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1  A summary of our inspection

About the service we inspected

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

Highland Hospice is situated near the city centre of Inverness.

People can use the hospice in a number of ways. They can:

- attend the Netley Day Therapy Centre service which is available three days a week.
- attend the Netley Day Therapy Centre for group activities or specific appointments available 2 days a week.
- attend one of the outreach services in Fort William, Thurso or Portree - these take place every 2 weeks.
- be admitted to the hospice inpatient unit.

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

Highland Hospice states that its 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.

The hospice has a maximum of 10 inpatient beds with two triple-bedded bays and four single rooms. The day services run groups on Monday to Friday, for a maximum of 12 people.

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 Highland Hospice on Tuesday 6 – Wednesday 7 May 2014.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.
Based on the findings of this inspection, this service has been awarded the following grades:

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

The grading history for Highland Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return  
- the self-assessment  
- any notifications of significant events, and  
- the previous inspection report of 18 July 2012.

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

- information leaflets about the services provided  
- viewing the website  
- three patient care records  
- evidence files with various policies, procedures, minutes of meetings  
- accident and incident records  
- audits  
- four staff files  
- records verifying the professional registrations for staff, and  
- training records.

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

- two patients in the inpatient ward and two relatives  
- four patients in the day care therapy unit  
- the hospice manager  
- senior sister  
- junior sister  
- staff nurses, and  
- the human resources manager.
We inspected the following areas:

- inpatient ward, toilets and bathrooms
- lounges
- ward kitchen
- day care therapy unit - lounge area, and
- consulting rooms.

**What the service does well**

We noted areas where the service was performing well.

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

**What the service could do better**

We did find that improvement is needed in the following areas:

- record-keeping, and
- recruitment practices.

This inspection resulted in two requirements and six recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Highland Hospice, 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.
2 Progress since our last inspection

What the provider has done to meet the requirement we made at our last inspection on Wednesday 18 July 2012

Requirement

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.

Action taken

This requirement is reported under Quality Statement 2.2 in this report. This requirement has been met.

What the service has done to meet the recommendations we made at our last inspection Wednesday 18 July 2012

Recommendation

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.

Action taken

Body map documentation had been introduced and was being updated regularly to record any marks or damage to skin. This recommendation is met.

Recommendation

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

Action taken

Although a review had been undertaken of the recruitment policy, recruitment practice did not match with this policy and this recommendation is not met. A requirement has been made under Quality Statement 3.3 in this report.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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
The hospice used a survey as its main method of gathering feedback about the quality of information it provided. This contained questions about the following areas:

- awareness of leaflets or booklet
- how easy they are to understand
- if the information was helpful
- if the information was accurate, and
- suggestions of how information could be improved.

The feedback obtained using this survey was very positive and showed that patients rated their satisfaction with the information supplied very highly.

A new leaflet advertising the Netley Day Therapy Centre had been developed taking comments from patients into account. This showed actions were taken in response to the views expressed by patients.

An action plan for the development of the information provided included a priority for input from service users.

Area for improvement
There could be a wider variety of methods used to gather feedback on the quality of information provided by the hospice. For example, comments could be asked for on the leaflet as well as feedback on the quality of information on the website.

- 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
A range of leaflets were available providing information on the hospice services. These included:

- an inpatient information booklet
- a welcome pack, and
- a leaflet about the Netley Day Therapy Centre.
This information had been given to doctor’s surgeries and specialist nurses across the Highlands.

The website had comprehensive information about the hospice services and copies of its leaflets were available online.

Some leaflets were being translated into Polish, as this had been recognised as a need in the local area. This demonstrated a proactive approach to making information as accessible as possible.

The inpatient booklet contained:

- the aims of the service
- contact names
- contact telephone numbers, and
- complaints information.

Helpful information, such as ‘What should I bring with me?’ and ‘Can my family stay overnight?’ was also included.

A policy form was used with a checklist to record that patients had received information on:

- catering
- complaints
- laundry
- use of children’s facilities, and
- smoking for patient and visitors

Patients we spoke with were very satisfied with the quality and level of information they had been given. Most information was relayed to patients verbally and this suited those who were unwell.

Comments included:

‘My wife was able to read the information pack. Fabulous communication, they go beyond being civil.’

**Area for improvement**

The policy form could be extended to make sure patients and relatives can access or receive information about the hospice policy on advance statements. An advance statement is a written statement that conveys someone’s preferences, wishes, beliefs and values regarding their future care. The aim is to provide a guide to anyone who might have to make decisions in someone else’s best interest if that person has lost the capacity to make decisions or to communicate them.

A leaflet was available to patients and families about ‘advance directives’, which helped to explain what an advance statement, or directive, was. However, it was unclear if, or how, staff took this information into account. Systems could be developed to make this clearer.

- No requirements.
Quality Theme 1 – Quality of care and support

Quality Statement 1.1

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

Grade awarded for this statement: 5 - Very good

We found clear evidence that the views of patients and relatives were being sought regularly, using a variety of methods.

A survey, completed by a sample of patients, was the main method the hospice used to gather feedback about the quality of care and support it provided. 18 patients completed this in November 2013. Questions about the quality of care and support included:

- Do you have the opportunity to ask questions?
- Are explanations easy to understand?
- Are religious and spiritual needs taken into account?
- Are you treated with dignity and respect?
- Is the quality of food appropriate?

An additional catering questionnaire was also used to help the kitchen meet the nutritional needs of patients.

Patients attending the day services were often consulted on hospice developments. A wider consultation was taking place on the plans to upgrade the inpatient unit.

Changes made to the day therapies group sessions had been evaluated. Patients had given very positive feedback.

Patients and relatives could make comments or suggestions through a comments book available in the conservatory area. Comments could also be made using the website feedback form.

Complaints information was displayed on the notice board.

Areas for improvement

The hospice had no policy on how it would gather feedback including different methods suitable to the needs of patients. This was recognised in the service’s self assessment. This policy should be developed to give a clear structure for gathering feedback and using it to inform future developments (see recommendation a).

Some patients may not be able to express their views and consent to plans of care. This may be due to dementia or cognitive impairment. Hospice staff had an awareness of this subject. However, the patient care records did not clearly document the legal status of patients who may have adults with incapacity certificates or legal guardianship in place. This is important to make sure that a patient’s legal rights are respected and appropriate legal representatives are consulted. The patient care records should be improved to record these important details (see recommendation b).
The service could consider making the comments book more prominent as it was difficult to find. Clearer opportunities to make comments, such as using suggestion boxes, could also be used.

The actions taken, and action plans produced, as a result of feedback could also be displayed more publicly. For example, showing these actions on a notice board, website or in a newsletter would demonstrate more clearly the actions the service was taking in response to views expressed.

- No requirements.

**Recommendation a**

- We recommend that the service should develop a participation policy that sets out clearly how feedback is to be obtained from patients and relatives to help inform future developments.

**Recommendation b**

- We recommend that the service should ensure that the legal status of patients is recorded to ensure appropriate representation is provided.

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**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**

We examined one patient care record from the day service and two from the inpatient unit. Highland Hospice’s records of patient care are made up of three different parts:

- electronic patient care records
- paper medical records, and
- paper records kept at patient’s bedsides.

An in-depth assessment was carried out on admission by the medical staff. This included admission history, symptoms, social history and physical examination. From this a medical plan was listed.

A nursing assessment was also carried out and this was done electronically. This covered areas of physical support needs and one area to record mood and mental state.

A collective area of the electronic notes known as the SBAR (situation, background and review) was used to record the patient’s changing needs. All members of the multidisciplinary team made entries in the SBAR, so this could be seen and followed easily.

A review of patient care records had been carried out and looked at how the bedside management care plans linked with the electronic notes. This showed a level of monitoring and noted some improvements being made to record-keeping.
The records in the day service were kept in paper format with some plans of care being developed on the electronic system. This system was very new and it was not possible to see how effective this was. This will be reviewed at the next inspection.

A comprehensive falls risk assessment was reviewed at least weekly. This considered a wide range of indicators which could contribute to falls. The number of falls was being monitored. An innovative way of linking falls to medications that present a higher risk was being considered. This would involve the pharmacist identifying such medication with a dot on the record of medicines. We discussed the possibility of the hospice considering a close observation or supervision policy with management staff. This policy would be linked to risks of falls, particularly when sedating medication is being used because this was recognised as a risk for patients.

Patients and relatives highly praised the meals and food. Kitchen staff had recently been nominated for a national award.

We asked two patients if they felt fully involved and fully consulted about care and treatment options and both strongly agreed that they were.

Comments from patients in the inpatient ward included:

- ‘The nurse to nurse communication is very slick; they know what’s happening with you.’
- ‘The care’s very good.’
- ‘They couldn’t do anything more. It’s excellent.’

100% of the completed patient surveys carried out by the service indicated that patients would always be treated with dignity and respect.

Areas for improvement

The paper medical records that we looked at had missing signatures and times from entries. This is an essential part of record-keeping and must be carried out (see requirement 1).

The current patient care records did not include headings to prompt discussion and recording of advance statements, or directives, and end-of-life wishes. Although this is discussed informally, more explicit recording of preferences for end-of-life care should be carried out. If the patient does not wish to discuss this then this should be recorded. The use of an end-of-life checklist based on the Liverpool Care Pathway had recently been withdrawn. This meant that aspects of documentation had not yet been replaced. This left some gaps in record-keeping (see recommendation c).

The in-depth assessments and records held could be developed to give more detail on psychological and spiritual assessments. The separate nursing and medical assessments could be linked better to define an overall plan of care and support that can be clearly discussed and agreed with the patient. A family meeting was supposed to take place 3 days after admission. This was not always well recorded. This meeting was intended to give the family the opportunity to discuss and agree plans of care and agree the length of stay in the hospice (see recommendation d).

Resuscitation status was not recorded in the handover sheet in one instance even although a heading for resuscitation status was available. This was an oversight. However, consistency of recording this important information is necessary to ensure staff can act quickly and find information easily in the event of a sudden deterioration.
As we saw important areas of record-keeping had gaps, a more robust audit system should be introduced to ensure improvement and consistency of records keeping (see recommendation e).

**Requirement 1 – Timescale: by 1 July 2014**

- The provider must ensure that all entries made in patient care records contain the full date, time and name of the healthcare professional for each consultation or examination of the patient.

**Recommendation c**

- We recommend that the service should ensure that patient care records include details on:
  - any advance statement
  - end-of-life wishes, and
  - preferred place of death and preferred place of care.

**Recommendation d**

- We recommend that the service should ensure that records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient and their family.

**Recommendation e**

- We recommend that the service should develop a robust audit system to ensure that all paper and electronic records are completed to a required standard.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.1**

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

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

The patient survey was the main method used to gather feedback on the quality of the environment in the hospice. This asked some questions about privacy and cleanliness.

A consultation was in progress about the planned upgrade to the inpatient unit. The plans were available for patients and visitors to comment on. A patient confirmed that he had seen the plans and made comments.

**Areas for improvement**

The results of the patient survey indicated that some patients had not been aware that staff had been washing their hands appropriately. A hand hygiene audit had been carried out that confirmed that this was being carried out correctly. More public display and feedback of results would be good practice to demonstrate that views of patients are acted upon.

Some noise concerns were noted in the patient survey. The service could consider how noise could be minimised in the new building.
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: 4 - Good
We found that all areas of the hospice were clean and tidy. Wide corridors and electronic main doors made the environment easy to access for wheelchair users.

The family room had a play area for children with toys. This room also had a fold-down bed and could be used for relatives to stay overnight if this was needed. The room had an ensuite shower and toilet facility for families to use.

The inpatient unit had an attractive conservatory and access to a well-kept garden.

A choice of bath or shower facilities was available. The standard of equipment was very high with good quality shower chairs and a top-of-the-range Jacuzzi bath with lights and music for relaxation. A good range of armchairs was also available, with some tilt-back and recliner chairs giving a range of options for patients with different needs.

Single rooms had the option of using an infra-red alert beam, which can help prevent falls.

The standards of meal presentation were exceptional with flowers being placed on meal trays for each meal.

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception. This helped the security of the building.

Patients we spoke with appreciated the facilities offered by the hospice. Comments included:

‘I can walk around easily and go out in the garden; I even managed to go along the road to the cathedral. It’s well located but I appreciate that improvements could be made.’

Areas for improvement
The service plans to upgrade the inpatient unit. This will create more privacy and dignity for patients. We observed that patients had to pass by the reception desk to access the bath. Space in the bath was limited and so transfers within the room were restricted. The new layout will address these issues.

A temporary change of premises is planned for 2015–2016. We asked the manager to notify Healthcare Improvement Scotland of this change 3 months before it happens, to allow time to assess the proposed premises.

- No requirements.
- No recommendations.
Quality Theme 3 – Quality of staffing

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

Grade awarded for this statement: 6 - Excellent
The patient survey was the main method of gathering feedback and evidence about the quality of staffing at the service. This asked specific questions about whether staff:

- introduce themselves
- explain care
- treat patients with dignity and respect
- respond to call system, and
- wash their hands.

Area for improvement
One patient commented that he could not always see staff name badges. The service could ask patients how this could be made clearer for patients.

- No requirements.
- No recommendations.

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

Grade awarded for this statement: 5 - Very good
Staff told us about the induction process and the very supportive learning environment. We saw evidence of this process and the competency-based framework.

The NHS Knowledge Skills Framework is used as the baseline, with the competencies required by the organisation included for each clinical staff member. The competencies increase in knowledge and skill base as staff progress within the organisation. They are agreed at a yearly professional and development review with the staff member. Time is allocated for competency work within the off-duty framework. We also saw evidence that the online Learn Pro programme for procedure-based learning was used, for example blood transfusion and moving and handling. Staff are allocated time to complete the programmes.

All staff groups had a programme of training, both face-to-face and electronic. A database was used to record attendance and completion of online training. Management staff monitored completion of training to ensure that all staff were up to date with this.

Staff also have informal one-to-one meetings with senior staff every 2–3 months. A coaching for performance framework is used in these sessions. Staff told us these were very helpful both professionally and personally.

As staff become more senior they take on a lead role in a specific area, for example, moving and handling, blood transfusion or dementia. They are supported to attend external
conferences in their area of expertise and are responsible for contributing to the development of clinical policies offering in-house training and monitoring practice in the clinical area.

We asked staff if they were aware of what to do if they saw poor practice and all stated they would report this. This showed an awareness of the need to protect vulnerable adults.

A board is placed at the entrance to the inpatient ward with pictures and names of all staff working within the unit. The day centre takes this a step further and has a board with the names of the staff on duty on it. The inpatient staff were considering using this practice while we were there. Patients told us staff introduced themselves at the start of the shift. This helped them know who was caring for them that day.

We met with the new human resources manager who is now responsible for the recruitment process throughout the service. A recruitment policy was now in place that made reference to the protection of vulnerable groups scheme.

Nurse and allied health professional registrations were checked and recorded using online verification systems.

We saw evidence of checks including retrospective checks for staff through the new protection of vulnerable groups scheme.

Patients we spoke with were very complimentary about staff. Some comments included:

- ‘They’re great! Everything about the hospice is very good - I take my hat off to them.’
- ‘The staff to patient ratio seems really good and they bring in extra staff if they need to. They are all polite and say hello - there’s no ill humour. They introduce themselves and the assistants. No one’s perfect but they’re pretty near to it. Even the cook comes round and asks if there’s anything they can make for you! Fantastic doctors, they recognised things and knew how to help.’

Areas for improvement

We examined four staff files and found the quality of recruitment practice and record-keeping must be improved. We found that some staff had started working in the hospice before all of the recruitment checks had been completed. This was sometimes for many months and was not in line with the service’s policy on recruitment (see requirement 2).

The recruitment check sheet used for new employees needs to include dates, signatures and follow-up actions to ensure checks are carried out. Reference forms used need to be reviewed to ensure these are completed in full, with dates and signatures.

Requirement 2 – Timescale: by 1 July 2014

The provider must carry out appropriate checks prior to the commencement of employment of staff and audit staff files to ensure fitness to practice on an ongoing basis. This must include:

- sight and proof of qualifications
- verification of registration of healthcare professionals
- appropriate checks with Disclosure Scotland
- assessment of references, and
- assessment from occupational health.
Quality Theme 4 – Quality of management and leadership

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: 5 - Very good
The hospice strategy had been widely shared with the public using a ‘road show’ across the Highland region.

We saw some evidence of service evaluations being carried out using surveys completed by patients in the day services unit.

Areas for improvement
More specific feedback on the hospice management needs to be developed. Ways of involving patient representatives could be considered to allow them to be more involved in committees that influence the running of the hospice.

Involvement of patients or representatives of patients with completing the self-assessment would also be good practice.

- 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
We found very good quality assurance systems in the service. The areas monitored were regularly reviewed and analysed.

Clinical governance is the term used to describe the systems in place to ensure the service is accountable for the:

- safety
- quality, and
- effectiveness of clinical care delivered to people who use the service.

A new governance structure had just been put in place. Five subcommittees reported to the board of directors on the following subjects:

- clinical effectiveness
- medicines management
- health and safety
• human resources/staff governance, and
• finance governance.

The clinical effectiveness and medicines management committees reported to the healthcare governance committee. This committee included members of the board and lead clinicians. We looked at the minutes of this meeting. The minutes showed that infection rates were monitored and updates were provided on complaints and incidents.

Medicines incidents were reported to the medicines management committee. We saw that a medicine incident had been recorded on an incident form and then an incident analysis took place, where learning points were identified. This was good practice and very thorough.

One staff member was the lead person on, and carried out, an overview of policy reviews. This helped to ensure that policies were kept up to date.

We viewed the complaints log and this showed a small number of complaints over the last year. These were logged appropriately and responses had been provided within the timescales set in the complaints policy.

An overview of clinical care activity, incidents and accidents was presented monthly on the Highland Hospice ‘balance scorecard’. This gave a comparison with the previous year’s performance. This could help to detect trends of improvement or areas of concern. We saw a programme of internal audits for 2014 which set out the subject and the timescales.

Some audits, such as those for mattresses and hand hygiene, were carried out monthly. A consultant had carried out an external audit in December 2013. This external audit assessed health and safety structures within the hospice and resulted in a report with recommendations. An action plan was developed following this and was due to be followed up by the health and safety committee.

A risk register was in place. We also looked at the corporate risk register, which gave an overview of risks. As well as this, another risk matrix was used in each department to identify risk levels and controls.

Areas for improvement
Some areas of audit had been identified, but timescales had not yet been confirmed. This included end-of-life care plans. The need to audit patient care records was not identified on the audit programme and this would be beneficial.

We found that a patient had fallen over a bed-rail. The patient was agitated and confused and therefore using the bed-rail was inappropriate. This had not been picked up on the incident analysis. Appropriate bed-rail risk assessments were available, but had not been used. Learning points could have been picked up from this incident. A more in-depth analysis into falls incidents should take place (see recommendation f).

■ No requirements.

Recommendation f
■ We recommend that the service should ensure that robust analysis is carried out after a fall to identify learning points and change practice where needed.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 1.1

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**Recommendations**

We recommend that the service should:

a. develop a participation policy that sets out clearly how feedback is to be obtained from patients and relatives to help inform future developments (see page 11).

   National Care Standards – Hospice Care (Standard 2.1 – Advocacy, comments, concerns and complaint)

b. ensure that the legal status of patients is recorded to ensure appropriate representation is provided (see page 11).

   National Care Standards – Hospice Care (Standard 2.1 – Advocacy, comments, concerns and complaint)

### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that all entries made in patient care records contain the full date, time and name of the healthcare professional for each consultation or examination of the patient (see page 13).

   Timescale – by 1 July 2014

   SSI 2011 No. 182 - Regulation 4 (2)(a)
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

   National Care Standards – Hospice Care (Standard 3.1 – Guidelines and legislation)
## Recommendations

**We recommend that the service should:**

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<td>ensure that patient care records include details on –</td>
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<td>• any advance statement</td>
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<td></td>
<td>• end-of-life wishes, and</td>
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<td>• preferred place of death and preferred place of care (see page 13).</td>
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National Care Standards – Hospice Care (Standard 22 – Around the time of death)

| **d** | ensure that records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient and their family (see page 13). |

National Care Standards – Hospice Care (Standard 2.2 – Assessing your needs)

| **e** | develop a robust audit system to ensure that all paper and electronic records are completed to a required standard (see page 13). |

National Care Standards – Hospice Care (Standard 2.7 – Assessing your needs)

## Quality Statement 3.3

**Requirement**

The provider must:

* **2** carry out appropriate checks prior to the commencement of employment of staff and audit staff files to ensure fitness to practice on an ongoing basis. This must include:
  * sight and proof of qualifications
  * verification of registration of healthcare professionals
  * appropriate checks with Disclosure Scotland
  * assessment of references, and
  * assessment from occupational health (see page 17).

Timescale – by 1 July 2014

SSI 2011 No. 182 – Regulation 8
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards – Hospice Care (Standard 6.2 – Staff)

**Recommendations**

None
<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>f ensure that robust analysis is carried out after a fall to identify learning points and change practice where needed (see page 19).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)
### Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of leadership and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/07/2012</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>3 - Adequate</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>6–7/05/2014</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

- excellent
- very good
- good
- adequate
- weak
- unsatisfactory

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 6 – Terms we use in this report

Terms and explanation

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

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

www.healthcareimprovementscotland.org

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