Unannounced Inspection Report: Independent Healthcare

St Andrew’s Hospice
St Andrew’s Hospice (Lanarkshire), Airdrie

18–19 April 2018
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Healthcare Improvement Scotland Unannounced Inspection Report
(St. Andrew’s Hospice, St. Andrew’s Hospice (Lanarkshire)): 18–19 April 2018
## Contents

1. About our independent healthcare inspections ................................................. 4

2. A summary of our inspection ........................................................................... 6

3. Progress since our last inspection ..................................................................... 9

4. What we found during our inspection .............................................................. 11

   Appendix 1 – Requirements and recommendations ........................................... 23
   Appendix 2 – Who we are and what we do ....................................................... 24
1 About our independent healthcare inspections

Our quality of care approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection and review activity.

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

- **The quality of care approach** brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles and a common quality framework.

- **Our quality of care framework** has been aligned to the Scottish Government’s *Health and Social Care Standards: My support, my life* (June 2017). These standards apply to the NHS, as well as services registered with Healthcare Improvement Scotland and the Care Inspectorate. They set out what anyone should expect when using health, social care or social work services.

- The framework has areas of focus called domains. Each domain has a number of quality indicators. These cover all aspects of a service’s work to improve the quality of care provided for all users of services.

How we inspect independent healthcare services

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services (see table of inspection grades in Section 2).

Independent healthcare services also submit an annual return and self-evaluation to us. We use this information and our service risk assessment to determine the risk level of the service. This also helps us to decide the frequency of inspection and which additional domains and quality indicators we will inspect.
What we looked at

We wanted to find out:

- what key outcomes the service has achieved and how well the service meets people’s needs
- how well the service is delivered and managed
- if the service is safe, and
- how well the service is led.

After our inspections, we publish a report on how well a service is performing against the domains and quality indicators.

More information about the quality framework and quality of care approach can be found on our website:  
2 A summary of our inspection

About the service we inspected

St. Andrew’s Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. St. Andrew’s is a charitable organisation which provides specialist palliative care to people in Lanarkshire over the age of 18 years.

The hospice has a maximum of 30 inpatient beds and up to 20 patients attend the outpatient services every day.

The aim of the hospice is to ‘endeavour to provide a high standard of specialist care to the people of Lanarkshire encompassing human dignity and compassion at all times, respecting the values of human life.’

Our inspection was carried out 2 weeks after the opening of the new facility. The new hospice had 21 single en-suite bedrooms and 3 bedrooms that can be shared by up to three people.

About our inspection

We carried out an unannounced inspection to St. Andrew’s Hospice on Wednesday 18 and Thursday 19 April 2018.

We spoke with a number of staff, patients and carers during the inspection.

The inspection team was made up of three inspectors and a public partner. 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.

What we found

What the service did well

The hospice worked in partnership with staff, patients and stakeholders to develop and implement an excellent participation strategy. Everyone involved was committed to gathering and evaluating feedback which helped to demonstrate what the hospice did well and any areas that could be improved. Improvements were tackled quickly which minimised risks and supported a positive culture where people felt valued and respected. For example, local residents raised concerns about increased parking in the area and patients and carers complained about the lack of parking close to the hospice. The senior management team acted quickly to promote safety and satisfaction...
and secured additional parking following discussions with the local council who have allocated more ground.

The refurbishment had a positive impact on how patient needs were met. The design and refurbishment of the patients’ rooms had created a ‘home-from-home’ environment which patients told us allowed them to settle easily. Families also told us they enjoyed the new facilities which offered better overnight facilities for relatives to stay and additional recreational space for children. Dedicated family spaces throughout the hospice allowed patients to spend time with their wider family, if they wanted to. We found good evidence to demonstrate that measures were taken to promote high quality care and safety. We found that all areas of the hospice we viewed were clean, tidy, bright and welcoming. The patients and families that we spoke to said they were satisfied with the service.

What the service needs to improve
The issues identified in the staff survey should be addressed quickly and the regular team and ward meetings should be reintroduced. This will help to make sure any staff concerns are heard early and measures are taken to address these. Although the service was clean and tidy, the hospice was newly refurbished and we would expect this. Cleaning schedules should be updated in line with current guidance. This will promote an organised routine to help sustain the high levels of cleanliness.

The service should review how care is being recorded, making sure that patients’ treatment plan are up to date. This will make sure all staff are aware of the current treatment plan and patients’ wishes.

Inspection grades
For St. Andrew’s Hospice, the following grades have been applied to the three key quality indicators. Additional quality indicators were inspected against during this inspection.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality indicator</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Impact on patients, service users, carers and families</td>
<td>2.1 - Patients and service user experience</td>
<td>Exceptional</td>
</tr>
<tr>
<td>5 - Safe, effective and person-centred care delivery</td>
<td>5.1 - Safe delivery of care</td>
<td>Good</td>
</tr>
<tr>
<td>9 - Quality improvement-focused leadership</td>
<td>9.4 - Leadership of improvement and change</td>
<td>Good</td>
</tr>
</tbody>
</table>

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

More information about grading and grading history of individual services can be found on our website at: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx)

**What action we expect St. Andrew’s Hospice to take after our inspection**

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

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

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

What the service had done to meet the recommendations we made at our last inspection on 23–24 March 2016

Recommendation

We recommend that the service should update the consent to examination or treatment policy to ensure the latest means of recording consent in the electronic patient care record is included.

Action taken

The service had updated its policy and electronic systems to make sure consent was recorded for patient examination and treatment. This recommendation is met.

Recommendation

We recommend that the service should amend its medicines policy in line with the Nursing and Midwifery Council (NMC) guidelines.

Action taken

The service had updated the medication policy to include best practice NMC guidelines. This recommendation is met.

Recommendation

We recommend that the service should ensure medicines reconciliation is undertaken and monitored.

Action taken

The service had updated its medicines reconciliation processes. Regular patient care and medication audits were used to monitor it. This recommendation is met.
**Recommendation**

*We recommend that the service should formalise the arrangements for pets visiting the service, to ensure there is clear guidance on managing infection risks.*

**Action taken**

A policy and guidelines were in place for staff which supported best practice and arrangements for pets visiting the service. **This recommendation is met.**

**Recommendation**

*We recommend that the service should implement a staff survey.*

**Action taken**

A staff survey was carried out in April 2016 and May 2017. Results of the staff survey had been evaluated and shared with staff. The service told us it would carry out a staff survey every year. The next survey was planned for May 2018. **This recommendation is met.**
4 What we found during our inspection

4.1 Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people’s needs.

Domain 1 – Key organisational outcomes

High performing healthcare organisations identify and monitor key measures that help determine the quality of service delivery and the impact on those who use the service or work with the service.

What we found - Improvements in quality, outcomes and impact

The service measured the quality of its care through its governance structure which allowed care to be effectively monitored and evaluated across all aspects of care delivery. All governance committees had agreed terms of reference, standardised minutes, agendas and a set of key performance indicators. These committees reported to the integrated governance committee and gave an update on performance against their specific indicators and work plans.

Governance committees, such as those for health and safety, medicines management and service user experience had individual work plans. Actions from audits were addressed quickly to minimise risks and improve the hospice’s quality of care. The appropriate staff group carried out actions from audits. The governance department supported each committee to plan and implement learning from audits, which helped minimise future risks and promote sustainable improvement. The integrated governance committee shared this information with the board of trustees every 2 months. This supported a culture of openness and transparency.

Benchmarking of falls and medicine incidents rates against other hospices across the UK helped the service understand its performance in relation to other hospices. In 2017 and 2018, the hospice had higher bed occupancy and a lower percentage of falls and medicine incidents than the UK average.

- No requirements.
- No recommendations.
Domain 2 – Impact on patients, service users, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

What we found - Patients and service user experiences
The service’s participation strategy set out a number of ways the service could identify patients’ expectations and measure if they were met. A committee reviewed patient and relatives’ feedback. Action plans were developed and results fed back to service users.

The service had an electronic ‘real time’ feedback facility that all staff used to capture patient and carer experiences. Staff could record all feedback, including informal comments which they may not have done before, to assess what people liked about the service and why. This allowed the hospice to build on positive feedback. Comments were gathered and audited daily so concerns or complaints could be addressed quickly. This meant action could be taken to address and manage weaknesses in the hospice.

We observed staff engaging with patients and families with care and attention. Feedback from patients and relatives consistently showed that the service provided at the hospice met each patient’s needs. It also reported very high levels of confidence in staff and that they felt they were treated with dignity and respect.

All patients and relatives we spoke with told us they felt valued, included and had been involved in discussions around care. Comments about the quality of care and their experience included:

- ‘My privacy and dignity is maintained as much as possible. It’s done with humour and grace.’
- ‘They look at [patient’s name] as a person, not an illness. It’s all very dignified. They make the unbearable, bearable. Nothing is a bother for the staff.’

A visitor survey reported compassionate care delivered across all services provided. Emotional and spiritual needs were met through services that included:

- bereavement support
- children’s support

Healthcare Improvement Scotland Unannounced Inspection Report
(St. Andrew’s Hospice, St. Andrew’s Hospice (Lanarkshire)): 18–19 April 2018
• pastoral
• social, and
• spiritual.

A large variety of health promotion, education and sign-posting information encouraged patients toward independence and self-care.

Complaints, concerns and comments were discussed at committee meetings along with actions, outcomes and learning or areas to improve.

■ No requirements.
■ No recommendations.

Domain 3 – Impact on staff

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

What we found - The involvement of staff in the work of the organisation

To help staff know how to treat patients and each other with dignity and respect, training included the service’s core values and created a culture that promoted equality, dignity, quality, justice and compassion. Staff felt this was important as it helped to identify why the hospice was special and different from other places and helped add to a sense of belonging to the hospice.

Department representatives could raise issues at regular staff forums with the senior management team. A regular newsletter was published, staff received emails and information notices were attached to staff payslips or emails sent to them. Staff told us that this had been useful for updates on the move.

Staff had been included in decisions and developing plans for the new hospice. They told us they felt included in decisions about the refurbishment and that while it had been stressful, the refurbishment had benefited them and the patients.

Staff explained that their learning needs were identified at yearly staff appraisals and shared with the education committee. This informed the training programme and staff told us that development opportunities to improve and direct their career helped motivate and empower them to deliver high quality care.
Regular multidisciplinary team reflection meetings supported staff. Staff could access one-to-one support any time. Staff were motivated and spoke positively about their work and relationships with colleagues:

- ‘Although it can be hard work and distressing at times we all support each other.’
- ‘There is always someone to listen if you have had a hard day.’
- ‘I know it sounds silly but it is a happy place to work.’
- ‘I love the patient contact and variety of work, it is important to us all that the patients are well looked after.’
- ‘Really happy in my job.’
- ‘Love working here.’

**What needs to improve**

Staff surveys were completed every year and an action plan was developed to address issues identified. The 2017 survey showed improvements in staff morale, that staff enjoyed working in the hospice and that staff felt that the leadership team were visible and approachable. It also highlighted that some people’s behaviours were not in line with the hospice’s core values. The senior management team had recently identified how it planned to deal with this issue. The survey had been carried out in May 2017 and this should have been acted on sooner (recommendation a).

As a lot of the focus of recent communication in the hospice was about the move, staff highlighted that communication could be better in other areas. For example, they told us that some planned ward meetings had not been held and staff had been unable to raise issues regarding off-duty in a timely manner (recommendation b).

- No requirements.

**Recommendation a**

- We recommend that the service should respond to issues identified in the staff survey in a timely manner.

**Recommendation b**

- We recommend that the service should ensure that planned team and ward meetings are held regularly.
Domain 4 – Impact on the community

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

What we found - The organisation’s success in working with and engaging the local community

The new hospice was developed in consultation with the local community. The community was asked what it wanted in a hospice and this was used to shape the service. For example, the community had asked for a café. The service redesigned access to its cafe and the community now regularly used it.

Different groups of people, such as NHS staff and school children, had been given a tour of the new facility, to raise awareness and public confidence. Each of the 29 tours included a unique presentation tailored to their interests. Comments from visitors included:

- ‘I wanted to see around the hospice in the eyes of the patients and member of the public and I was quite overwhelmed by the transformation.’
- ‘It’s clear that every brick, switch and cable has been placed with the patient in mind. The whole building is about the patient from entrance to exit.’

As part of the ‘Community Palliative Care Project’, the hospice befriending service helped patients receive as much care and support as possible in their own homes. We saw that 15 befrienders worked with the service to improve health and social care. They regularly visited patients in their homes or place of choice to chat, promote the complimentary therapies available and arrange referrals to other agencies.

Continuous engagement and support offered to the community helped present and future service users know the resources available to them. Extensive consultation responses from people who wanted to attend the open days showed local peoples’ interest. Growing numbers of visitors to the community café and feedback from the website and visitor surveys, comments book and attendees at events open days helped demonstrate that people were getting to know more about the hospice and how it met the needs of patients and families.

- No requirements.
- No recommendations.
4.2 Service delivery

This section is where we report on how well the service is delivered and managed.

Domain 5 – Safe, effective and person-centred care delivery

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

What we found - Safe delivery of care

The service planned the design of the new inpatient unit in detail to help deliver care safely. Patient rooms had en-suite bathrooms with walk-in showers for safe access and bedrooms had easily accessible clinical wash hand basins for staff. The hospice proactively managed infection prevention and control. Good infection control systems were in line with Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (2015) and measured through audit.

The service had good medicine governance. New, large controlled drug rooms in each ward could store the increased amount of controlled drugs used in the service. They also allowed staff to safely check and set up controlled drug equipment. Built-in wardrobes in patient bedrooms also contained a drug cupboard, for patient specific drugs, and a drop-down preparation area. This allowed staff to provide bedside patient medication care and reduced the risk of errors. Staff completed medicine management training and had regular updates. Regular audits were completed and a reporting procedure was in place. We saw from minutes that actions from audits and incidents were addressed quickly to minimise the risks and improve the quality of care and learning was shared.

The service did a variety of things to help maintain a safe environment for patient, staff and visitors. The service had a facilities manager and maintenance staff and all staff completed mandatory health and safety training. Policies and systems were in place to make sure that regular servicing and maintenance for equipment and the environment was carried out. Regular checks and audits identified any issues and a reporting procedure for was in place if any issues were identified. We checked the equipment and records and saw that all the correct processes were being followed.
Environmental risk assessments included fire and water assessments, and we saw how the new building’s snagging process was managed.

Staff completed moving and handling training and the new beds had an overhead track for a hoist so staff could move patients safely. All corridors and rooms were well proportioned so patients and equipment could be easily moved. To help staff minimise the risk of patient falls, trackers in bed spaces and room doors alerted staff if a vulnerable patient got out of their bed or room. Patient areas were also linked to the nurse call system to allow patients to request help when required.

To help promote patient and carer confidence in its emergency care, the service had procedures and equipment in place for dealing with emergency situations. For example, suction and oxygen points were available at each bed space.

**What needs to improve**

We found that the format of the cleaning schedule was not in line with current guidance as it did not have details about the products or procedures to use (recommendation c).

As part of the service’s snagging process in the new building, work still had to be completed in the sluice areas. We will follow this up at future inspections.

- No requirements.

**Recommendation c**

- We recommend that the service should develop the cleaning schedules in line with current guidance.

**What we found - Patient or service user assessment and management**

Patients were included in discussions about their care and treatment. Carers were also included in the care planning and assessment of needs. Consent to share information with relevant others was recorded and minimised the risks of breaching confidentiality in line with good practice.

Patients told us that they were involved in planning the care they received. For example, patients were asked about their physical, psychological, emotional, social and spiritual needs, and how staff could meet them. The six patient care records we looked at had care plans with information about how their needs were met. These patient care records also included detailed
information about how the patient’s pain was managed and how often it was assessed.

The consultant we spoke with told us that medical staff completed an anticipatory care plan in the first week of a patient’s admission to the hospice. This allowed a reasonable length of time for medical staff to carry out a full assessment of the patient’s needs and plan appropriate individualised care.

Patients told us they were asked frequently about their pain control. We also saw good evidence to demonstrate that staff asked the medical team for advice when patients were uncomfortable. The medical team met with the patient to discuss and assess their pain which helped make sure it was well controlled.

When a patient’s condition deteriorated, the medical team met with the patient and family to assess the patient’s needs and start an ‘End of Life Care Record’. This was demonstrated in a record we reviewed.

The hospice provided domiciliary support services to people in their own homes. This included spiritual support, anticipatory care planning and grief counselling and bereavement support. A 24-hour advice line to the hospice triage nurse provided advice and support to patients, carers, other agencies involved in palliative care and to healthcare professionals in the community and acute.

**What needs to improve**

A recent audit the hospice had carried out showed that 58% of patients may not have been asked about their preferred place of death. The hospice action plan highlighted that staff should look at ways to consistently record patient preference.

In the same audit, the hospice highlighted that 86% of patient care records had the patients’ preferred place of care. This had not been recorded in two out of the six patient care records we reviewed.

The quality and governance manager had met with the senior management team to discuss the audit findings and implement a plan to help staff record all discussions had with patients in the ‘Planning for the Future’ care record. We will follow this up at future inspections.

- No requirements.
- No recommendations.
Domain 6 – Policies, planning and governance

High performing healthcare organisations translate strategy into operational delivery through development and reliable implementation of plans and policies, and have effective accountability, governance and performance management systems in place.

What we found - Risk assessment and audit

A quality and governance manager coordinated the risk management policy. Incidents were recorded and managed through an electronic incident and risk management system. The quality and governance manager reviewed all-recorded incidents and 'near misses'. Managers also received an alert to review incidents in their specific area. This helped make sure incidents, actions taken or lessons learned were fully investigated and incidents were reported to the relevant governance committee. We tracked a medication incident in the service and confirmed this process was followed.

Departmental leads regularly reviewed and monitored the hospice’s risk register at risk management meetings. Risks and their identified owners were held on the electronic incident and risk management. Relevant points were shared at departmental team meetings, escalated to the integrated governance committee and actions taken.

The service promoted a ‘no-blame’ culture where staff were encouraged to report accidents and incidents. This helped to identify learning and reduce future risks. Staff we spoke with said they were happy to report any incidents, even it involved themselves.

Staff had trained in risk incident reporting by completing the Royal Society for the Prevention of Accidents (ROSPA) risk assessment training. The facilities manager had recently completed the National Examination Board in Occupational Safety and Health (NEBOSH) General Certificate.

What needs to improve

The hospice had identified the need to continue to support staff to assess and analyse risks on its electronic incident and risk management system, and develop action plans to minimise risk. It planned for staff to complete further education and training to allow them to do this. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Healthcare Improvement Scotland Unannounced Inspection Report
(St. Andrew’s Hospice, St. Andrew’s Hospice (Lanarkshire)): 18–19 April 2018
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

What we found - Staff recruitment, training and development
The service had an up-to-date recruitment policy. The policy was in line with good employment practice and current legislation.

We examined four new staff records and two volunteer records. We saw that the new staff records had an application form, role description and health declaration. Applicants we saw who required to be registered with a professional body had their registration checked and copies of their qualifications were filed. Two references and either a Protecting Vulnerable Groups or Disclosure Scotland number were available for every applicant. Interview records were also kept in the file. The service was completing a data cleanse on its staff files and updating disclosures as appropriate.

All staff completed a comprehensive induction with mandatory training and a checklist was used to make sure it was completed. We saw completed checklists showing that people were appropriately and safely recruited.

To help promote the culture of compassion as part of its core values, staff were also trained in loss, grief, bereavement, spirituality in healthcare and compassionate healthcare. The education committee updated its education and training programme every year to include themes that staff had identified at their yearly appraisal. New staff nurses used a competence-based workbook during induction and were mentored by an experienced member of staff. Staff said this helped develop skills in their new role. We saw that most staff nurses had completed an accredited palliative care course.

Education for auxilliary nursing staff was also well developed with all staff encouraged to attend in-house training and Scottish Vocational Qualification (SVQ) 2 and 3 in health and social care. The hospice had an SVQ assessor and all nursing auxiliaries had been trained to SVQ 2 level.

The hospice worked in partnership with Glasgow Caledonian University and had developed a range of accredited training courses in palliative and end of life care. It had developed close links with local councils to provide palliative and end of life care training and education to care staff in the local community. This could be delivered in the hospice or in local care facilities.
Feedback from participants showed that this was well received and care staff valued this education.

The service had mapped its training to the new NHS Education for Scotland and the Scottish Social Services Council-developed framework. The framework can be used to identify the knowledge and skills someone would need if they came into contact with people with palliative and end of life care needs. Staff spoke positively about training in the hospice and the opportunities to attend external training and development events. Comments included:

- ‘We get plenty of training here.’
- ‘There are good opportunities for learning.’
- ‘If you have an interest in something you can become a link nurse.’

Several link nurses with different expertise provided advice and teaching to other staff. Staff we spoke with said it helped to provide a point of contact for expert advice if support was needed. The service planned to further develop role-specific induction and training packages for different staff groups.

- No requirements.
- No recommendations.
4.3 Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

What we found - Leadership of improvement and change

We found effective leadership in the hospice through a variety of ways. For example, the chief executive met with the senior management team at least monthly to discuss performance or required organisational changes. The senior management team was visible in the hospice and some members attended a monthly meeting to discuss and develop the hospice strategy and operational plans. Some senior management team members were involved with care delivery and regularly met with staff and gathered information from patients about the quality of care. Any positive views or concerns from staff, patients and carers were discussed with the senior management team. Action plans were developed and members of staff were given responsibility and timescales to complete actions.

One member of staff told us:

- ‘I think the leadership is fantastic, the management structure is very well run, there is a strong feeling of teamwork and commitment to the role. At times there can be unrealistic expectations by staff which can pose challenges for the senior management team. The senior management team have worked closely with staff to encourage them to share their thoughts and look for ways to make improvements.’

Feedback from staff meetings had suggested that communication in the service could be improved. To address this, the service had encouraged staff to attend meetings and sent information emails to all staff.

Effective leadership has helped the ongoing commitment to community involvement and staff engagement. During our inspection, feedback we gathered from patients and carers was positive.

- 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.

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<thead>
<tr>
<th>Domain 3 – Impact on staff</th>
<th>Requirements</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
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<td>We recommend that the service should respond to issues identified in the staff survey in a timely manner (see page 14).</td>
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<td>We recommend that the service should ensure that planned team and ward meetings are held regularly (see page 14).</td>
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<tr>
<th>Domain 5 – Safe, effective and person-centred care delivery</th>
<th>Requirements</th>
<th>Recommendation</th>
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<td>None</td>
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<td>We recommend that the service should develop the cleaning schedules in line with current guidance (see page 17).</td>
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Appendix 2 – Who we are and what we do

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

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

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
- the Healthcare Improvement Scotland quality framework, and
- the Health and Social Care Standards.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.
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
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