was needed. The latest results were displayed on a noticeboard and showed good performance. The lead nurse for infection control told us consultants and physiotherapists would be included in future hand hygiene audits, to give a better picture of overall compliance.

We spoke with the head of housekeeping and looked at cleaning standard operating procedures that housekeeping staff used. These were comprehensive. The schedules were easy to follow and record-keeping was good.

Several members of the nursing and housekeeping staff had been through special training to become cleanliness champions. The service was working out how many staff it needed to become cleanliness champions.

Areas for improvement

The service had not reviewed itself against the Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards 2015 or the recommendations made in the Vale of Leven Report. All healthcare services in Scotland must comply with these standards. Healthcare services are required to carry out regular audits of
staff compliance with standard infection control precautions as described in the health protection National Infection prevention and Control Manual. At the time of inspection, the service was only auditing two of the 10 standard infection control precautions (see requirement 3).

Children and young people used a sensory room with their families and staff as part of care and treatment. The room contained large alphabet letters stored on the floor. These letters were dirty and could not be effectively cleaned, due to the type of material they were made from. The mirrored wall surface was marked with fingerprints. The floor section used for projecting images onto was surrounded by worn and dirty tape, meaning it could not be effectively cleaned. While the room had a daily cleaning schedule, no system was in place for cleaning the toys and room surfaces between each use (see requirement 4).

The infection control lead nurse did not have any specific training or formal qualifications in infection prevention and control. The service could also benefit from establishing links with local NHS board infection control teams and NHS Scotland children’s hospitals to share learning that could lead to improvements (see recommendation d).

The service had a hydrotherapy pool that was used by children and young people as part of their care and treatment. We examined the standard operating procedure for cleaning the pool area and noted that it contained only 3-monthly cleaning tasks. The pool area was clean and housekeeping staff described the daily cleaning they carried out. The standard operating procedure should be reviewed to reflect the cleaning process carried out in pool area. The service’s ‘Hydrotherapy Pool Guidelines Operating Procedures and Emergency Action Plan’ was last updated July 2010 (see recommendation e).

A standard operating procedure was in place for cleaning care equipment. A small section set out how toys should be cleaned. This section lacked any details about who was responsible for cleaning toys and how the different types of toys should be cleaned including donated toys. It would be beneficial for the service to develop a separate toy policy that covers all aspects of toy management, such as:

- how donations are accepted
- what toys would not be accepted, and
- how toys will be cleaned, stored and disposed of.

**Requirement 3 – Timescale: by 30 December 2016**

- The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current SICPs standard infection control precautions auditing programme, to ensure it meets the above standards.

**Requirement 4 – Timescale: by 30 December 2016**

- The provider must implement an effective system of cleaning the contents and surfaces of the sensory room between each use, to minimise the risk of infection.
Recommendation d

■ We recommend that the service should provide appropriate infection prevention and control training for its lead infection control nurse. This will help the service keep up to date with current infection prevention and control practice.

Recommendation e

■ We recommend that the service should review the Hydrotherapy Pool Guidelines Operating Procedures and Emergency Action Plan and amend the standard operating procedure for cleaning the hydrotherapy pool area, so that both documents are an up to date and accurate reflection of how the hydrotherapy pool should be managed.

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

A multidisciplinary team of staff worked at the service. A recruitment policy was in place and appropriate checks had been carried out to make sure staff and volunteers were recruited safely. This included a Protecting Vulnerable Groups (PVG) check and checking relevant government registration bodies’ registration databases.

New staff and volunteers completed an induction programme. The programme was designed to help them settle in to and understand their role, build working relationships and understand their responsibilities. We saw two examples of a nursing induction programme. These had used a ‘buddy’ system where the new staff member shadowed an established staff member for their first shifts. Induction programmes included a list of training needed, who would deliver it and the timescale for completion. We spoke with several members of staff who all said they felt supported in the service.

Areas for improvement

Most of the steps we would expect to see in a recruitment policy were included. However, the service was not carrying out health checks or requesting a declaration of health from applicants (see recommendation f).

The staff recruitment files we inspected had the majority of the correct information. Some information was held centrally at the CHAS headquarters in Edinburgh. We discussed ways this information could be made more accessible in the service.

Some staff recruitment files we examined did not have details of the interview questions and the candidate’s responses. We would normally expect to see these details on staff recruitment files. The service could consider developing a staff and volunteer recruitment checklist for human resources to use during the recruitment process.

While line managers were responsible for making sure induction was completed, the service did not have a designated person to oversee the induction process from start to finish. This meant no checks were in place to make sure induction was taking...
place as it should be. The service should consider having a designated person in the organisation for this.

- No requirements.

Recommendation f

- We recommend that the service should ensure new staff are healthy enough to work in the role they are being recruited for.

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 spoke with a number of staff during our inspection all of whom were highly motivated and said they enjoyed working in the hospice. Comments from staff included:

- ‘It’s a great place to work; we all work well as a team and support each other.’
- ‘I feel I am able to develop the service and educate other staff about best practice, particularly in relation to the care of young babies.’

The quality of care children received was very good. Nursing staff referred to evidence-based clinical best practice guidance. The medical director and paediatric consultants planned individualised care for each child. The medical team supported nursing staff when they required additional guidance about how to manage each child’s condition.

Staff completed competencies designed to develop their knowledge and management of acute and chronic conditions. Staff said they enjoyed completing the competencies and felt able to manage each child’s care more effectively because of them. Most staff completed online learning, which helped them to promote safety in the service and keep up to date with best practice.

A member of staff told us:

- ‘I am getting a lot out of the training. It’s helped me to have better working relationships with the staff and I feel I have developed my communication skills.’

National care standard posters displayed in the service gave staff useful information about prompting patient rights and responsive care. Some staff told us how they incorporated the standards into their practice. We spoke with several staff about the principles of ‘Getting it Right for Every Child’ (GIRFEC). The service’s family support team and home care staff explained how they used wellbeing indicators associated with GIRFEC to carry out a holistic assessment of each family’s needs.

Area for improvement

Not all staff were familiar with the Children and Young People (Scotland) Act 2014 and the wellbeing indicators associated with GIRFEC. The family support team were in the early stages of implementing a new referral form which included the wellbeing
indicators. The information in this form helped staff to assess, evaluate and document patient care. The senior social worker had an excellent understanding of GIRFEC and agreed to offer study sessions to support staff development (see recommendation g).

■ No requirements.

Recommendation g

■ We recommend that the service should develop staff knowledge of legislation and best practice frameworks such as the Children and Young People (Scotland) Act 2014 and Getting it Right for Every Child (GIRFEC).

Quality Theme 4 – Management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 5 - Very good

Staff worked well as a team and valued each other’s knowledge and skills. Leadership in the service had a positive impact on how families’ needs were met. In each team, staff received guidance from experienced staff, which helped promote care and safety in the service.

Staff told us about opportunities they had to develop their own leadership skills and how they were included in service improvement. Senior nurses competed a leadership programme, which developed their management skills. After staff had completed the leadership programme, they were more skilled in delegating tasks and responsibilities in their team.

The head housekeeper had completed a Scottish Vocational Qualification (SVQ) in management, which they felt had helped develop their communication skills at work. Nursing and support staff also told us how they could take the lead role for developing staff knowledge. For example, a nurse had helped educate staff about the care of neonatal babies (babies up to 1 month old).

Staff said their managers supported them with training. One of the nursing staff team said:

- ‘The management team offer me opportunities that help me to develop my skills and they are considering methods to help me with paper work and documentation.’

A member of each team attended the morning ‘huddle’ (staff meeting) to discuss new ideas or areas of concern. The staff looked for ways to resolve any issues and worked together to promote effective teamwork and service improvements.

Area for improvement

We identified some of the staff had not received a yearly appraisal. This meant some staff did not have the opportunity to discuss information about their learning and development and future objectives and aspirations with their manager. We were
advised that several staff were due to have an appraisal and others may have had one but the information was yet to be recorded. During feedback, we discussed our concerns with the staff and they agreed to ensure all staff had a yearly appraisal (see requirement 5).

**Requirement 5 – Timescale: by 30 December 2016**

- The provider must develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals.
- 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 comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and national care standards. We found some good quality information that we were to verify during our inspection. Although in some instances we found that some information not relevant to that statement had been submitted.

We saw that the service had good governance structures in place. The clinical governance committee met four times a year. The group oversaw:

- clinical incident reports
- outcome of audits, and
- other key quality indicators.

The service had a children and families management and support meeting structure. This showed how groups linked together to allow information to flow from point of care to other operational staff and management. From minutes of meetings, we saw that incidents could be followed up. For example, the practice development meeting discussed medication audits. The discussion gave a clear explanation of any incidents or errors and identified learning points.

We saw that all incidents and complaints were logged and families and young people were asked for feedback. The service received lots of compliments and we saw that many suggestions were acted on.

**Areas for improvement**

A new clinical effectiveness team had been developed and had produced a rolling programme of audits to identify areas to improve patient care. The audit programme had been put on hold at the start of 2016 due to staff shortages and priority was given to care of patients. Action plans from older audits had not been completed. Clinical audit is an important tool that helps services measure quality of care.
During our last inspection, we recommended the service improved its quality assurance systems. Although some improvements had been made, the service should re-introduce the audit programme and make sure action plans are developed and completed (see recommendation h).

- No requirements.

**Recommendation h**

- We recommend that the service should review and re-establish the audit programme, to ensure quality of care including documentation. Action plans should be developed in response to issues identified.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 0.3

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
<td></td>
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<tr>
<td>a</td>
<td>make sure all patient care information is recorded appropriately (see page 9).</td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 2 – Assessing your needs)</td>
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### Quality Statement 1.5

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<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>We recommend that the service should:</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>ensure that assessments identify a patient’s emotional needs and these are recorded. Support plans should developed to reflect this (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 12 – Wellbeing)</td>
<td></td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the 12–13 November 2014 inspection report for Robin House.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>record information about how a child’s care should be managed if it was to deteriorate or change. End of life wishes and preferred place of death should be documented. Any reason why it is not appropriate to discuss should also be documented (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 2 – Assessing your needs, Standard 12 – Wellbeing and Standard 22 – Around the time of death)</td>
<td></td>
</tr>
</tbody>
</table>
### Quality Statement 2.2

#### Requirements

**The provider must:**

1. develop and implement a planned programme of replacement for all non-compliant sinks within the service. All sinks replaced must comply with (the current version at the time of installation) of the Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies (see page 14).

   Timescale – by 30 December 2016

   *Regulation 10(2)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.*

2. a) Relocate the cleaning cupboard from the electrical switchboard room to a suitable alternative location and thereafter keep the switchboard room for this sole purpose, locked and accessible by authorised personnel only.

   b) Partition the electrical switchboard in the laundry room from the rest of the room and relocate the hand wash basin to a more suitable location within the room (see page 14).

   Timescale – by 30 December 2016

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

#### Recommendations

None

### Quality Statement 2.4

#### Requirements

**The provider must:**

3. review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review. This must include a review of the current SICPs standard infection control precautions auditing programme, to ensure it meets the above standards (see page 15).

   Timescale – by 30 December 2016

   *Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Quality Statement 2.4 (continued)

4. Implement an effective system of cleaning the contents and surfaces of the sensory room between each use, to minimise the risk of infection (see page 15).

**Timescale** – by 30 December 2016

*Regulation 3(d)(i)*

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

**Recommendations**

**We recommend that the service should:**

- **d** provide appropriate infection prevention and control training for its lead infection control nurse. This will help the service keep up to date with current infection prevention and control practice (see page 16).

  National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation, and Standard 7 – Infection control).

- **e** review the Hydrotherapy Pool Guidelines Operating Procedures and Emergency Action Plan and amend the standard operating procedure for cleaning the hydrotherapy pool area, so that both documents are an up to date and accurate reflection of how the hydrotherapy pool should be managed (see page 16).

  National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation, and Standard 7 – Infection control).

### Quality Statement 3.2

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

- **f** ensure new staff are healthy enough to work in the role they are being recruited for (see page 17).

  National Care Standards – Hospice Care (Standard 6 – Staff)
### Quality Statement 3.3

**Requirements**

None

**Recommendation**

We recommend that the service should:

<table>
<thead>
<tr>
<th>g</th>
<th>develop staff knowledge of legislation and best practice frameworks such as the Children and Young People (Scotland) Act 2014 and Getting it Right for Every Child (GIRFEC) (see page 18).</th>
</tr>
</thead>
</table>

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

### Quality Statement 4.3

**Requirement**

The provider must:

<table>
<thead>
<tr>
<th>5</th>
<th>develop and implement a system that ensures each person employed in the service receives regular performance reviews and appraisals (see page 19).</th>
</tr>
</thead>
</table>

Timescale – by 30 December 2016

Regulation 12 (c)(i)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

### Quality Statement 4.4

**Requirements**

None

**Recommendation**

We recommend that the service should:

<table>
<thead>
<tr>
<th>h</th>
<th>review and re-establish the audit programme, to ensure quality of care including documentation. Action plans should be developed in response to issues identified (see page 20).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care (Standard 5.2 and 5.3 – Quality of care and treatment)
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

Telephone: 0131 623 4300
Email: comments.his@nhs.net
Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

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

- Quality Statement 1.1 – 3 - Adequate
- Quality Statement 1.2 – 5 - Very good
- Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 4 – Inspection process flow chart

We follow a number of stages in our inspection process.

**Before inspection**

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

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

**During inspection**

We arrive at the service and undertake physical inspection.

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

We give feedback to the service’s senior staff.

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

**After inspection**

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

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
We can also provide this information:

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