Announced Inspection Report: Independent Healthcare

Highland Hospice | Inverness
18 July 2012
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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 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 and associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us 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. You can, however, complain
directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Highland Hospice is situated near the city centre of Inverness. The service provides inpatient and day care facilities for the Highland population and works in partnership with NHS Highland to provide a specialist palliative care service for adults.

The service is staffed by a multidisciplinary team which consists of medical, nursing and physiotherapy staff.

The original building was a two storey house which has been extended to provide a purpose built inpatient unit with four single bedrooms and two shared three-bedded rooms. There is also a 12 person day care facility. It has a well equipped educational facility, library, kitchen, mortuary accommodation, community café, office space and a fundraising base.

Highland Hospice states that their purpose is to maintain and enhance the quality of remaining life for those with advanced, progressive incurable illness and to support their families. Their vision is to enable the highest quality and equity of palliative care for patients and families across the Highlands.

We carried out an announced inspection to Highland Hospice on Wednesday 18 July 2012.

We assessed the service against five Quality Themes related to the National Care Standards and inspected the following areas:

- the reception and arrival area
- the inpatient unit
- the day hospice
- general corridor areas
- the library
- the community café
- the family area
- a sample of patient bedrooms
- patient bathrooms, and
- storage areas.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Highland Hospice can be found in Appendix 4.
Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information:** 6 - Excellent  
**Quality Theme 1 – Quality of care and support:** 5 - Very good  
**Quality Theme 2 – Quality of environment:** 3 - Adequate  
**Quality Theme 3 – Quality of staffing:** 5 - Very good  
**Quality Theme 4 – Quality of management and leadership:** 5 - Very good

In this inspection, evidence was gathered from various sources. This included:

- annual return
- self-assessment
- information leaflets and newsletter for the service
- recruitment policy
- strategic plan for 2012 - 2015
- risk management system
- complaint/incident recording and management system
- minutes from health and safety group meetings
- minutes from healthcare governance group meetings
- satisfaction questionnaire analysis report
- a sample of staff recruitment files and training records
- a sample of patient care records, and
- electronic records of assessment of people who use the service.

We had discussions with a variety of people, including:

- the director of clinical services and education
- the ward sister
- one registered general nurse
- community café volunteer staff
- volunteer staff
- human resources manager, and
- fundraising staff.

We spoke informally with one person who uses this service and one relative during the inspection.

We gave the provider 10 questionnaires for people who use this service and 10 questionnaires for relatives and carers. Four questionnaires from the people who use this service were returned. All respondents agreed that they were very happy with the quality of care in the service. Comments received included the following:

- ‘We are treated with respect and spoken to as a human being and not an old person’.
• ‘The staff of all levels are brill, they were very attentive and very caring’.
• ‘I enjoy working in the hobbies room and have developed an interest in art while there’.
• ‘I speak for many people in the Highlands who would be lost without this service at a very difficult time in my life’.
• ‘I cannot praise staff of the Inverness Hospice enough’.
• ‘I attend a carers meeting once a month and this is very beneficial’.
• ‘My husband being collected for day care allows more quality time for the carer’.

Overall, we found evidence at Highland Hospice that:

• people who use the service are treated as individuals within a structured model of treatment, care and support
• a multidisciplinary approach to treatment and care is in place
• an excellent system for managing risk is being developed, and
• there is a culture of learning and improvement within the hospice.

We did find that improvement is required in two areas, which relate to:

• the layout and design of the inpatient unit, and
• the assessment, recording and management of tissue viability (care of skin).

This inspection resulted in one requirement and two recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

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

We would like to thank all staff at Highland Hospice for their assistance during the inspection.
3 Key findings

Quality Theme 0

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent
This statement should be read in conjunction with quality statement 1.1.

We examined the evidence presented in support of this statement and assessed the service to be performing at an excellent level of provision. The information reported under quality statement 1.1 is also relevant to this statement.

■ No requirements.

■ No recommendations.

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
The service has a designated website which is easy to follow. There are links to each of the care settings such as the inpatient service, outreach services and day care. Links to information for carers and healthcare professionals are easy to find. The website contains suggestions to encourage people to help the hospice, for example volunteering.

An information brochure was available which told people about the service. This included details of multidisciplinary working to meet people’s needs and discharge planning. There was information to tell people what to expect when staying in the hospice such as how to make phone calls and the visiting times. Information was also available for the day hospice and outreach services. The aims of the service were clearly detailed.

The provider produces an annual report. We saw the report for 2010- 2011. This gave good information on the activity of the service and highlighted the volume of telephone advice given by the service.

We found that there was a wide variety of information available to assist people in making decisions about whether the service could meet their needs.
Areas for improvement
We did not identify any areas for improvement inspection. The hospice should continue to maintain the excellent level of provision under this statement.

■ No requirements.

■ No recommendations.

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
The hospice had excellent systems in place to involve people who use the service and encourage them to participate in how the hospice is run. This included patient focus groups which are held every few months. Opinions are sought from people who use the service currently or have done so in the past about what they would change to improve patient experience. The hospice also carries out a patient survey every two years. An independent company collates and analyses the results. We saw the results from the 2010-2011 patient survey and the vast majority of patients had high levels of satisfaction with the care they received. Where negative comments had been made, we saw evidence that action was being taken to resolve the issues raised. Where a change to practice was made as a result of this follow-up, we saw that a comprehensive evaluation was carried out. We saw two examples of this with the evaluations of both the outreach team project and the outreach bereavement support service. Both these evaluations used patient interviews and questionnaires. The recommendations made following these evaluations led to changes in practice being made.

We saw several information leaflets throughout the hospice and copies of past inspection reports on the notice board. We saw clear information on how people can complain about the service and what to expect whilst a complaint was being investigated. The hospice also provides an opportunity to provide feedback on their website.

The hospice showed us a strategic plan outsets it direction for 2012-2015. This plan sets out the core values and guiding principles of the hospice. These include:

- facilitating patient choice and independence, and
- putting patients and families at the centre of all decision-making.

We saw evidence of these core values during discussions with staff, people who use the service and relatives.
Areas for improvement
We did not identify any areas for improvement at this inspection. The hospice should continue to maintain the excellent level of provision under this statement.

- 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: 5 - Very good
During this inspection, we focussed on admission details, assessments and care planning.

Staff showed us an example of the electronic system of record-keeping in the service for admission and assessment of people who use the service.

There was comprehensive admission information gathered with personal information and consent to share information about their care and treatment. Assessments were made of aspects of care for example, pain and oral care needs. The system highlighted where care plans should be put in place. We saw one paper-record for one person using the service. This contained good detail of discussions with the family.

Staff told us that they were in the process of introducing ‘best practice’ for tissue viability (care of skin). We saw one wound management plan in the patient care record. This contained a body map (a diagram to show the position of any wound or mark) and set out the treatment being delivered. The record showed that treatment was evaluated at each change of dressing. Body maps were used for all people who were admitted to the service with a wound.

Areas for improvement
We noted that body map assessments were not routinely completed for all people admitted to the service. We saw that one person had been admitted with marking on the skin which was not due to pressure. We spoke to the unit manager about this and she agreed that the service would introduce a system of recording all skin damage for everyone admitted to the service and not solely for those with pressure damage. A recommendation is made (see recommendation a).

- No requirements.

Recommendation a
- The provider should introduce body maps for all people admitted to the service. This will allow the recording of the position and nature of any skin damage.
Quality Statement 1.6
We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of staff and people who use the service.

Grade awarded for this statement: 5 - Very good
The hospice had recently reviewed their systems for managing risk across the organisation. A new risk management strategy was introduced in March 2012 which adopted a positive approach to risk management. This gave all department heads the responsibility for identifying and managing risks. Once the new system is fully implemented, each department will hold their own departmental risk register and be responsible for managing it. The aim of this new strategy was to encourage a responsible culture that fosters learning and improvement when mistakes happen.

Part of the new strategy will mean that risk assessment is included as part of staff induction training. Department heads will receive full risk management training and be responsible for cascading this information down to their staff.

We saw evidence in the minutes from recent health and safety group meetings that risks, accidents and incidents were discussed and action taken to resolve issues. We saw a good example of an incident report and the comprehensive investigation that took place as a result. There was clear evidence of the learning being taken from the incident and appropriate action being taken to prevent a similar incident happening again. This was done in a transparent way, involving staff throughout and with excellent written records being kept.

Areas for improvement
The hospice should continue to develop and encourage the open and transparent approach to managing risk that was evident during the inspection. The action plan for implementing the new risk management system stated that many of the new policies and procedures are complete and staff training is currently taking place. The full system will be implemented by September 2012 and we will look at the progress made with this at the next inspection.

■ 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: 3 - Adequate
During the inspection we walked round the hospice and found all areas were clean, tidy, well organised and fresh smelling.

The hospice has four single bedrooms and two shared three-bedded rooms.
Areas for improvement

During the inspection we discussed with staff how they manage the effective delivery of care and treatment within the current layout and design of the building. We found that the environment was unsatisfactory in this regard. We saw patient complaint comments about the environment within the three-bedded rooms. Complaints included:

- feeling that their personal space was encroached when visitors sat with the patient in the bed next to them, and
- having to leave the room when staff needed to talk privately with another patient in the room.

Staff spoke about their difficulties in moving and handling between the bed spaces and there not being enough room to move around properly, particularly when using hoists. Staff also found it difficult to respect the dignity and privacy of patients staying in these three-bedded rooms, as the space between the beds was minimal.

Over the past 4 years, the hospice has carried out two option appraisals in order to identify the best way to improve the design and layout of the hospice environment. Staff we spoke with accept that the current design and layout is inadequate and that, as a direct result, it is often not possible to meet the needs of people who use the service appropriately.

The first option appraisal was carried out in 2008. There were two options being considered at that time:

- alter the existing building and extend to the side, or
- build a new hospice.

Following the economic downturn and a decline in hospice funding, work halted and a feasibility study was carried out in 2011 to examine further options. A recommendation has been made to upgrade the inpatient area, to provide 9 single rooms and 1 shared room which all meet minimum space standards. The reason for this recommendation was to provide the greatest flexibility and improve the quality of the patient experience. Staff at the hospice are currently awaiting the outcome of the recommendations made in this feasibility study which are being provided as part of a business case to the Board of Directors in November 2012.

While the staff are providing as good a patient experience as possible given the current design of the building, a decision regarding the upgrading of the inpatient unit is needed as a matter of priority. Our findings reflect the grade awarded for this statement. A requirement is made (see requirement 1).

Requirement 1 - Timescale: by 1 November 2012

- The provider is required to finalise plans for upgrading the inpatient unit and produce an action plan for implementation.
  
  This is to ensure that the hospice premises are suitable for their purpose.

- 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
This statement should be read in conjunction with the information under quality statement 1.1.

We examined the evidence presented in support of this statement and assessed the service to be performing at an excellent level of provision.

■ No requirements.

■ No recommendations.

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

Grade awarded for this statement: 5 - Very good
The service has a recruitment policy in place which takes into account the need for references and to consider discrimination, data protection and risk assessments. The manager told us that there is a plan in place to carry out retrospective checks for staff through the new protection of Vulnerable Groups (PVG) scheme. This is due to start in October 2012. The new PVG scheme replaces the current Disclosure Scotland current scheme. This formally checks to see if someone is suitable to work with any vulnerable people who may use the service.

We met with the human resources manager who was responsible for the recruitment process throughout the service. Application forms were comprehensive and asked applicants for relevant information such as past employment history, health status and referees. There was a system of checking whether staff were appropriately registered with their regulatory body. These records were kept to a very good standard and the manager told us that she would not permit anyone to work in the service if the details were out of date. This was confirmed by staff.

Induction training included the philosophy of the service, infection control, education opportunities and fire safety. This was supported by an induction checklist which outlined the steps for new staff on their first day. New staff were given the support of a mentor.

Areas for improvement
The recruitment policy did not make reference to the protection of vulnerable groups (PVG) scheme (see recommendation a).

■ No requirements.
Recommendation b

- We recommend that Highland Hospice should update the recruitment policy to reflect the recommendations of the PVG scheme.

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
This statement should be read in conjunction with the information under quality statement 1.1.

We examined the evidence presented in support of this statement and assessed the service to be performing at an excellent level of provision.

- No requirements.
- No recommendations.

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

Grade awarded for this statement: 5 - Very good
The provider seeks feedback on the quality of the service from different people. We have reported on this in more detail in quality statement 1.1 of this report. We saw good examples of auditing that takes place in the service and plans to address any issues highlighted for improvement.

One example was an audit of multidisciplinary team working. This looked at aspects of the service such as, whether the chaplain responded to referrals from the multidisciplinary team and whether this was carried out in an acceptable timescale. There was an action plan where improvements had been identified.

There was also a positive culture of learning and development at the hospice.

Areas for improvement
We did not identify any areas for improvement at this inspection. The hospice should continue to maintain the excellent level of provision under this statement.

- 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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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.

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**Recommendation**

We recommend that Highland Hospice should:

1. introduce body maps for all people admitted to the service. This will allow the recording of the position and nature of any skin damage.

   National Care Standards 5 - Quality of care and treatment [Hospice Care]

**Quality Statement 1.6**

Requirements

None

Recommendations

None

**Quality Statement 2.2**

Requirement

The provider must:

1. finalise plans for upgrading the inpatient unit and produce an action plan for implementation.

   This is to ensure that the hospice premises are suitable for their purpose.

   Timescale - 1 November 2012

   **SSI 2011 No. 182 Regulation 10(2)(a)**
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Recommendations

None

**Quality Statement 3.1**

Requirements

None

Recommendations

None
### Quality Statement 3.2

**Requirements**

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**Recommendation**

**We recommend that Highland Hospice should:**

- Update the recruitment policy to reflect the recommendations of the PVG scheme.

National Care Standards 6.2 - Staff [Hospice Care]

### Quality Statement 4.1

**Requirements**

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**Recommendations**

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### Quality Statement 4.4

**Requirements**

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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting 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 6 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.
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

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

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

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service
- Report published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Highland Hospice was conducted on Wednesday 18 July 2012.

The inspection team consisted of the following members:

Anna Brown
Lead Inspector

Janet Smith
Associate 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

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.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.

www.healthcareimprovementscotland.org

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