Unannounced Inspection Report: Independent Healthcare

Rachel House Children’s Hospice | Children’s Hospice Association Scotland | Kinross
6 September 2013
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as 'the Act')
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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
2 Summary of inspection

Rachel House Children’s Hospice is operated by the Children's Hospice Association Scotland (CHAS). The hospice was purpose built in 1994 and provides accommodation for patients in eight single bedrooms. The building has an open-plan lounge and dining area, play areas for younger children, a young adult area, an art and activities room, a quiet room, spa pool, sensory area and extensive garden. There is accommodation for parents and siblings of patients on the first floor with eight en-suite rooms, one of which is a family room, and another which is set up to provide disabled access.

We carried out an unannounced inspection to Rachel House Children’s Hospice on Friday 6 September 2013.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Rachel House Children’s Hospice.

During our inspection we spoke with:

- the director of care
- the pharmacist
- the voluntary services organiser
- one relative of a person who uses the service
- four registered nurses, and
- two support workers.

We also received completed questionnaires from nine relatives who told us about their experience of the service.

We examined a range of documentation including:

- relevant policies and procedures
- two patient care records
- minutes of meetings
- audit results and action plans
- clinical incident reports
- complaint records
- information leaflets
- training records, and
- four staff files.

We also observed staff practice and interactions with people who use the service and their families throughout the inspection process.
Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 18):

Quality Theme 1 – Quality of care and support: 5 - Very good  
Quality Theme 3 – Quality of staffing: 5 - Very good  
Quality Theme 4 – Quality of management and leadership: 5 - Very good  

Overall, we found that the service provided a very good quality of care and that this was tailored to meet the needs of the people who use the service.

The hospice had a bright, cheerful environment and offered a wide range of activities to meet the preferences of the people who use the service.

Feedback from people who use the service and their relatives was very positive and we were told that they appreciated the support that staff provided. Comments included:

- ‘Our child receives an excellent level of care and staff work very hard to ensure he is happy. We love how everyone works together as a team and everyone is treated the same whether staff, parents or volunteers.’
- ‘Staff and volunteers provide a welcoming and caring atmosphere and environment.’

This inspection resulted in no requirements and three recommendations. See Appendix 1 for a full list of recommendations.

We would like to thank all staff at Rachel House Children’s Hospice for their assistance during the inspection.
3 Progress since last inspection

What the provider has done to meet the requirements we made at our last inspection on 7 and 12 February 2013

Requirement 1

The provider must make proper provision for the health, safety and welfare of users. In order to do so, the provider must:

- put systems in place to regularly audit the administration of medication in the service
- monitor the practice of staff who carry out the administration of medication to identify where further training is required
- provide opportunities for regular access to training in the safe management of medication for staff in the service who administer medication
- ensure that staff who have been involved in medication errors do not carry out solo administration until any additional training needs have been addressed and their competency assessed
- be able to evidence through the use of audit and assessment that the incidence of medication errors in the service is reducing and practice is improving, and
- ensure that staff are aware of and implement the protocols in place to give staff guidance on what action to take when clinical incidents occur.

Action taken

The provider has developed medication training modules for the electronic LearnPro system for staff. Additional training is also being provided by the hospice pharmacist. A process of regular clinical supervision has been established where any concerns can be discussed and training needs identified. More frequent audits of medication are being carried out within the service by the pharmacist and these are to be developed further. This requirement is met.

Requirement 2

The provider must ensure that staff have the training, skills and experience necessary to meet all of the needs of patients, which must be identified by a comprehensive process of assessment prior to admission to the hospice.

Action taken

People who use this service undergo a thorough assessment before admission to the service and staff are made aware of their needs before admission. This is referred to in Quality Statement 1.1 of this report. Training records also indicate that training has been offered to staff on specific care needs and additional detailed guidance on the use of equipment is kept in the bedrooms of people who use the service. This requirement is met.

Requirement 3

The provider must provide training in adult support and protection for all staff employed in the service, at a level appropriate to their role in the service.

Action taken

Records were seen indicating that all staff had received training in adult support and protection and this was confirmed by those interviewed. This requirement is met.
What the service has done to meet the recommendation we made at our last inspection on 7 and 12 February 2013

Recommendation a

The provider should review the protocol which gives guidance to staff about prescribed medication that patients bring with them to the service, to make sure that it includes all of the steps that medical staff should take to get clear information about original prescriber’s instructions. They should also make sure that medical and nursing staff are all aware of the revised protocol.

Action taken

Some work has been carried out within the service to meet this recommendation. However, this could be developed further. This recommendation is reported under Quality Statement 1.4.
4 Key findings

Quality Theme 1

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: 6 - Excellent

We found very good evidence that people who use the service and their families are fully involved in assessing and improving the quality of care being provided by the service.

On initial referral, a ‘keyworker’ is allocated to the person who will be using the service. This member of staff remains the link person for all future visits and keeps in touch with the family between visits.

Before admission, an assessment of the care needs of the person who will be using the service is carried out. Information is also provided to the family about the service and the care provided. This is supported by a DVD and various leaflets which are provided for the family. A pre-admission visit to the service is also arranged and a family member informed us that this was greatly appreciated as it meant there were no surprises for the family on the day of admission.

We saw that the healthcare record for the person using the service was discussed with them and their parents upon admission. We also saw that the medication administration sheet was signed by the parents to note their agreement with the medication to be administered.

Throughout the stay, family members are encouraged, wherever possible, to participate in the daily activities and care being offered. We were told that overnight accommodation was also available, if required.

A user participation policy was introduced in 2012, which sets out the service’s philosophy of participation and the ways in which it aimed to involve people. This included the person using the service and their families, staff, relevant external agencies and other stakeholders.

When we spoke with staff, it was apparent that they were familiar with the needs of the people who use the service and their families, and were aware of what was important to them. This was further evidenced by the way rooms had been personalised in preparation for the admissions expected on the day the service was inspected.

We saw that questionnaires were used to obtain feedback from people who use the service and their carers. Feedback covered a wide range of issues from the production of newsletters to any physical changes being made to the layout of the building.

Comments and suggestion boxes were available on both floors of the building along with copies of a compliments, suggestions and complaints leaflet which encourages feedback on the care being provided.

Area for improvement

The service should continue to seek additional methods of obtaining feedback to further enhance the excellent work already in place.
Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 4 - Good
We saw that the service had detailed policies and procedures in place to support staff in the management of medications. These were available to staff and had been reviewed regularly.

Nurses were able to tell us that they had taken part in online training as a part of their induction to the service and that this had helped them to learn about medication policies and procedures. There was also evidence that ongoing training was planned both through the electronic learning modules and on training days that take place every 3 months.

Before people are admitted, the medical officer for the service contacts parents to get up-to-date details of the medication currently being used. This was then written up on a medication administration record for use upon admission.

The service had developed a checking system for staff to use when new people were admitted. This was to make sure that the medications brought in by parents were appropriate for use in the service, were labelled correctly with the dose and frequency of administration and that this corresponded with what was written on the medication administration record chart.

We saw that there was a collaborative approach to care and nurses encouraged parents to be involved with the administration of medications if they wished.

It was noted that the service had been taking steps to develop and enhance existing medication management systems and this could be seen from the action plan which had been compiled since our last inspection in February 2013. The pharmacist was able to confirm that more regular audits of medication systems were planned and that some additional audits had already been put in place. We were told that this was still at an early stage of development.

We saw some detailed incident analysis of potential or actual medication errors. This was helpful in being able to see the sorts of issues that were arising and to consider how systems could be further developed to minimise errors. It was recognised that most people who use the service had very complex medication regimens which had been prescribed by a number of prescribers, including hospitals doctors, GPs and, on occasion, specialist nurses.

Areas for improvement
During the inspection, we found an unlabelled syringe in the medications fridge. This meant it had not been checked thoroughly on admission.
We also found that there were occasions when the medication label did not match the medication dose and frequency confirmed with the parent by the hospice doctor. This situation was described in the policy as ‘arrangement for the safe reconciliation of medication on admission.’ A further checking procedure had been developed and was evidenced. However, recording of these checks and the process followed when errors are identified was found to be quite limited in the daily notes. It is recommended that a more robust process for recording action taken to reconcile medication is developed (see recommendation a).

We noted that, when parents had administered some of the medication, there was inconsistency in how this was recorded. In some cases, gaps had been left on the medication administration record chart and in others, the words ‘mum’ or ‘dad’ had been entered. We found that the administration of medication by parents was referred to in two separate policy documents. However, neither of these gave clear guidance to staff on how the medication administration record chart should be completed (see recommendation b).

We also noted that the actual agreement made with parents and details of any assessment that had been carried out were not recorded in the person’s healthcare record. Recording of this information would make sure staff were aware of the arrangements made (see recommendation c).

We spoke with nurses about the new process for the destruction of controlled drugs and found that some staff were uncertain about how to use this system. We also spoke with the pharmacist and it was agreed that further staff training would be put in place to make sure that all nurses are aware of the controlled drug destruction kit that was available at the service.

- No requirements.

Recommendation a
- Rachel House Children’s Hospice should ensure that a more robust system is put in place for the checking-in system of the service users own drugs. Staff should be reminded of the need to record the drug name, formulation, dose and frequency for all medications received. Action taken to address discrepancies should be clearly recorded in the person’s healthcare record.

Recommendation b
- Rachel House Children’s Hospice should further develop the policy and procedure for the involvement of parents in the administration of medication. This should include how to record medicines administered by parents on the medication administration record chart to ensure consistency in approach and that there are no omissions in the recording process.

Recommendation c
- Rachel House Children’s Hospice should ensure that any agreement with parents, to be involved in the administration of medication, is written into the plan of care in the healthcare record of the person who uses the service.
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

The service now uses an electronic healthcare records system. Each person who uses the service is allocated a net book on admission.

We looked at two electronic healthcare records. These were found to contain good detail of how to provide individual care and support for each person who uses the service. The healthcare record was concise and helpful. The information recorded contained brief, but vital information about important details of care. There was enough information to be able to read this easily and be able to understand the care needs of a person quickly. We saw that the healthcare records had been printed off and then read and agreed with parents. We saw some of this process taking place and verified that parents were fully involved with the planning of the care for their child during their stay at the service.

A wide range of individual care plans make up the healthcare record. This includes plans for:

- activities
- anticipatory care
- communication
- feeding and diet
- mobility
- personal care
- emotional and spiritual
- seizure management, and
- sleep.

Paper copies of actions to be taken in an emergency, risk assessments and medication administration records were also available and maintained by staff.

We also saw that the electronic healthcare records had entries from the multidisciplinary team which is good practice and helpful for the professionals concerned to be able to communicate and link their practice. A handover summary is also available and provides key facts and information about the care needs of each person who uses the service.

Area for improvement

We were informed that when people who use the service are discharged, the paper care records and medication administration record sheets are no longer needed. These are scanned into the electronic recording system and then destroyed by shredding. We noted that the procedure for handling children’s notes following discharge made no reference to this and needs updating to reflect the change to electronic record-keeping.

- No requirements.
- No recommendations.
Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 6 - Excellent
The information provided in Quality Statement 1.1 is also relevant here.

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

Grade awarded for this statement: 5 - Very good
We spoke with staff as part of the inspection process and observed the interactions between people who use the service, family members and staff throughout the day.

Staff appeared enthusiastic in the work they were doing and highly motivated to offer a good standard of care to the people who use the service. Staff were also able to demonstrate that they were fully aware of people’s individual care needs and preferences.

We saw that a clinical supervision and reflective learning policy has now been fully implemented using a group supervision approach. This is supported by all those involved. The groups consist of between five and eight staff members and the group meet every 6-8 weeks. Each group has an internal facilitator to help with the process and supervision training has been provided to the staff involved.

All staff members receive an annual performance appraisal which is followed up with a 6-monthly review of progress. As part of this process, staff are encouraged to identify any training preferences for the year ahead.

A number of internal training courses are made available for staff and there is regular planned training sessions held every 3 months. We also saw that staff are able to apply for learning and development support for external training and attendance at appropriate conferences.

All staff are linked to a personal electronic LearnPro programme which provides a number of learning packages and highlights to staff when refresher training on statutory subjects is due. Volunteers are also required to complete any training that is appropriate to their role.

Training carried out since the previous inspection in February 2013 includes:

- adult support and protection
- dignity at work
- peritoneal dialysis
- infection control, and
- advanced care planning.
A staff forum group is held across all CHAS sites and includes representatives from Rachel House Children’s Hospice. This forum allows staff to raise issues of concern, discuss any changes proposed or to put forward suggestions for improvement. Monthly practice development meetings offer a more local forum to discuss relevant current care issues.

Areas for improvement
We were informed that a recent review of staff skill mix requirements had been carried out which may result in changes to the staffing structure. The outcome of this will be followed up at future inspections.

A recent audit of medication practices continues to identify some areas for development, although the outcome was much improved. The planned programme of training to support the outcome should be implemented without delay and should be linked to a regular audit process.

■ No requirements.

■ No recommendations.

Quality Theme 4

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

Grade awarded for this statement: 6 - Excellent
The information provided in Quality Statement 1.1 is also relevant here.

Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good
During the inspection, we saw that there were quality assurance systems and processes in place which involve people who use the service, carers, staff, volunteers and other stakeholders in the assessment of the quality of the service provided.

There is a clinical governance committee which meets every 3 months. Clinical governance is about how the service is held accountable for the safety, quality and effectiveness of clinical care delivered to people who use the service. It was noted from the minutes of these meetings that the committee received reports about any clinical incidents that may occur, a significant events analysis report and the outcome of any audits that are carried out.

Currently, audits are implemented across CHAS services by the evaluation, audit and research (EAR) group and care directors are provided with an annual audit programme. Internally, services use the children’s hospice UK quality assurance toolkit entitled ‘Are we getting it right?’. This is designed to include input from families, staff and other professionals. A review of this process is being carried out to make sure it will meet future requirements.
A number of groups had been established involving a cross-section of staff, people who use the service and other stakeholders. These help to make sure the quality of the service is maintained. These include practice development meetings, a young adults group, management meetings and family support team meetings. There is also a health and safety steering group covering all CHAS services.

As outlined under Quality Statement 1.1 of this report, the service uses a variety of methods to get feedback on its performance and how improvements could be made. We looked at the outcome of a number of questionnaires and there was evidence that action had been taken to act upon suggestions made. This included changes to both the ‘bereavement’ and ‘chatterbox’ newsletters that the service circulates.

Currently, a review of the accommodation provided at Rachel House Children’s Hospice is being carried out. An extensive consultation process has been undertaken which includes asking people about what their priorities and preferences would be if given a choice.

Methods used as part of the process have included:

- posters around the building asking for suggestions
- focus groups
- ‘post it’ notes for ideas, and
- direct canvassing for ideas.

We noted that the results, so far, had been summarised and feedback provided to everyone involved both in writing and with the aid of diagrams. Further consultation is planned as options are identified.

**Area for improvement**

Although a range of audits are currently being carried out, these are organised nationally and feedback of the outcomes may be delayed. Work has commenced on developing a more localised auditing programme linked to the Scottish Patient Safety Programme using ‘The Model for Improvement Approach’ for accelerating improvement. When we spoke to the director of care, we discussed the importance of progressing this development as soon as possible to provide regular quality checks and allow immediate feedback to staff. This will allow further development to take place, if required, and will ensure the ongoing quality of the service provided.

- 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 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tr>
<td>Recommendations</td>
<td>We recommend that Rachel House Children’s Hospice should:</td>
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<tr>
<td>a</td>
<td>ensure that a more robust system is put in place for the checking-in system of the service users own drugs. Staff should be reminded of the need to record the drug name, formulation, dose and frequency for all medications received. Action taken to address discrepancies should be clearly recorded in the person’s healthcare record.</td>
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<td>c</td>
<td>ensure that any agreement with parents, to be involved in the administration of medication, is written into the plan of care in the healthcare record of the person who uses the service.</td>
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Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

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:

![Grading Scale](image)

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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection  
- a targeted announced or unannounced inspection looking at specific areas of concern  
- an on-site meeting  
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Before inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

↓

Self-assessment submission is reviewed to help inform and
prepare for on-site inspections

↓

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

↓

Further inspection of service areas of significant concern identified

↓

After inspection visit(s)
- Draft report produced and sent to service to check for factual accuracy

↓

Report published

↓

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Rachel House Children’s Hospice was conducted on Friday 6 September 2013.

The inspection team consisted of the following members:

**Gill Swapp**  
Lead Inspector

**Sarah Gill**  
Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)
We can also provide this information:

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

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