Unannounced Inspection Report: Independent Healthcare

St. Columba’s Hospice | St. Columba’s Hospice Ltd | Edinburgh
12 August 2014
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1 A summary of our inspection

About the service we inspected

St Columba’s Hospice is an independent hospital providing hospice care. The service is provided by St Columba’s Hospice Ltd, a charitable organisation.

People can use the hospice in a number of ways. All of the services offered by St Columba’s Hospice work together to meet the palliative care needs of people with progressive, life-limiting illness. People can:

- visit the day hospice for individual appointments or to attend a group
- be admitted to the hospice inpatient unit, or
- receive visits from specialist nurses at home through the community nurse specialist team.

The hospice provides specialist palliative care for up to 30 adults, over the age of 16. It has two inpatient wards and care is provided using a multidisciplinary team of healthcare staff.

The day hospice is managed by experienced palliative care nurses. Up to 15 people can attend from home 3 days every week. This hospice provides people with holistic care and support with their illness. Complementary therapies are also provided 2 days every week on an appointment basis.

The hospice also provides a community palliative care service, where specialist nurses visit people at home to offer support and advice about their illness.

A team of trained volunteer staff also support St Columba’s Hospice in various activities. This includes fundraising, gardening, driving and serving meals in the hospice dining and coffee room.

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 St Columba’s Hospice on Tuesday 12 August 2014.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure, and a public partner, Daniel McQueen. 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 two 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:** Not assessed  
**Quality Theme 1 – Quality of care and support:** 5 - Very good  
**Quality Theme 2 – Quality of environment:** 6 - Excellent  
**Quality Theme 3 – Quality of staffing:** Not assessed  
**Quality Theme 4 – Quality of management and leadership:** Not assessed

The grading history for St Columba’s Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return  
- the self-assessment  
- the notifications the service has made to us, and  
- the findings from the previous inspection report in October 2013.

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

- evidence of feedback from patients and relatives on care, support and the environment  
- complaints information  
- two patient care records  
- various policies, procedures and minutes of meetings  
- accident and incident records  
- cleaning schedules, and  
- maintenance records.

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

- the clinical services director  
- the medical director  
- the audit and clinical effectiveness facilitator  
- the facilities manager  
- the housekeeping supervisor  
- two ward sisters  
- one nursing auxiliary  
- staff nurse  
- two volunteers, and  
- seven patients and 11 relatives.

We inspected the following areas:

- inpatient wards, toilets and bathrooms  
- lounges  
- ward kitchen
• day hospice (lounge/dining area)
• consulting rooms
• service areas (including laundry), and
• storage rooms.

What the service does well
We noted areas where the service was performing well.

• The service provides a very high standard of care, treatment and support to the patients and relatives visiting the service.
• The facilities and environment are of a very high standard.
• The service is well known and links with local resources within the NHS as well as other charitable providers.
• There is a dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
• The service offers a high quality service which is appreciated and highly commended by patients and relatives.

What the service could do better
We did find that improvement is needed in the following areas.

• In the development of a participation strategy to involve patients. This is due to be finalised by the end of December 2014.
• The implementation of a system to record staff training needs and gaps.

This inspection resulted in no requirements and no recommendations. There are two recommendations from our previous inspection in October 2013 which will be carried forward to the next inspection.

We would like to thank all staff at St Columba’s Hospice for their assistance during the inspection.
2 Progress since our last inspection

What the provider has done to meet the requirement we made at our last inspection on 21–22 October 2013

Requirement

St Columba’s Hospice must implement a risk assessment for the use of bed rails. To do this the provider must:

- take account of the type of bed(s) in use, the risks to the patient of entrapment and of restraint
- ensure training and guidance is made available to staff to ensure that no patient has bed rails in use unless it is safe for them to do so, and
- ensure alternatives are considered and made available in keeping with restraint best practice guidance.

Action taken

A new bedrail risk assessment has been implemented and training has been put in place for staff. The use of the risk assessment is reviewed regularly. **This requirement is met.**

What the service has done to meet the recommendations we made at our last inspection on 21–22 October 2013

Recommendation

We recommend that St Columba’s Hospice should develop a more formal participation strategy, for involving people who use the service and relatives in all aspects of the service. This could include a format for ensuring that feedback obtained is responded to more openly to show what improvements or changes have been made.

Action taken

The service has reviewed participation materials from around Scotland. A more formal participation strategy had not been formalised and agreed at the time of the inspection. We were told that this will be completed by the end of December 2014. Therefore, this recommendation will be carried forward and considered at the next inspection. **This recommendation is not met.**

Recommendation

We recommend that St Columba’s Hospice should ensure that the social needs of people who use the service are met. This should be especially considered in longer stay people who have dementia.

Action taken

A new dementia/cognitive impairment care plan has been agreed for use. This included activities to encourage social activity and provided a more comprehensive framework for recognising and meeting the needs of people with dementia. **This recommendation is met.**
Recommendation

We recommend that St Columba’s Hospice should ensure that it is clear to staff how people who use the service and relatives can access their own records if they wish.

Action taken

A new policy has been developed which clearly sets out what staff should do if patients or relatives request access to records. **This recommendation is met.**

Recommendation

We recommend that St Columba’s Hospice should develop a system which clearly identifies staff training needs and any gaps in training. This should also show when updates or refreshers are due.

Action taken

A new electronic system to record staff training is currently being produced. This was not fully complete at the time of the inspection. Therefore, this recommendation will be carried forward and considered at the next inspection. **This recommendation is not met.**

Recommendation

We recommend that St Columba’s Hospice should encourage the recording of ‘concerns’ and it is made clearer about the direct route to make a complaint to Healthcare Improvement Scotland.

Action taken

We saw that staff had used comments cards to record some patient concerns. This provided a good record and actions taken, as a result, were attached to these cards. The complaints notice at the entrance to the hospice had been updated and clearly outlined that complaints can be made directly to Healthcare Improvement Scotland, if preferred. **This recommendation is met.**
3 What we found during this inspection

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 found that St Columba’s Hospice’s performance was very good in relation to the areas we examined for this quality statement. The hospice routinely involved patients and relatives in service development and evaluation. There was also clear evidence that the views of patients and relatives were sought both formally and informally.

The main methods used were comments cards and an inpatient questionnaire. A volunteer had been trained to help patient’s complete questionnaires. The questionnaire included questions on:

- the environment
- the admission process
- the quality of information provided
- clinical care
- whether they were consulted about their care needs, and
- the services provided.

The comments cards had been developed following the previous inspection in October 2013. The cards had specific questions about care and support and included a rating scale of 1–5, which helps gauge how strongly people feel about the topics.

The feedback was analysed and discussed at the clinical risk group meetings, including discussions on areas for improvement. This helped to ensure that comments were listened to and used to make improvements.

The patients we spoke with during the inspection stated that they felt fully involved in any decisions made about their care needs. Staff spoken with were able to demonstrate that they knew the needs and wishes of the patients and relatives and were aware of what was important to them.

A copy of the complaints process for the service was displayed on the noticeboard in the main reception area.

The service also uses questionnaires to get feedback from people who use the bereavement counselling service. These are sent out after the service has completed the counselling process. During the inspection, we looked at a selection of completed questionnaires. These showed very positive comments about the service received.

The service has a website and staff produce a hospice newsletter three times a year. These were used to provide information and updates about the service. Some comments had also been received from patients and relatives using social media.
A group had recently been set up to look at end of life care documentation. This group includes volunteers and members of the public who had experience of end of life care for relatives. This is a very open and inclusive approach to this development.

**Area for improvement**

We discussed what actions the service had taken as a result of the feedback given by patients and relatives. We found that some comments cards had ‘actions taken’ sheets attached, but others did not. Therefore, it was not easy to establish what actions had taken place. Although the service had collected feedback in a variety of formats, it had not used these results to produce a clear ‘You said, we did’ type of response that could be seen publically.

We made the following recommendation at our previous inspection in October 2013:

*We recommend that St Columba’s Hospice should develop a more formal participation strategy, for involving people who use the service and relatives in all aspects of the service. This could include a format for ensuring that feedback obtained is responded to more openly to show what improvements or changes have been made.*

During the inspection, we found that there was no overarching participation strategy for patients and relatives. There were a number of opportunities to give comments and feedback. The service was in the process of developing a formal participation strategy to demonstrate how it involves patients and relatives in all aspects of the service provided. The hospice expected to complete this later in the year. This would provide a clear baseline for any future developments.

The results of surveys, and any comments received, were analysed and feedback was given to staff. This could be extended to include patients and relatives and would be beneficial to show how views expressed have influenced changes.

- No requirements.
- No recommendations.

**Quality Statement 1.5**

*We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.*

**Grade awarded for this statement: 6 - Excellent**

During the inspection, we looked at two patient care records. We found that these were clear and well laid out.

From the patient care records we reviewed, we saw that there had been an initial assessment, and subsequent input, from a variety of healthcare professionals depending on the patient’s assessed needs. This meant that there was a multi-professional input which aimed to meet the complex and changing needs of the people who use the service.

The entries made in the patient care records were signed and dated clearly.
The service used advance care plans to record the future wishes of patients, should their condition deteriorate, such as the preferred place of death. These advance care plans were reviewed regularly and stated if the patient had not wished to discuss these issues.

There was a record of the weekly multidisciplinary meeting taking place. This is to review important information, such as the advance care plans and resuscitation decisions. This showed that the patient was being consulted regularly and their wishes were recorded.

The service had a leaflet explaining resuscitation decisions. Staff used the leaflet in discussions with patients and relatives. We saw that a document was kept to record if a decision had been made. We asked staff if they were aware of these decisions so that correct actions could be taken in the event of a person’s sudden deterioration. Staff were aware of these decisions as communication systems were in place. This included the use of the whiteboard, located in the multidisciplinary room, and the handover sheet which nurses used to make sure information was passed over from one shift to another.

We asked about end of life care and how this would be managed. We were told that the Liverpool Care Pathway was in use at the hospice. This pathway helps staff to record care and make sure that important points are not missed. Staff spoken with confirmed that they were aware of the need for good communication with relatives. This showed that there is understanding of the purpose of this documentation and that the use of the pathway would always be started following a team discussion and countersigned by a senior doctor at the earliest opportunity (within 24 hours). The continued use of the pathway was in keeping with guidance from the Scottish Government. Hospice management was aware that this should be discontinued by the end of December 2014. A group has been set up to develop a new system of record-keeping to support end of life care. We will review progress with this at the next inspection.

During the inspection, we spoke with seven patients. All stated that they were well informed and involved in decisions about their care and treatment. They all stated that they were treated with dignity and respect and most patients described the service as being ‘excellent’.

We received the following positive comments about the service:

- ‘I am treated like family.’
- ‘Staff and doctors are always there for me.’
- ‘Really well looked after, excellent treatment.’
- ‘Good place [staff are] ready and willing to speak to you about anything.’
- ‘Excellent treatment.’
- ‘Everything is super.’
- ‘They have been very attentive to my needs, making me comfortable with respect to pain and food.’

**Areas for improvement**

The patient care records had very limited information about personal preferences. This could be developed to provide a more person-centred plan of care. The patient care records could also be developed to clearly show that plans of care have been agreed and that the proposed length of stay has been discussed.

The documentation for resuscitation decisions was completed very well. However, the timeframe for review was sometimes omitted. It would be good practice to include this.
Quality Theme 2 – Quality of environment

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 6 - Excellent
There had been extensive consultation on the new build and upgrade to the hospice building. There was also ongoing consultation about the use of some of the rooms within the hospice. The service had collected comments from patients and relatives and these would help to decide the future use of the rooms.

A specific comments leaflet had been developed to ask for feedback on infection control issues. The leaflet asked about hand-washing carried out by staff and the general cleanliness of the building.

We were told that an ‘arts strategy’ was in progress to look at the decoration of the new hospice building. This involved all hospice stakeholders and showed a high level of public involvement.

Areas for improvement
Further development could be carried out to determine the views of patients and relatives, specifically in relation to the smoking arrangements and noise disturbance. We found that some areas of the hospice had a bit of an echo. Staff told us that it was hoped this could be dampened with soft furnishings as the building develops.

The building is large and some patients mentioned that it might be difficult to find staff. This is an issue to consider and consultation with patients and relatives could help to improve this.

No requirements.
No recommendations.

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: 6 - Excellent
We found that all areas of the hospice were clean and tidy. The newly refurbished areas were also bright and welcoming. The original building is still present onsite and an extension has been added which includes a new outpatient department and day hospice. The hospice has 15 beds on each of the two floors. Each floor consists of nine single rooms and two three-bedded rooms.
All of the single rooms have en-suite wet rooms. The three-bedded rooms have en-suite wet rooms and a separate toilet. Each of the bed spaces has an 'H' overhead track for hoist use which provides full coverage for movement. All rooms have:

- built-in wardrobes (for patient and clinical use)
- a patient's own drugs box (PODs)
- personal televisions, and
- oxygen points.

Every room has a clinical hand-wash sink and every en-suite has a patient hand-washing sink.

All patient rooms have doors to outside areas. On the ground floor, there is access to a patio area and on the first floor there is access to a balcony area. There is also a rhapsody bath on each floor with track hoist available for patient use.

Both floors have the same layout, which includes:

- a large reception area
- a drugs room
- a doctor’s office
- a sister’s office
- a large multidisciplinary clinical team room
- a duty room for nurses
- a small kitchen (used for patients’ food only) with a catering hoist
- a clean sluice
- a dirty sluice, and
- a disposal room.

Patient equipment, such as commodes, is stored in the clean sluice. These are then taken to the dirty sluice for emptying and cleaning. Once cleaned, the equipment is then returned to the clean sluice and set up for the next use. There is an additional equipment store for other items, such as trolleys and drip stands, and a linen store with housekeeping rooms and a disposal room for bins.

There are excellent facilities for relatives who wish to stay over at the hospice. Each floor has two family rooms with tea and coffee-making facilities and access to separate showers and toilets. There is also a hairdressing room and a complementary therapy room.

There is a staff resource room and two additional rooms on each floor. The purpose of these rooms has yet to be decided. This will be done in consultation with patients, relatives and staff. There are also rooms allocated for social workers and the chaplain.

The 'Columba room' provides a sanctuary for peace for patients and relatives. It has spectacular floor to ceiling glass windows with views across the sea and harbour. The stained glass window from the old hospice building has been incorporated into the new building.

There is also an outpatient area with consulting rooms, complementary therapy room and a counselling room.
The day hospice has a lounge/dining area with glass walls and views of the sea and harbour. An additional small lounge is used as a quiet area. There are also rooms available for flexible usage and a craft room. There is a kitchen available for patient snacks lunches which are brought on a trolley from the main kitchen. There are two disabled toilets one of which has tracking for the use of a hoist, if required.

All patient areas are linked to a nurse call system which is displayed at the reception area and on nurses’ personal pagers.

The ‘Iona room’ is a coffee shop which is open to all visitors, patients and staff. There is also an area with toys for children.

On the lower ground floor (basement) there is:

- the main kitchen (with a staff cafe)
- staff changing rooms
- storage areas for catering, housekeeping and nursing supplies
- an equipment store
- a laundry store
- a workshop
- offices, and
- a boiler room.

The hospice also provides viewing rooms for families and a mortuary service.

Visitors to the hospice use a ‘sign-in’ and ‘sign-out’ system at the front reception. Many of the clinical rooms and access doors within the hospice were locked and required a pass to enter. This helps to maintain the security of the building.

Signage throughout the hospice was clear and gel dispensers were provided at the entrance to each ward. Infection control posters and leaflets were also prominent around the hospice.

We spoke with housekeeping staff who were able to show us the systems and processes in place for cleaning the hospice environment, including the cleaning schedules. Control of substances hazardous to health (COSHH) risk assessments were in place and were in the process of being updated at the time of the inspection.

We spoke with nursing staff who were able to show us the systems and process in place for cleaning clinical areas and equipment, including the cleaning schedules. Cleanliness champions are in place and staff stated that there are plans to train more staff for this role.

We spoke with the facilities manager who showed us service records for clinical and non-clinical equipment, including equipment serviced by outside contractors. We were also shown the process for reporting and recording issues with equipment through the online system and how issues were dealt with on a daily basis. We saw evidence of environmental risk assessments, including fire and water assessments. ‘Snagging’ was also in progress. This is when a list is produced to highlight areas which are still to be finished or if minor alterations are to be made. We were told that regular meetings were taking place in order to monitor this.

We saw evidence of fridge temperatures being checked and recorded.
Of the seven patients we spoke with during the inspection, all were full of praise for the new building. Patients stated that they found the facilities easy to use and were all happy in the room that they had been allocated to. We were told that the three-bedded rooms were very spacious and patients did not feel crowded.

We received the following positive comments about the hospice environment:

- ‘Very easy to use the wheelchair in my room.’
- ‘Like a 5-star hotel.’

**Areas for improvement**

The temperature of the room used for storage of medications was within normal limits. However, a record to monitor this temperature had not yet been set up. This would be good practice.

The housekeeping cleaning schedules could be improved by including areas for sign-off. This will show that each task has been carried out. Also, clinical cleaning schedules could be developed to include weekly and monthly tasks.

There were limited areas and facilities specifically designed for children. This could be developed further.

During discussions with patients, we some received minor concerns. While patients acknowledged that they had an excellent experience in the hospice, they suggested that:

- the service could consider fitting power-operated doors to the two doors on route to the cafe, as these are difficult to open from a wheelchair
- there are some difficult gradients for wheelchair use, and
- improvements could be made to the identification of staff by having clearer name badges and an explanation about the different types of uniforms.

Two patients commented that they found it difficult to use the bed controls. Comments included:

- ‘The bed controls are physically impossible for me to use. I know where they are, but can’t reach them. I have to ring for a nurse and don’t like disturbing them and other patients. It needs a remote control that I can hold in my hand.’
- ‘I can’t use the control panel which is out of reach at the side of the bed.’

Hospice management were made aware of these issues during the inspection. We were told that they were keen to respond immediately and make improvements, where possible.

- 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.

This inspection resulted in no requirements and no recommendations.

**Recommendations carried forward from our 21 & 22 October 2013 inspection**

<table>
<thead>
<tr>
<th><strong>We recommend that the service should:</strong></th>
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<tbody>
<tr>
<td>finalise the development of a more formal participation strategy, for involving patients and relatives in all aspects of the service. This could include a system for ensuring that feedback collected is responded to more openly to show what improvements or changes have been made.</td>
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<tr>
<td>National Care Standards – Hospice Care Standard 21 – Advocacy, comments, concerns and complaints</td>
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<tr>
<td>develop a system which clearly identifies staff training needs and any gaps in training. This should also show when updates or refreshers are due.</td>
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<tr>
<td>National Care Standards – Hospice Care Standard 6.4 – Staff</td>
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## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>21–22/10/2013</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>31/01/2012</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>Not assessed</td>
<td>6 - Excellent</td>
<td>Not assessed</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

- 6: excellent
- 5: very good
- 4: good
- 3: adequate
- 2: weak
- 1: unsatisfactory

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**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

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 6 – Terms we use in this report

#### Terms and explanation

<table>
<thead>
<tr>
<th><strong>Term</strong></th>
<th><strong>Explanation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.

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