Unannounced Inspection Report: Independent Healthcare

Service: Robin House Hospice, Balloch
Service Provider: Children’s Hospices Across Scotland

16–17 April 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 3–4 May 2017

Requirement
The provider must make sure written records of patient care are completed.

Action taken
Electronic systems were used to record almost all patient care. We found documentation to be completed satisfactorily. This requirement is met.

What the service had done to meet the recommendation we made at our last inspection on 3–4 May 2017

Recommendation
The staff should make sure they complete a record of their induction. A designated person or team should be responsible for gathering and evaluating induction processes.

Action taken
All nursing staff completed a formal induction with regular one-to-ones with their manager to record progress. This recommendation is met.

What the provider had done to meet the requirements we made following a complaint investigation on 26 July 2018 and follow-up visits in 7 November and 17 December 2018

Requirement
The provider must develop and implement tools to support the prevention and acute management of sunburn and rare conditions.

Action taken
A standard operating procedure had been developed for management and prevention of this condition. Staff followed a specific care plan which demonstrated how they assessed and effectively managed it. The standard operating procedure had been emailed to all staff. All staff we spoke with confirmed they had read and understood the procedure. This requirement is met.
**Requirement**
The provider must ensure staff possess the necessary knowledge and skills to meet patients’ needs. In order to achieve this, the hospice must:
- provide appropriate education and training for staff in relation to the management of rare conditions
- provide appropriate education and training for staff in relation to the management of diet and nutrition, and
- evaluate effectiveness of training and staff knowledge and skills through observation of clinical practice and regular appraisals.

**Action taken**
All staff had attended a reflective discussion about the risks associated with managing a child with a rare condition. This had taken account of the specific requirements and recommendations we had made following our complaint investigation in July 2018.

Some staff were able to attend a short training session from a specialist nurse. Staff told us they felt more confident about managing rare conditions and were more aware about the risks associated with exposure to ultraviolet light and the sun. The service had since evaluated the training, and it was clear that staff we spoke with had benefitted from this training. **This requirement is met.**

**Requirement**
The provider must ensure staff receive appropriate training to help them carry out duties associated with the administration of medication safely. **Staff capability must be assessed formally to confirm competency.**

**Action taken**
During a complaint follow-up visit, we identified that care support workers required training to safely give patients medications that registered nurses had prepared. The provider had developed a suitable education programme and used a competency document to record progress and sign-off completion. Those care support workers who had completed the programme told us it was useful and had increased their knowledge and understanding of giving medication. A plan was in place for the rest of the care support workers to complete the training. This would then be added to the service’s care support worker induction programme. Only registered nurses and trained care support workers were allowed to give medicines out in the service. **This requirement is met.**
**Recommendation**

We recommend that the service should ensure treatments provided by the service meet patients’ needs. In order to achieve this, the hospice should review the duty of candour policy and procedure and ensure it follows current guidelines.

**Action taken**

The duty of candour policy had been reviewed and amended to reflect current guidelines. **This recommendation is met.**
2  A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Robin House Hospice on 16 and 17 April 2019. We spoke with a number of staff, children and families during the inspection.

The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For Robin House Hospice, the following grades have been applied to three key quality indicators.

| Key quality indicators inspected |    |
|----------------------------------|--|---|
| **Domain 2 – Impact on people experiencing care, carers and families** |    | |
| Quality indicator | Summary findings | Grade awarded | |
| 2.1 - People’s experience of care and the involvement of carers and families | Good systems were in place for gathering patient feedback and we saw that the service was responsive to feedback received. However, all feedback received should be recorded and reviewed. | ✓ ✓ Good | |
| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |    | |
| 5.1 - Safe delivery of care | People we spoke with said they felt safe and well cared for. Assessments were in place to help minimise risks. However, the approaches and processes used to manage clinical risk were not consistent. This meant staff could not evaluate all risks and develop suitable action plans for improvement. | ✓ Satisfactory | |
### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was visible in the service. Staff were encouraged to identify areas for improvement and were involved in implementing daily changes in improving the care of patients. Meetings should be formally documented. Training should be provided to staff to allow them to investigate clinical incidents.</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 4 – Impact on community

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 - The organisation’s success in working with and engaging the local community</td>
<td>The service actively engaged with the local community. Volunteers told us they felt valued. Improvements had recently been made to the transport options provided to help children and families access the service.</td>
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</tbody>
</table>

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Families and, where appropriate, children, were involved in assessments and planning of care. This helped to ensure children’s needs were met. However, appropriately registered nursing staff should carry out the admission assessment of vulnerable children.</td>
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</table>

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Good recruitment procedures were in place. Induction packages were available for nursing staff. Training and development opportunities were accessible and annual appraisals were carried out. Staff we spoke with enjoyed working at the service. Formal induction packages should be developed for support service staff.</td>
</tr>
</tbody>
</table>
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.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Children’s Hospices Across Scotland to take after our inspection**

This inspection resulted in eight recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Robin House Hospice for their assistance during the inspection.
What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Good systems were in place for gathering patient feedback and we saw that the service was responsive to feedback received. However, all feedback received should be recorded and reviewed.

Staff we observed during our inspection were respectful with children and families. The service had a friendly atmosphere and children and families’ privacy and dignity was maintained. Family members told us they felt fully involved in decisions about their child’s care. Parents told us:

- ‘My child’s needs and care always come first.’
- ‘Our needs are considered at all times.’

The service provided a variety of information to children and families covering:

- care and support that the service provided
- fundraising
- medical care, and
- volunteering.

The service also shared the latest news and events through its social media, website and information leaflets.

We saw that the complaints log was regularly reviewed and staff followed the service’s complaints policy. Complaints leaflets and the service’s website described how to make a complaint. The policy and complaints leaflets included details of how to complain to Healthcare Improvement Scotland.
A variety of methods were used to gather feedback from children and families in line with the service’s patient participation policy. This included verbal feedback, emails, comment cards and post-visit questionnaires. A new feedback and complaints leaflet included a feedback form and was available on the service’s website. Information could be translated into other languages, and the service had access to interpreters and ran a language telephone line.

The service used an independent not-for-profit online feedback service where the public could see patients’ feedback and the service’s responses.

The range of meals provided had improved following feedback from a patient survey.

We saw evidence that patient feedback was regularly recorded and analysed. Feedback and responses were displayed on a ‘you said, we did’ feedback board in the reception area which was updated monthly. We saw improvement action plans were produced and progress monitored as a result of feedback. For example, an over-bed table was purchased to allow children to do craft activities in bed. Feedback was reported through the service’s clinical governance structure.

A new building had been built in the grounds to provide a private space for the support to families’ team to help support families. Bereavement Scotland also used this space once a week to support families experiencing bereavement. Staff also used the building for staff supervision meetings.

**What needs to improve**
The service collated and analysed patient feedback from a variety of methods. However, staff we spoke with were unsure if this included feedback provided through social media (recommendation a).

Electronic hand-held tablets were available in the reception area and parents’ lounge for families to provide feedback on the service. However, these were not working at the time of inspection. We highlighted this to staff during the inspection.

- No requirements.

**Recommendation a**
- We recommend that the service should record and review all feedback received, including from social media, and use this to drive improvement.
Domain 4 – Impact on the community

High performing healthcare organisations have a proactive approach to engaging and working with the local community that inspires public confidence.

Our findings

Quality indicator 4.1 - The organisation’s success in working with and engaging the local community

The service actively engaged with the local community. Volunteers told us they felt valued. Improvements had recently been made to the transport options provided to help children and families access the service.

A variety of ways were used to allow the community to get involved in engaging with and developing the service. Local and social media were actively used to engage with the community.

A large number of volunteers supported Robin House Hospice in different roles, including:

- gardening, kitchen and maintenance work
- providing care in the service, and
- supporting children to participate in creative activities.

Volunteers we spoke with during our inspection all told us they felt valued as part of the service’s community.

The service held various gardening events, such as ‘Spring Clean’ and ‘Bring a Bulb’. During our inspection, we saw children from local schools planting trees in the service’s gardens. This was subsequently reported in the local press.

The service engaged with a diverse range of community and minority groups though talks and visits to events such as Glasgow Pride.

Through research and feedback from families, the service identified that travel was a potential barrier for families wishing to access care services. The service had worked with the Scottish Ambulance Service and had also organised more volunteer drivers and vehicles to help families access the service. A transport manager had recently been appointed to further co-ordinate services.
■ No requirements.
■ No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

People we spoke with said they felt safe and well cared for. Assessments were in place to help minimise risks. However, the approaches and processes used to manage clinical risk were not consistent. This meant staff could not evaluate all risks and develop suitable action plans for improvement.

Separate audit programmes were in place for health and safety and clinical care in the service. The health and safety audit programme ensured that risk assessments for fire, power failure risks and floods were maintained. Other risk assessments included the maintenance of equipment, management of the hydrotherapy pool and garden security. The risk assessments were easy to follow and staff we spoke with said they understood how to manage the risks.

The maintenance log book was checked every day and staff were encouraged to record any repairs needed in it. Staff could see which repairs were needed, which were completed and how risks were minimised on the electronic maintenance tracker. The yearly maintenance plan helped the maintenance team assess and manage potential risks. The maintenance team was on site which meant they could carry out most repairs quickly. Work that the maintenance team could not carry out was contracted to external specialists.

Water management processes were in place to ensure safe and clean water throughout the facilities. We suggested to the service that water quality reports should be signed off electronically and that the standard operating procedure should reflect this.
The quality and care assurance team was responsible for the clinical care audit programme. This includes audits on:

- adverse events
- child and adult protection or safeguarding
- infection prevention and control
- learning and development
- medicines management, and
- participation and feedback.

**What needs to improve**

Although a number of measures were in place to minimise risks associated with the spread of infection, we found that the collation and reporting of audit results was not clear. This meant it was difficult to know what standard infection control precautions were being audited and how audit results were then used to identify any potential strengths or areas of concern. We also identified that some audits of standard infection control precautions, such as hand hygiene were frequently being carried out despite audits demonstrating good compliance (recommendation b).

While the service had a duty of candour policy in place, some staff we spoke with were unsure of their roles and responsibilities. Duty of candour aims to make sure the service responds appropriately to an unintended or unexpected incident that occurs in the hospice (recommendation c).

The health and safety audit programme was in line with the National Care Standards (2005). However, the Scottish Government’s Health and Social Care Standards (June 2017) superseded these previous standards and the audit programme could be amended in line with this current best practice. We will follow this up at future inspections.

- No requirements.

**Recommendation b**

- We recommend that the service should review the standard infection control precautions audit programme to ensure consistency of reporting, actioning of any issues identified and appropriate frequency of auditing taking place.
**Recommendation c**

- We recommend that the service should ensure all staff understand their roles and responsibilities in relation to duty of candour, to allow them to implement the service’s duty of candour policy as necessary.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Families and, where appropriate, children, were involved in assessments and planning of care. This helped to ensure children’s needs were met. However, appropriately registered nursing staff should carry out the admission assessment of vulnerable children.

Once admitted to the service, staff met families to discuss and plan appropriate care for babies, children and young people. All patients had core care plans to ensure their needs were met. Additional care plans were put in place to help staff manage specific aspects of care, such as seizures or diabetes.

The service involved families in the ongoing assessment of their child’s needs. As well as speaking with staff, parents were given paper copies of care plans and encouraged to update them or share information to help staff meet their child’s needs. The three patient care records we reviewed were satisfactory.

Good processes were in place for safe medicines prescribing and administration. The medicines reconciliation process helped to make sure that any recent changes to a child’s prescription were acted upon. This recognised the rapidly changing needs of children. Families were fully involved in the process.

Care support workers told us the new training programme for giving medicines was useful and had helped with their knowledge and understanding of their role. They felt this had given them more confidence with giving medicines prepared by the registered nurses.

Throughout our inspection, we observed staff caring for children and families attentively. Families using the service told us:

- ‘Always love coming to Robin House, everyone is cared for and made to feel very welcome.’
- ‘Staff are lovely and our daughters care is fantastic.’
- ‘Nothing is a worry or trouble.’
**What needs to improve**

While staff delivering care had developed their knowledge of safeguarding, some care support workers carried out the admission assessment for vulnerable children. Due to the complexity of some children’s needs, a registered nurse should carry out admission assessments for these children to ensure all the necessary information was gathered and used for care planning (recommendation d).

The service obtained consent to share information from competent children, parents or guardians. However, it was unclear who had signed the consent and the service did not have a mechanism to make sure consent was in place on admission. The service agreed to add this to the admission checklist.

- No requirements.

**Recommendation d**

- We recommend that the service should ensure appropriately registered nursing staff carry out the admission assessment of vulnerable children.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

Good recruitment procedures were in place. Induction packages were available for nursing staff. Training and development opportunities were accessible and annual appraisals were carried out. Staff we spoke with enjoyed working at the service. Formal induction packages should be developed for support service staff.

All four staff files we reviewed were well organised and showed that the service recruited in line with its staff recruitment policy and current legislation. Relevant checks had also been carried out for volunteers, including enrolling them on the Protecting Vulnerable Groups (PVG) scheme.

All staff completed a corporate, provider induction and the service had a comprehensive nursing staff induction programme. Statutory and mandatory
role-specific nursing staff training was delivered online and face-to-face and included monthly, 3-monthly and yearly face-to-face training days. Completion rates of online learning was monitored with monthly statistics shared with managers. External trainers delivered some extra training throughout the year.

Clinical competency frameworks were in place for registered and care support workers. The service was updating its clinical competency framework for registered nurses. Staff we spoke with told us they had good opportunities to develop through training and education.

Clinical supervision and peer-support meetings were provided for registered nurses and care support workers and was encouraged as part of staff development. A yearly 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 available for external relevant courses, such as higher national certificates, nursing degrees, social worker degrees and postgraduate certificates.

Staff we spoke with described the care of the children and their families as the reason they enjoyed working there, saying:

- ‘It was a privilege to work with them.’
- ‘You feel you are making a difference in their lives.’

Families we spoke with said:

- ‘The team are so caring, sensitive and compassionate.’
- ‘All staff are amazing with our child, so we know he is in safe hands.’

**What needs to improve**

We saw that occupational health screening was carried out before staff were employed. However, we did not see evidence of hepatitis B status (recommendation e).

Housekeeping staff told us how new staff were inducted into their role. While the service planned to make sure the role-specific nursing induction booklets were added to the staff electronic file, non-clinical staff did not have a role-specific induction package. The support service lead told us this was being developed (recommendation f).
No requirements.

**Recommendation e**
- We recommend that the service should retain full up-to-date occupational health records including evidence of hepatitis B status checks in line with the integrated guidance on health clearance of healthcare workers produced by Public Health England (2017).

**Recommendation f**
- We recommend that the service should develop a formal induction package for support service staff.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Leadership was visible in the service. Staff were encouraged to identify areas for improvement and were involved in implementing daily changes in improving the care of patients. Meetings should be formally documented. Training should be provided to staff to allow them to investigate clinical incidents.

Staff told us that leadership was very visible in the service. Senior staff were very approachable and completed regular walkrounds. Staff felt they worked well as a team and all staff groups valued each other’s knowledge and skills. The service held daily staff huddles (staff meetings) to discuss current and ongoing priorities in the service and patient care.

The service’s governance structure was closely linked with the provider’s other children’s hospice and the CHAS at home service. Within Robin House Hospice, a number of meetings took place including infection prevention and control and medicine management. These reported to the service’s monthly charge nurses meeting. The charge nurses meeting reported to the joint hospices’ senior nurse mangers and senior leadership team monthly meetings. Minutes of the hospices’ senior meetings showed there were opportunities for incidents to be followed up. For example, results from medication audits were discussed and gave a clear breakdown of any incidents or errors that had occurred and the subsequent learning points that were identified.

All clinical meetings fed into the clinical and care governance committee which covered both hospices and the CHAS at home service. This committee met four times a year, and looked at clinical reports on incidents, outcome of audits and other key quality indicators. The service submitted data to Hospice UK to enable benchmarking with other services.
Staff had carried out specific training and were encouraged to become involved in the continuous quality improvement culture in the service. A number of initiatives had been carried out including introducing a communication group to help develop staff knowledge and skills in different communications methods used by patients. Clinical staff took on link nurse or ‘champion’ roles for different areas, such as cleanliness and pain management. They were encouraged to take responsibility for promoting best practice and improvements in these areas and were able to attend a monthly nursing practice meeting. This meeting reviewed areas of concern to see how new ideas were being taken forward. One particular quality improvement approach encouraged staff to make small changes on a daily basis to improve the care of patients.

We saw evidence that clinical incidents and complaints were logged and investigated.

**What needs to improve**

We noted that a list of action points were generated from a number of meetings. However, no formal minutes were produced from the provider’s senior nurse managers meetings or the service’s monthly charge nurse meetings to record who had attended or what was discussed. The hospice managers also had a monthly catch-up meeting which did not produce minutes or action points (recommendation g).

Although the service had guidance for managers to carry out investigations after incidents, no formal training was given (recommendation h).

A new lead for the clinical effectiveness (improvement) team had now been appointed and was due to start soon. However, the position had been vacant for nearly a year. We discussed with the service how this had impacted on the rolling programme of audits used to identify areas to improve patient care, and on the effectiveness of ensuring the quality of care being provided. The service was aware there had been a gap and was expecting that to be resolved once the new lead was in place. We will follow this up at the next inspection.

- No requirements.

**Recommendation g**

- We recommend that the service should accurately record minutes of any formal meetings to ensure better reliability and accountability.
Recommendation h

We recommend that the service should provide managers with clinical incident investigative training. This will ensure comprehensive review investigation of any incidents can take place and allow the service to show what actions have been put in place to mitigate risk or provide positive learning from any adverse event or incident.
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 National Health Services (Scotland) Act 1978, 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
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<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>a We recommend that the service should record and review all feedback received, including from social media, and use this to drive improvement (see page 11).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

**b** We recommend that the service should review the standard infection control precautions audit programme to ensure consistency of reporting, actioning of any issues identified and appropriate frequency of auditing taking place (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

**c** We recommend that the service should ensure all staff understand their roles and responsibilities in relation to duty of candour, to allow them to implement the service’s duty of candour policy as necessary (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

**d** We recommend that the service should ensure appropriately registered nursing staff carry out the admission assessment of vulnerable children (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4:14

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendations

**e** We recommend that the service should retain full up-to-date occupational health records including evidence of hepatitis B status checks in line with the integrated guidance on health clearance of healthcare workers produced by Public Health England (2017) (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
**Domain 7 – Workforce management and support (continued)**

**Recommendations**

<table>
<thead>
<tr>
<th>f</th>
<th>We recommend that the service should develop a formal induction package for support service staff (see page 19).</th>
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<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
</tbody>
</table>

**Domain 9 – Quality improvement-focused leadership**

**Requirements**

None

**Recommendations**

<table>
<thead>
<tr>
<th>g</th>
<th>We recommend that the service should accurately record minutes of any formal meetings to ensure better reliability and accountability (see page 21).</th>
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<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<tr>
<td>h</td>
<td>We recommend that the service should provide managers with clinical incident investigative training. This will ensure comprehensive review investigation of any incidents can take place and allow the service to show what actions have been put in place to mitigate risk or provide positive learning from any adverse event or incident (see page 22).</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections
Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections
We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

After inspections
We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org
We require independent healthcare 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.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net