Announced Inspection Report: Independent Healthcare

Marie Curie Hospice | Marie Curie | Glasgow
7–8 June 2016
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1 A summary of our inspection

About the service we inspected

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

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

The hospice states that the aim of the service is to provide specialist, research-based palliative care which enhances quality of life for people affected by cancer and other illnesses.

About our inspection

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

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

We carried out an announced inspection to Marie Curie Hospice on Monday 6 and Tuesday 7 June 2016.

The inspection team was made up of three inspectors, Allison Wilson (lead inspector), Julie Miller and Winifred McLure and a public partner, Fraser Tweedie. 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 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: 5 - Very good
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 4 - Good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Marie Curie Hospice 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
The service’s design supported safe care and was clean, tidy and in a reasonable state of repair. The Hospice provided excellent information for prospective service users about the services offered, to allow them and their families to make informed choices. We found that the multidisciplinary team were very good at documenting any significant conversations they had with patients.

What the service could do better
Although patients told us that they felt the quality of care was very good and that they were involved in decisions about their care, we found that the documentation of patients’ spiritual needs and family and relatives’ needs could be better recorded. Although all clinical staff had up-to-date performance review and development plans in place, we saw that this was not the same for other staff groups.

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

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

We would like to thank all staff at Marie Curie Hospice - Glasgow for their assistance during the inspection.
2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 24 and 25 November 2016.

Recommendation

We recommend that the service should review its consent to treatment policy and communicate any changes to staff.

Action taken

This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation

We recommend that the service should ensure that the patient consent checklist is used and completed consistently to clearly record that the patient has consented to their plan of care.

Action taken

This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation

We recommend that the service should ensure that the patient consent checklist is used and completed consistently to record if the patient has consented to sharing their information with others as appropriate.

Action taken

This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation

We recommend that the service should update its ‘Tell us what you think’ leaflet on the website to include Healthcare Improvement Scotland contact details in the complaints information. This will ensure that people who use the service and wish to make a complaint are aware of how they can contact Healthcare Improvement Scotland.

Action taken

We saw that the service had updated this leaflet on the website to include details of Healthcare Improvement Scotland. This recommendation is met.

Recommendation

We recommend that the service should review and assess hand wash sinks based on current national guidance. The hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design.
Action taken
Staff have identified all non-compliant clinical hand wash basins in the building. The facilities manager is working with the building contractor to upgrade these in line with the guidance contained in Scottish Health Technical Memorandum 64 – Sanitary Assemblies. This recommendation is met.

Recommendation
We recommend that the service should ensure that the infection control group meets on a regular basis and that the minutes are fed into the service’s clinical governance meetings.

Action taken
This recommendation is reported under quality statement 2.4. This recommendation is met.

Recommendation
We recommend that the service should develop the infection control audit plan to include other standard infection control precautions such as waste and linen management to ensure patients are receiving the best possible care.

Action taken
We saw evidence of an infection control audit plan and monthly audits that had been completed for all standard infection control precautions, as defined in the Health Protection Scotland National Infection Prevention and Control manual (2015). This recommendation is met.

Recommendation
We recommend that the service should develop a standard recruitment procedure for staff to follow.

Action taken
The service had developed a recruitment policy for staff. This recommendation is met.

Recommendation
We recommend that the service should continue to promote effective teamwork across all disciplines within the service.

Action taken
This recommendation is reported under Quality Statement 4.3. This recommendation is met.
Recommendation

We recommend that the service should identify and meet training needs to ensure staff feel they can do their job effectively.

Action taken

The service had undertaken a training needs analysis and were working to address training needs. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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
We reviewed the information available to patients and their relatives on the provider’s website. We saw information about the hospice and the services it provides. Information leaflets can be downloaded from the website. Information can be requested in different languages and formats.

During our inspection, we saw that the service provided a range of information leaflets, which were available several areas throughout the hospice. These included a general information booklet for patients and carers.

Patients and nursing staff told us that written information is made available either on the initial visit or upon admission to the service. A member of staff greeted all new inpatients and made sure they had all the required information. Staff told us that patients were also given information verbally.

All the patients we spoke with told us they had received sufficient information about the services available. This had allowed them to make an informed decision about whether their care needs could be met. In the service’s March 2016 patient survey, all patients rated the quality of information as good or very good. One patient told us, ‘They fully explained the variety on offer, depending on your needs.’

- No requirements.
- No recommendations.

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: 5 - Very good
The service had a policy in place for consent to care and treatment that included references to Scottish legislation.

We looked at six patient care records. Staff used a checklist to record patient consent to care and treatment, and consent to share information. This had been completed in five of the six care records. The service had a process in place to record patient consent to use their photographs for medical, training or media purposes. We saw evidence of audits to review the completion of consent documentation. Compliance was generally very good.

Patient care records had detailed multidisciplinary team entries about discussions with patients and families. Physiotherapist notes showed that patient consent to physiotherapy was requested and recorded at the beginning of each session.
We saw evidence that the service assessed each patient’s level of understanding on admission to the hospice using an abbreviated mental test (AMT4). The AMT4 identifies if a patient has the capacity to give consent. The assessment documentation also included sections to record information such as the patient’s legal status or if a power of attorney had been appointed.

Information about consent was included in patient information leaflets.

**Area for improvement**

Staff used a checklist to record all patient consent to care and treatment, and consent to share information. The plan of care that the patient consented to was laid out in a separate ‘Agreed goals of care’ plan. The checklist does not detail that it is the agreed goals of care plan that the patient has consented to (see recommendation a).

- No requirements.

**Recommendation a**

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

**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**

We saw that the service had a patient and carer involvement policy in place.

The service used a variety of methods to seek the views of patients and relatives. The service produced leaflets with a comments and suggestions section. Comment cards were clearly displayed alongside collection boxes for responses.

Feedback leaflets called ‘Tell us what you think’ were available at information points throughout the service.

From the information provided, we saw that comments were regularly received and, where appropriate, a response sent to the person completing the form. Staff received feedback about comments received, and this was also reported to the service’s clinical governance group.

A service user feedback survey for patients and families was available at information points throughout the service and on its website. A monthly patient and carer experience report was produced from this feedback. In the March 2016 report, 98% of patients rated their overall experience of care as ‘good’ or ‘very good’.

We saw examples of how the service had responded to suggestions made by patients and carers using the ‘you said, we did’ feedback boards. These were displayed on notice boards at the entrance to the ward and the cafe.
The provider, Marie Curie, had set up a national ‘expert voices’ group. Members were people with personal experience of caring for someone at the end of their life. This group were consulted about a range of developments for Marie Curie Hospice - Glasgow.

Patients told us that they felt fully involved in any decisions made about their care. One patient told us, ‘They have the time to sit and explain, to help you to take things in. They go out of their way.’

Area for improvement
We saw that patient and relative information boards were very high on the walls and printed in a small font. This made it difficult to read (see recommendation b).

■ No requirements.

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

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
We looked at six patient care records. We saw the service had detailed, up-to-date records on each patient’s healthcare needs, such as good assessments and regular reviews of mobility, skin care and pain.

Each patient’s preferred place of care and death were recorded as were decisions about resuscitation. We saw very good handwritten entries in these records which detailed the discussions and significant conversations that had taken place between staff, patients and their relatives.

We saw that each patient care record included a ‘Who is this person?’ document. This helped staff to personalise a patient’s care. Any concerns and expectations were also documented. Patients also completed a palliative care outcome scale, which captured their most important concerns and each had an ‘agreed goals of care’ plan.

Areas for improvement
From the records we looked at, medical staff’s completion of sections on spirituality and relative and carer concerns could be improved. Some were blank and others contained very little information. Although the Marie Curie spirituality leaflet explained that spirituality is also about ‘what makes the person tick’, the files we looked at had little information on spirituality. The agreed goals of care document could also show more clearly that the goals were the patient’s and not just clinical care goals (see recommendations c and d).

Due to the volume of paperwork files were difficult to follow. However, the provider was working nationally to redesign assessment and support planning processes and planned to implement electronic care records. Until the new national guidance become available, staff
were trying to improve the service's paperwork. Plans were also in place for staff to have further education on person-centred planning.

**Recommendation c**
- We recommend that the service should improve how the patient’s spiritual needs and the concerns of their relatives and carers are recorded and taken into account.

**Recommendation d**
- We recommend that the service should improve how the ‘Agreed Goals of Care’ plan is completed. This should demonstrate that the goals that are most important to the patient have been taken into account.

**Quality Theme 2 – Quality of environment**

<table>
<thead>
<tr>
<th>Quality Statement 2.2</th>
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<tr>
<td>We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.</td>
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</table>

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

The service’s design supported safe care and was clean, tidy and in a reasonable state of repair. Signage was clear and easy to follow. The majority of bedrooms had an adjacent bathroom, a nurse call button, telephone and television. All rooms had floor-level showers available. All patients and their visitors could use the outdoor areas accessible from each room. The hospice was equipped to support patients and visitors with disabilities. On-site car parking was available with spaces reserved for ‘blue badge holders’ near the entrance. Lift access was also available.

We saw that maintenance contracts and servicing records, such as for fire, water and gas safety were in place.

We were told the service used log books to report maintenance jobs. The maintenance team checked these each day and actioned any requests.

**Areas for improvement**

We saw that the hard flooring was damaged throughout the service. We were told that the facilities team had identified and were working on a number of defects. We will follow this up at future inspections.

Although the service had a risk register, this did not capture individual risks identified in the service, such as the damaged hard flooring (see recommendation e).

**Recommendation e**
- We recommend that the service should ensure that all risks identified in the service are included in the risk register.
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: 5 - Very good.

A link nurse was based in the service. They co-ordinated all infection prevention and control activities, such as audits and training. The infection control link nurse told us the service had a formal arrangement with NHS Greater Glasgow and Clyde to provide infection prevention and control advice and support when required.

We saw evidence of an infection control audit plan and monthly audits that had been completed for all standard infection control precautions, as outlined in the *Health Protection Scotland National Infection Prevention and Control manual (2015)*.

We looked at the minutes of monthly governance meetings where infection prevention and control matters were discussed.

We saw that infection prevention and control training was taking place, for example, hand hygiene training.

We found that the standard of environmental and equipment cleanliness was good, with a few minor exceptions.

Staff were adhering to the majority of standard infection prevention and control precautions. The service had a water management contract in place for the management of legionella. We saw evidence of weekly flushing of water outlets was taking place.

Areas for improvement

We inspected the on-site laundry. At present, the service is unable to verify the time and temperature requirements for thermal disinfection of laundry in line with the guidance contained in the *Health Protection Scotland National Infection Prevention and Control Manual (2015)*. The facilities manager told us that a monitoring device was being installed to allow these checks to be made. We will follow this up at future inspections.

Used and contaminated linen was not handled in line with the guidance contained in the *Health Protection Scotland National Infection Prevention and Control Manual (2015)*:

- Staff in the laundry were wearing re-useable gloves to handle used and contaminated linen.
- All used and contaminated linen, including hoists and slings, were placed in the same laundry receptacle in the ward, which staff then sorted into different receptacles in the laundry.
- Infectious linen was placed in an alginate bag only (see requirement 1).

Requirement 1 – Timescale: by 1 October 2016

- The provider must ensure compliance with the guidance in the *Health Protection Scotland National Infection Prevention and Control Manual 2015*.
- No recommendations.
Quality Theme 3 – Quality of staffing

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

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

We looked at the induction training programme that all staff completed. Staff line managers identified any role-specific training required. The individual’s line manager is responsible for ensuring that all relevant education is completed.

We reviewed four staff records. We saw that all relevant checks, for example, references and professional registration checks, had been completed. We saw that the majority of retrospective protecting vulnerable groups (PVG) scheme checks had been completed.

Areas for improvement
The service had not identified a lead person to oversee the uptake of education opportunities across all staff groups, including induction training. Managers told us that they had to manually input the training completed by each individual into a spreadsheet. This relied on:

- individuals providing evidence of completion of education, and
- managers keeping the spreadsheet up to date (see recommendation f).

The provider’s volunteer co-ordinator managed volunteers. This was a national role. The day-to-day management of volunteers was the responsibility of the line manager for each department. This includes ensuring that an induction and continuing education takes place. The service should consider the role of a volunteer co-ordinator for the hospice (see recommendation g).

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

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

Quality Statement 3.4
We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 4 - Good

We saw that the service had a range of policies to support an ethos of respect and the values and ethos of the charity were reflected in the annual staff review process. All staff completed mandatory equality and diversity training. The service had recently identified staff who will raise awareness of anti-bullying in the workplace and act as a resource for colleagues to seek advice or support if required. Staff we spoke with enjoyed working at the service and felt that they were treated with dignity and respect.
The service had recently updated the staff’s annual review process. ‘My Plan & Review’ reflects the values and ethos of the charity which includes ‘People at our heart’. Clinical staff had regular annual reviews and clinical supervision was also available. Staff meetings were now happening regularly. Staff said that their colleagues were supportive and that morale was improving gradually.

Staff told us:

- ‘Staff have been really supportive in my new role.’
- ‘Love my work and the way we make a difference.’
- ‘The lead nurse has been a great support.’

During this inspection we saw positive interactions between staff and patients. Staff showed empathy and concern while maintaining a professional manner. The recent patient survey showed that all patients felt that they had been treated with dignity and respect.

Patients we spoke with confirmed this. They told us:

- ‘They are very polite and well mannered. We are part of one big family. The staff are so nice.’
- ‘They are so kind. It’s their manner. Really nice. People will do anything for you, day or night.’

**Areas for improvement**

Although all clinical staff had up-to-date performance review and development plans in place, we saw that this was not the same for other staff groups (see requirement 2).

Some staff felt that issues from the past were not completely resolved. The service acknowledged that it will take time and effort to improve morale and trust in the management structures and to encourage team building. Counselling had been offered in the past to staff and this could be considered again along with mediation.

**Requirement 2 – Timescale: by 1 October 2016**

- The provider must ensure that all staff have an up to date performance review and development plan in place.
- No recommendations.
Quality Theme 4 – Quality of management and leadership

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

Grade awarded for this statement: 4 - Good
At the time of inspection, the service was in the process of developing and implementing various initiatives to promote leadership values. For example, nationally the provider was developing:

- a lead nurse forum
- a leadership programme, and
- a link nurse programme.

The service had begun to develop link nurse roles and had specific nurses identified to lead on infection prevention and control and pressure area care. Senior management also had an away day planned to look at communication and leadership and were looking at succession planning for senior ward staff.

An action plan had been developed following the last staff survey results and teams were being encouraged to take ownership of the actions. We saw that staff from different disciplines were being empowered to lead on initiatives. For example, administrative staff had produced a staff newsletter to improve communication in the service and the head chef chaired the environment and risk group meetings. Staff from different departments had the opportunity to develop leadership skills and become more involved in running the service, rather than senior management always leading.

Area for improvement
The service should continue its plans to promote leadership values and to further explore opportunities for leadership development. We will follow this up at future inspections.

- No requirements
- No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes 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 that the information submitted in the self-assessment was good and we verified this during the inspection.

The service’s monthly quality group reported to the divisional quality board meeting. The quality group discussed quality of care and support. It also discussed measurement of quality and quality assurance and monitoring, which included:
• the clinical risk register
• review of complaints and compliments, and
• review of serious incidents.

We saw the local audit programme for 2015–2016 which showed the range of audits that take place. The audit areas included:

• case notes
• falls
• pressure area care.

We saw that action plans from audits detailed who was responsible, timescales for completion and outcomes.

The provider’s national quality assurance team completed annual compliance visits to each service in the UK. We saw a copy of the report, dated May 2016, and the associated action plan that was in place to address any recommendations.

Since our last inspection, the management team had been working hard to fill key management posts. A ward manager was now in place and the recruitment process for a new hospice manager had commenced. The service was working to address other staff vacancies, to make sure the staffing and leadership structure was right and to improve staff morale. Schwartz rounds create an opportunity for hospice staff to discuss the difficult emotional and social issues that arise in the working environment. We saw that a Schwartz round had recently taken place with positive feedback.

Areas for improvement
The service was continuing with its plans to stabilise the management of the service and build on increasing staff morale. We will follow this up at future inspections.

■ No requirements.
■ No recommendations.
Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, 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>
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<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

We recommend that the service should:

**a** update the consent checklist to clearly identify that it is the separate ‘Agreed goals of care’ plan that the patient has consented to (see page 10).

National Care Standards – Hospice Care (Standard 2 – Assessing your needs)

### Quality Statement 1.1

<table>
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<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

We recommend that the service should:

**b** display information for patients and relatives in a format and font size that makes it easy to read and understand (see page 11).

National Care Standards – Hospice Care (Standard 21 – Expressing your views).
### Quality Statement 1.5

**Requirements**

| None |

**Recommendations**

**We recommend that the service should:**

| c | improve how the patient’s spiritual needs and the concerns of their relatives and carers are recorded and taken into account (see page 12). |
| National Care Standards – Hospice Care (Standard 2 – Assessing your needs). |

| d | improve how the ‘Agreed Goals of Care’ plan is completed. This should demonstrate that the goals that are most important to the patient have been taken into account (see page 12). |
| National Care Standards – Hospice Care (Standard 2 – Assessing your needs). |

### Quality Statement 2.2

**Requirements**

| None |

**Recommendation**

**We recommend that the service should:**

| e | ensure that all risks identified in the service are included in the risk register (see page 12). |
| National Care Standards – Independent Hospitals (Standard 15 – Your Environment). |

### Quality Statement 2.4

**Requirement**

**The provider must:**

| 1 | ensure compliance with the guidance in the *Health Protection Scotland National Infection Prevention and Control Manual 2015* (see page 13). |

**Timescale** – by 1 October 2016

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

National Care Standards – Hospice Care (Standard 7 – Infection Control).
## Quality Statement 2.4 (continued)

**Recommendations**

None

## Quality Statement 3.2

**Requirements**

None

**Recommendations**

We recommend that the service should:

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<tr>
<td>f</td>
<td>identify a lead person to oversee the uptake of education opportunities across all staff groups (see page 14).</td>
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<td>National Care Standards – Hospice Care – (Standard 6 - Staff)</td>
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<td>g</td>
<td>have a volunteer co-ordinator that oversees the induction and uptake of continuing education for volunteers (see page 14).</td>
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<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
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## Quality Statement 3.4

**Requirement**

The provider must:

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<td>2</td>
<td>ensure that all staff have an up to date performance review and development plan in place (see page 15).</td>
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<td>Timescale – by 1 October 2016.</td>
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<td></td>
<td>Regulation 12(c)(i)</td>
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<td></td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<td></td>
<td>National Care Standards – Hospice Care (Standard 6.3 – Staff).</td>
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**Recommendations**

None
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](mailto: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:

- 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 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.
## Appendix 7 – Terms we use in this report

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<thead>
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<th>Terms and explanation</th>
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<td><strong>provider</strong></td>
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<td><strong>service</strong></td>
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We can also provide this information:

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