Unannounced Inspection Report: Independent Healthcare
Marie Curie Hospice – Edinburgh
Marie Curie, Edinburgh
24–25 May 2017
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1 A summary of our inspection

About the service we inspected

Marie Curie Hospice – Edinburgh is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. The service provider is Marie Curie, a UK-wide charity with headquarters in London.

All of the services offered by the hospice work together to meet the palliative care needs of people with progressive, life-limiting illness.

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

The hospice provides specialist palliative care for up to 20 adults over the age of 18, in its two inpatient wards.

Day and community services operate from the hospice at Fairmilehead, Edinburgh and from the Macmillan Centre in Livingston, West Lothian. Patients and families are also provided with complementary therapies on an appointment basis.

A team of trained volunteer staff support the hospice in various activities such as working on the reception, offering drinks and snacks, and gardening.

About our inspection

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

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

We carried out an unannounced inspection to Marie Curie Hospice – Edinburgh and its West Lothian day services on Wednesday 24 and Thursday 25 May 2017.

The inspection team was made up of two 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.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information: 6 – Excellent**
Quality Statement 0.2 – service information: 6 – Excellent
Quality Statement 0.3 – consent to care and treatment: 6 – Excellent

**Quality Theme 1 – Quality of care and support: 5 – Very good**
Quality Statement 1.1 – participation: 6 – Excellent
Quality Statement 1.4 – medicines management: 5 – Very good

**Quality Theme 2 – Quality of environment: 6 – Excellent**
Quality Statement 2.2 – layout and facilities: 6 – Excellent
Quality Statement 2.4 – infection prevention and control: 6 – Excellent

**Quality Theme 3 – Quality of staffing: 6 – Excellent**
Quality Statement 3.2 – recruitment and induction: 6 – Excellent
Quality Statement 3.4 – ethos of respect: 6 – Excellent

**Quality Theme 4 – Quality of management and leadership: 6 – Excellent**
Quality Statement 4.2 – workforce involvement: 6 – Excellent
Quality Statement 4.4 – quality assurance: 6 – Excellent

The grading history for Marie Curie Hospice – Edinburgh and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

**What the service did well**
The service had excellent systems in place to ensure patients, carers, staff and stakeholders were involved in assessing and improving the service. Each patient's medication was assessed regularly to ensure his or her symptoms were managed effectively. The staff worked well as a team, they felt valued and respected which contributed to a positive culture in the hospice. The staff worked in partnership with NHS Lothian as well as the patients, carers and hospice staff to implement a continuous quality assurance programme. This helped the service to manage risks efficiently.

**What the service could do better**
The service should allow more time for nursing and medical staff to manage preparation and administration of medications.

This inspection resulted in no requirements and one recommendation.

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

What the provider had done to meet the requirements we made at our last inspection on 15 and 16 June 2016

Requirement

The provider must ensure compliance with the guidance in the Health Protection Scotland National Infection Prevention and Control Manual 2015.

Action taken

This requirement is reported under quality statement 2.4. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 15 and 16 June 2016

Recommendation

We recommend that the service should review how it uses the ‘you said, we did’ board to ensure that suitable explanations are provided about how patient/carers concerns have been addressed.

Action taken

Information to support this recommendation has been reported under quality statement 1.1. This recommendation is met.

Recommendation

We recommend that the service should review how it records the patient’s overall plan of care and how patients and relatives are involved in devising care plans.

Action taken

The service were developing a new electronic patient care record to record patient care. One of the medical consultants was working with the staff, patients and family members to develop a suitable anticipatory care plan that provided holistic information about the patients’ needs and how they should be met. This recommendation is met.

Recommendation

We recommend that the service should use one brand of chlorine releasing disinfectant and detergent cleaning products. This will reduce confusion among staff about the method and concentration of chlorine releasing disinfectant and detergent solution to use for different cleaning tasks.

Action taken

The service now uses one brand of chlorine releasing disinfectant and detergent cleaning product. We spoke with a member of housekeeping staff and the facilities manager, who both had a good awareness of the concentration and method to use for different cleaning tasks. This recommendation is met.
Recommendation

We recommend that the service should continue to assess staff wellbeing and continue to implement and evaluate ways to improve staff morale and teamwork.

Action taken

Information to support this recommendation has been reported under quality statement 3.4. This recommendation is met.

Additional requirements and recommendations since our last inspection

Since the last inspection, we received a notification from the service that provided information about the development and management of a patient who developed pressures sores while receiving care in the hospice. We spoke to the staff at the hospice and visited the service on 27 October 2016 to review and discuss the patient care plans and documentation. The following requirements and recommendations were made following that visit.

Requirement

The provider must ensure staff develop their knowledge of pressure care and treatment to ensure risks to patients are minimised.

Action taken

One of the charge nurses had developed a tissue viability training program for staff. The training, aimed at nursing staff, provided education about the development and management of pressure sores. Nearly all of the staff had attended the training. This requirement is met.

Requirement

The provider must ensure patients care plans are dated, timed and signed. Staff must also provide an accurate summary of the assessment, planning, interventions and evaluations of patients.

Action taken

The staff had participated in an array of pressure sore management training. The training had a positive impact on how pressures sores were managed in the hospice. For example, nurses completed detailed pressure sore risk assessments of patients early to ensure each patient received appropriate care and resources such as pressure relieving mattresses and cushions. In instances where pressure sores had been identified, the treatment plans and documentation supported best practice. In addition to this, the charge nurse had developed an auditing tool to promote better assessment of pressure sores. The tool was in the early stages of implementation and we were told the effectiveness of the tool would continue to be monitored and any improvements made. This requirement is met.
Requirement

The provider must ensure where it appears to be appropriate, the patients and patient’s representative are aware of the patient care record which sets out how the service user’s health, safety and welfare needs are to be met.

Action taken

The patient care record had been developed to ensure a section was included for staff to record that the patient/carer was aware of the record. This requirement is met.

Recommendation

The staff should develop their knowledge of other link professionals such as tissue viability specialist nurses and their roles in terms of supporting care within the hospice and community.

Action taken

The staff met regularly to discuss the importance of partnership working with relevant people such as tissue viability specialist nurses. A tissue viability specialist nurse from NHS Lothian had met with the hospice staff to discuss pressure care management and referral processes. This recommendation is met.

Recommendation

Staff should implement a suitable care plan to ensure patients who receive spinal block or treatments that reduce sensation and mobility are managed effectively.

Action taken

The hospice medical staff had developed an assessment tool and care plan that provides information for staff about the management of a patient who received a spinal block as part of their care. This recommendation is met.
3 What we found during this inspection

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 provider had its own website that contained information specific to the Marie Curie Hospice – Edinburgh. It was aimed at helping patients, and their families, decide if the service was right for them. Families can also visit the service before admission to discuss the services provided and ask questions.

Leaflets were available at various information points throughout the hospice. All of this information was comprehensive, covered a wide range of topics and was reviewed regularly. We saw a hospice booklet that provided patients with information on the facilities and services provided. This had recently been reviewed and updated. Patient bedrooms had folders at the bedside with comprehensive information about topics such as medicines, writing a will and infection control.

We saw several display boards and notice boards throughout the hospice, displaying information such as:

- treatments and services on offer
- recent survey results, and
- patient feedback and comments.

A translation service was available and a new accessible information standard operating procedure had been introduced, to help make information more accessible. As part of this new procedure, staff with second language skills had been identified to provide additional support, where appropriate, for patients whose first language was not English.

Photographs of staff were displayed in the wards and in reception, to help people who use the service identify staff quickly. Dementia friendly ward signage had recently been introduced to help people find their way easily.

- No requirements.
- No recommendations.

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 – Excellent
The hospice implemented the consent to treatment (adults) policy for Scotland that provided a framework for staff to manage consent appropriately.
All of the patient care records we reviewed contained a consent document that was signed and dated by clinical staff. It provided details of what had been explained to patients in relation to their treatment and sharing of information with other relevant professionals. The consent document was reviewed regularly by staff to ensure any changes in treatment was discussed with the patient and/or carer. Patients who did not have capacity to consent, had an additional care plan that provided details of discussions that had taken place with relevant individuals. This is in line with the requirements outlined in the Adults with Incapacity (Scotland) Act 2000.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 – Excellent
The hospice valued feedback from patients and carers. Staff and volunteers provided various ways how feedback could be gathered and shared. For example, patients and carers were able to share their views by completing the confidential questionnaires that were available around the hospice. Feedback from the questionnaires was evaluated regularly to ensure staff were aware of what they were doing well and what the hospice could do better. An audit of the most recent questionnaire highlighted that people were generally happy with the service. However, some offered ideas that would make their experience better. One person asked for another settee in the sitting room, another asked for an area to purchase items such as toiletries and snacks. The staff responded to feedback using 'you said, we did' boards. Responses to the comments about an additional settee and purchasing items were available for everyone to read.

One of the hospice volunteers gathered feedback from patients and carers daily using and electronic information pad (iPad). The information was analysed frequently and any areas for improvement were acknowledged quickly so that any necessary action could be taken. Colourful posters and charts were displayed that summarised feedback. The comments confirmed that the patients and carers were extremely satisfied with the care they received.

During the inspection, we spoke to a number of patients and family members. All of them were extremely satisfied with the quality of care they received. Comments included:

- ‘The staff have been wonderful. I am included in discussions about my wife’s care. The staff are really interested in the whole family and our experiences which helps us to cope better.’
- ‘All of the staff are fantastic. Everyone has been so welcoming. Nothing is too much trouble. We have been supported in the hospice and at home which has been so important.’
Area for improvement
The website provided testimonials of patients and carers experiences. The testimonials were not dated which meant people reading these would not know when they were offered. The service should ensure that this type of information is dated so that people are aware of the most recent feedback.

- No requirements.
- No recommendations.

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: 5 – Very Good
We saw systems were in place to manage patient medication effectively. A pharmacist was available 3 days a week; she was able to be contacted the other 2 working weekdays. A pharmacy technician was also employed to support staff in the safe management of medication; she was available every weekday.

The hospice had taken positive steps to ensure each patient’s medication was assessed and reviewed regularly. Clinical staff spoke to the patients and family members on admission and throughout their stay to ensure the patients were receiving suitable medication. This helped to manage the patient’s symptoms by assessing the appropriate dose was given and the type of medication was given at the right time.

The staff wore red aprons when preparing and administering medication. ‘Do not disturb’ was written on the apron to deter people from interrupting staff during this time. This helped minimise medication errors. Once medication had been administered, nursing staff would document that the patient had received their medication. Nursing staff carried out a second checking system that helped identify any medication that had not been administered. Action could then be taken to make sure any outstanding medication was given.

New staff completed a robust induction training that consisted of the safe management and administration of medication and calculation of medication dosage. All staff completed regular medication training, which helped to share and promote best practice in the hospice.

The medicines management group met every 3 months to review medication audits and any incidents in the service. The senior management team endorsed a no-blame culture of reporting medication errors that meant staff were more likely to report errors. The hospice carried out a weekly review of any medication incidents. In doing so, staff were offered additional support and future risks could be minimised. Healthcare Improvement Scotland were notified and actions to address any incidents were implanted timely.
Area for improvement

During our observation of the medication drug round, we identified that there were occasions when nurses withheld medication when the ward was busy, to ensure patients’ privacy and dignity. We felt that improvements could be made to ensure all patients’ medication was administered at the same time where possible. Especially when the medication was required to relieve pain. It is good practice to administer as much of the patient’s medication as possible at the prescribed time as risks associated with missed medication could be reduced. The senior management team agreed to review medication administration processes (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should administer all medication to the patient at the prescribed time when possible.

Quality Theme 2 – Quality of environment

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 – Excellent

The hospice had 20 bedrooms, with a mixture of single en-suite rooms and bays with two or three beds. These bays provided flexibility as they could be changed to single use if needed. The building was set within gardens and had a play area for families and visitors to enjoy. Parking facilities were available and the building and grounds had been designed with wheelchair users in mind.

All bedrooms had appropriate storage for patient’s belongings and a call button for patients to call for staff when required. Bedrooms on the ground floor opened out directly onto the garden area, whilst those on the first floor opened out on to a terrace that overlooked the gardens.

All bathrooms and shower rooms had suitable bath aids, hoists and grab rails.

A day care centre was available with a multi-purpose rehabilitation room for treatments such as physiotherapy. We saw several quiet rooms, lounges and family spaces for patients to spend time with their family and visitors or hold private conversations with staff.

The service’s environment was clean and well maintained and robust systems were in place to ensure it was kept that way. All patients and visitors we spoke with were very complementary about the housekeeping staff’s standard of cleaning.

Area for improvement

We spoke with the facilities manager about a recent issue with bacteria being identified in the hospices’ water supply and how this was managed. Whilst the problem had now been resolved, we discussed the benefits of the service establishing a water safety group in line with the Health Protection Scotland Guidance for neonatal units (levels 1, 2 & 3), adult and paediatric intensive care units.
(ICUs) in Scotland to minimise the risk of pseudomonas aeruginosa infection from water.

- No requirements.
- No recommendations.

**Quality Statement 2.4**

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

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

The service had a clear governance structure in place, from head office to ward level. An overarching corporate infection control policy was in place that set out the provider’s approach to infection control. This policy recognised the differing legislation and healthcare regulators across England, Ireland, Scotland and Wales. Local standard operating procedures had been developed based on this policy that described the processes hospice staff should follow. These standard operating procedures followed relevant Scottish legislation and guidance.

A charge nurse had additional responsibility as an infection control link nurse, acting as a liaison between hospice staff and senior management as well as regionally with other Marie Curie infection control link nurses. These link nurses met regularly to discuss common issues and share good practice.

An infection control audit programme was in place that followed the structure described in the Health Protection Scotland National Infection Prevention and Control Manual. Responsibility for completing audits and resolving action plans was shared between different staff, to encourage awareness and a team approach.

Staff received support from the NHS Lothian infection control team, through a service level agreement. An infection control nurse regularly visited the hospice to provide face-to-face support and carry out external audits. An infection control support worker also visited the hospice to provide ad-hoc training when needed. Staff told us they really valued the support received from NHS Lothian and felt reassured that they could contact them easily for advice and support.

We observed good infection control practice amongst nursing and housekeeping staff on the wards. A good supply of personal protective equipment was available, such as disposable gloves and aprons. We also saw alcohol-based hand rub dispensers in corridors, patient bedrooms and communal areas.

There was a laundry on-site that was used to launder mop heads. The service was previously unable to demonstrate whether or not the machine had reached the appropriate temperature. A new printer had been purchased for the machine, to provide assurance that the correct temperature was being reached for a period of time long enough to achieve thermal disinfection.

Staff told us they received induction training in infection control and that further mandatory update training was provided annually.

- No requirements.
Quality Theme 3 – Quality of staffing

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

Grade awarded for this statement: 6 – Excellent
A multidisciplinary team of staff worked at the service. A recruitment policy was in place and appropriate checks had been carried out to make sure staff and volunteers were recruited safely. This included a Protecting Vulnerable Groups (PVG) check and checking relevant government registration bodies’ registration databases.

We reviewed five staff files and all were observed to contain the necessary information, such as references, interview records and contract of employment.

New staff and volunteers completed a comprehensive induction programme. This was designed to help them understand their role, their responsibilities and build working relationships. We spoke with a new member of staff who was very pleased with their induction describing it as comprehensive and supporting. Opportunities were provided to spend time with staff from different roles and visit external services, such as a local funeral directors. This member of staff told us that this gave them confidence to speak with conviction about these services when discussing them with patients and their families.

The service had recently introduced a staff induction day. We spoke with a housekeeper who had attended one of these days who described it as interactive, fun and memorable.

No requirements.

No recommendations.

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

Grade awarded for this statement: 6 – Excellent
We observed staff practice and heard staff talking to patients respectfully, taking time to listen to their needs and explaining things well. The staff we spoke with told us they enjoyed working in the hospice and felt able to raise concerns with the senior management team if needed.

Policies were in place to guide staff on what to do if they had a grievance, complaint or concern. Regular mandatory staff training was also in place on subjects like bullying and harassment and equality and diversity.

The hospice has developed a person-centred approach, in consultation with patients, visitors, staff, volunteers, and Queen Margaret University. The senior management
team told us they were building on this approach and that it would develop further over time, as this new culture became embedded.

The hospice recently introduced a new anti-bullying champion’s scheme and two staff members had completed this training. A new system of hospice meetings had also recently been introduced to allow staff to share their work-related experiences and learn from each other.

We noted that results from the 2016 annual staff survey showed an improvement in staff satisfaction from the previous year.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

**Quality Statement 4.2**

*We involve our workforce in determining the direction and future objectives of the service.*

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

Every department in the hospice had a manager. The managers attended senior management team meetings each month to discuss team performance, patient care and any risks in the service. The department managers then met with staff in their own teams to share information discussed at the senior management team meeting. This ensured everyone knew about any changes or developments.

Staff were invited to attend a ‘whole hospice meeting’ that was held twice a year. They were asked for ideas about how the hospice could improve. For example, the senior management team wanted to ensure staff made best use of the resources available to them. All of the staff were asked for ideas about how to improve the service by making better use of resources. Staff submitted many ideas that helped the service meet key priorities identified in an improvement plan.

The senior management team made it clear to staff that they did not have to attend the meetings but their views were important. Particularly as involving the staff in key decisions meant, the staff themselves were part of service development. The senior management team were extremely pleased that 65% of staff had attended the most recent meeting, from a variety of teams working in the hospice.

The senior management team had an open door policy whereby any member of staff could seek advice and support as required. Staff we spoke with said they felt listened to and included in decisions made within the hospice.

The annual staff survey provided opportunities for staff to share their views or raise concerns confidentially. The results from the most recent survey highlighted that the staff were satisfied at work although they felt there could be more opportunities for shared communication across the teams.

By including the staff in determining the direction and future objectives of the service, we observed a positive working culture in the hospice where staff felt valued and respected.
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: 6 – Excellent
The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

The hospice had an excellent governance structure in place that enabled the staff to assess and evaluate the quality of care provided. Staff and volunteers working in various sectors of the hospice led individual governance groups. Each group had a key role to play in developing the service, such as a medicines management group. The group met frequently to discuss and monitor safe and effective management of patient medications.

A participation group met frequently to discuss feedback strategies and evaluations gathered from the staff, carers and stakeholders. Any identified risks were recorded in the incident reporting system and reviewed by the governance groups and the senior management team so that early interventions could be implemented to minimise risks.

Any trends identified in the hospice were benchmarked against other hospices throughout the United Kingdom. This helped staff to recognise strengths and weaknesses within the hospice and where necessary, consult with stakeholders about ways to improve outcomes in the hospice.

We identified that levels of complaints in the service had increased since our last inspection. The senior management team explained that this was as a result of developing better reporting systems whereby staff, patients, carers and stakeholders were encouraged to share any concerns they had. We appreciate that the senior management team were addressing most concerns as complaints, which were followed up with appropriate action plans.

- 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>Quality Statement 1.4</th>
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<tr>
<td>Requirements</td>
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<tr>
<td>None</td>
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<td>Recommendation</td>
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<td>We recommend that the service should:</td>
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<td>a administer all medication to the patient at the prescribed time when possible (see page 12).</td>
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National Care Standards – Hospice Care (Standard 8 – Medicines)
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

Telephone: 0131 623 4300

Email: comments.his@nhs.net
We can also provide this information:

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

[Healthcare Improvement Scotland logo]

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