Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net.
## Contents

1. A summary of our inspection  
2. Progress since our last inspection  
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Appendix 1 – Requirements and recommendations  
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1 A summary of our inspection

About the service we inspected

Ardgowan Hospice is an independent hospital providing hospice care. The provider is Ardgowan Hospice Limited, a charitable organisation in the centre of Greenock. The services are based in two separate buildings near each other.

The service states that, supported by the local community, it aims 'to provide the highest quality of care for patients and families living with a life limiting illness. We value quality of life, dignity, privacy and individual choice.'

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

- be admitted to the hospice inpatient unit
- visit the day service (Access) for individual appointments or to attend a group, and
- receive visits from specialist nurses to their home (through the community nurse specialist team).

The service’s staff work together to meet the palliative care needs of people with progressive, life-limiting illness.

The inpatient unit provides specialist palliative care for up to eight adults over the age of 18. A multidisciplinary healthcare team provide care.

Experienced palliative care staff ran Access, where up to 15 people can attend from home. This service provides holistic care and support with peoples’ illness. Complementary therapies and bereavement services are also provided. Specialist nurses visit people at home to offer support and advice about their illness through a community palliative care service.

A team of trained volunteer staff support Ardgowan Hospice in various activities, such as fundraising, gardening, driving and welcoming people at reception.

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 Ardgowan Hospice on Wednesday 17 and Thursday 18 August 2016.

The inspection team was made up of three inspectors.

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:** 5 - Very good  
**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:** 6 - Excellent  
**Quality Theme 4 – Quality of management and leadership:** 4 - Good

The grading history for Ardgowan Hospice and more information about grading can be found on our website.

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 a drop-in centre for patients, families and the local community that provided advice and support. We found staff had an excellent culture of respect, which included protecting patient privacy and confidentiality. The service provided plenty of opportunities for patients and carers to share their feedback. Staff appreciated suggestions which could help improve the service.

The service followed good practice to help make sure risk was minimised, such as in staff recruitment and induction. The staff completed a variety of training which helped them to meet patient’s needs.

**What the service could do better**

The service should promote leadership opportunities for staff through training, work opportunities and a yearly performance review. Its policies and procedures should continue to be reviewed and updated to reflect best practice. The service should review its audits to make sure they include all elements of standard infection control precautions. It should make sure the correct procedure is followed for blood and body fluid spillages management. Linen should be disinfected in line with the guidance in the national infection prevention and control manual. The service should develop a robust improvement plan to make sure key priorities are addressed.

This inspection resulted in one requirement 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.

Ardgowan Hospice Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ardgowan Hospice 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 28 and 29 January 2015

Requirement

*The provider must update the complaints procedure to include Healthcare Improvement Scotland's contact details.*

Action taken

The provider has updated the complaints procedure and patient information to include Healthcare Improvement Scotland’s contact details. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 28 and 29 January 2015.

Recommendation

*We recommend that the service should provide patients and relatives with clear information about the hospice’s ‘comments, suggestions and complaints’ policy.*

Action taken

The provider has provided families and relatives with clear information about the service’s comments, suggestions and complaints policy and procedure. **This recommendation is met.**

Recommendation

*We recommend that the service should implement its advance care planning policy to record and review the patient’s preferred place of death and end of life wishes at regular intervals.*

Action taken

The provider has implemented its advanced care planning policy and the patient’s preferred place of death and end of life wishes are recorded and reviewed appropriately. **This recommendation is met.**

Recommendation

*We recommend that the service should develop a clearer record of assessment and outcomes of assessment for hydration and nutrition, particularly at end of life.*

Action taken

The service had started to develop a more robust system to make sure a detailed assessment of each patient’s hydration and nutrition was carried out. **This recommendation is met.**
Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design.

Action taken
This is reported under Quality Statement 2.2. This recommendation is not met (see recommendation a).

Recommendation

We recommend that the service should establish and record patient preferences for single or shared rooms. This will allow the service to accommodate patient choice when possible.

Action taken
The service asked patients about their preferences for single or shared rooms. The service advised patients that while every effort would be made to place them in their preferred room, it may not always be possible. The service told us that single rooms would be available for all patients once new premises become available. This recommendation is met.

Recommendation

We recommend that the service should improve the privacy of the bathing facilities so all patients can use them with dignity, if they choose to.

Action taken
The patients’ bath could still only be accessed through the three-bedded bay. Staff told us they had considered moving the bath to another area, but could not find another suitable space. Patients told us their privacy and dignity was maintained. When the service moves to the new building, all patient accommodation will be single rooms with accessible showers. Bathing facilities will also be available to give patients a choice. This recommendation is met.

Recommendation

We recommend that the service should develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service.

Action taken
The service had introduced an electronic care record system and staff had completed training in its use. A system was in place to monitor the quality of the information contained in the electronic patient care records. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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: 5 - Very good
The service was able to provide information in a number of ways. A range of leaflets were available at reception and throughout the building and an information pack was sent out on request. The service’s website was easy to follow and informative and social media was used to inform the public about events and services.

Patients and families we spoke with told us they had received most information about the service by talking with staff. Members of the public could use the day service’s drop-in facility to receive advice, support and ask questions. Staff at the drop-in facility made referrals and gave information about the inpatient unit. Patients were invited to visit the inpatient unit before admission and discuss their needs. Patients and families told us they received enough information about the service and that staff were always there to answer questions. The service had several ways it raised awareness in the local community, such as:

- good links with local surgeries and Inverclyde Hospital
- outreach in a medical centre in Port Glasgow, and
- planned events.

Area for improvement
While the service had a range of leaflets, these had to be updated as some had out-of-date information about key staff. Inpatient information also needed updating. Management staff told us that a project had started to review the service’s information, including publications. A web developer had been contracted to review the website as part of this review. The service told us it planned to involve patients and families in developing the updated information.

- No requirements.
- No recommendations.

Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 6 - Excellent
The service had excellent systems and processes in place to manage confidentiality. The chief executive officer and head of finance oversaw information management arrangements. A range of information management policies were in place, including for the use of social media. Staff signed a confidentiality agreement when starting
employment, and received data protection and confidentiality training. Data protection posters were in place to remind staff of their responsibilities in relation to confidentiality. Reception staff were aware of the need to protect confidentiality when answering the phone. All patients admitted to the unit gave written consent for their information to be shared with relevant professionals involved in their care and more widely if appropriate. Patients and families we spoke with told us that they had been told about confidentiality and staff always reserved a quiet area to discuss their care. The service used an electronic care record system with password protection. Confidential files were stored securely and a clear desk policy was in operation.

The archiving room had a comprehensive system in place to manage confidential records, including the use of tracer cards to track care notes. A 6-monthly audit was carried out and showed the system was working well.

Area for improvement
The provider had identified areas to improve the service’s IT system. We were told this would lead to a staff intranet which authorised people working off-site would be able to securely access remotely.

- 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: 5 - Very good

Staff, volunteers, patients and carers were members of a dedicated user involvement group. The group worked with staff to develop and implement initiatives which let people have their say in how the service operated. Patients and carers could share their views in a number of ways. For example, the service offered questionnaires to patients and carers, which helped staff to assess people’s experiences and areas for improvement. The service’s ‘what matters to you’ project gave patients and carers more opportunities to talk about things they liked about the service and what was important to them. Feedback from the project was shared with people who visited or stayed in the service. Suggestions were acted on and this helped promote a positive experience for each person. A ‘you said, we did’ board in the inpatient area highlighted examples of how staff listened to, and acted on, patients’ views. For example, a survey was completed to identify how well the patient transport service operated. One patient had difficulty being ready in time for transport to a group, so the service had changed the time the patient was picked up. A number of patients also joined a ‘Breathlessness’ group. Members shared their experiences with staff, who talked about ways to manage breathlessness better.

Staff spent time speaking to people in the local community about end of life care. Members of the public were given information and asked for their views about what was important to them. This helped the service assess the care it provided.

All patients and visitors we spoke with told us they were very happy with the quality of care received. While some had not written their views down, they felt confident
they could tell staff verbally and suggestions would be acted on. Patients visiting the
day service told us:

- ‘We love coming here because you can speak to other people who understand
  how you feel. This helps us to cope better. We have met new friends coming to
  the group and look forward to seeing everybody. We are able to discuss what
  activities we want to participate in and how we can support others. The staff and
  volunteers are very helpful.’

Areas for improvement
The service could consider ways to encourage feedback from patients and families.
For example, the patient and carer questionnaire could be reviewed to make sure it
 gathers more relevant feedback.

The service’s inpatient unit had a ‘you said, we did’ board. This could also be
introduced to its day services to show how it acts on patient 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
The service followed good practice to make sure medication was administered safely
and risks were minimised. Medical and nursing staff completed training which kept
their knowledge, skills and competencies up to date. Systems for recording when
medication was administered were good. The four patient care records we inspected
had the correct patient details, medication records, family contact and care plans.
Staff told us that patient care records were audited after each medication round. This
helped identify whether a patient had not been given their prescribed medication, or
staff had not signed medication given. The audits found very few occasions when
medication had not been administered or signed for. Staff explained that the system
helped make sure that missed doses of medication were administered as soon as
possible. The area where staff prepared medication was bright, clean and spacious.
Medication was safely stored and disposed of.

Staff worked closely with the specialist palliative care pharmacist and palliative care
staff, who met frequently with other hospices. This helped make sure patient
medication was appropriate and policies up to date.

Area for improvement
Medication policies and procedures were available to support safe and secure
handling of medication. Some guidance needed to be reviewed to make sure the
information was up to date and supported current best practice. Management staff
said they would review and update the policies.
No requirements.
No recommendations.

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: 4 - Good
The inpatient unit had eight beds. This was made up of a room with two beds, a room with three beds and three single rooms. Overnight accommodation for families had ensuite facilities. Patients and their families could use a small cafe and conservatory. Patients and visitors could access a small garden from the cafe.

The day service centre was in a separate building and used for outpatient activities and therapies. This building was clean and well maintained with modern fixtures and large spaces for patients and staff to use.

The maintenance manager showed us records for servicing and maintaining clinical and non-clinical equipment. We saw various agreements with external contractors to service and maintain other equipment and systems in the service. Management systems in place were robust and well organised and staff were very knowledgeable about their duties and responsibilities.

Processes for reporting repairs or faults with equipment were in place and progress was easy to track through the records kept. A planned maintenance programme was also in place which demonstrated a proactive approach to managing facilities.

Comprehensive systems to manage some of the complex areas of the service, such as water safety and fire safety, were in place. External specialist companies provided input for regular site inspections and assessments and the maintenance manager was very knowledgeable.

The service was in the very early planning stages of building a new hospice. Its aim is to bring the inpatient and day services into one building. All rooms will be single rooms with accessible bathrooms. It is hoped that the new hospice will be operational by early 2018.

Areas for improvement
The service had not identified all its non-compliant clinical hand wash basins. The service should complete a risk assessment that would help identify the control measures that should be put in place until the service moves to its new build. The service should also place this risk on the risk register (see recommendation a).

No requirements.
Recommendation a

■ We recommend that the service should identify its non-compliant clinical hand wash basins and complete a risk assessment. This will identify the control measures that should be in place to minimise risks.

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: 5 - Very good

The service had an arrangement in place with NHS Greater Glasgow and Clyde’s public health team to provide infection prevention and control advice. An infection prevention and control lead worked in the service. Infection prevention and control was discussed at infection control meetings and healthcare governance meetings, both held every 3 months.

A review of the Healthcare Associated Infection Standards 2015 had been completed and the action plan was being developed.

We saw evidence of completed audits for hand hygiene, environmental cleanliness and the cleanliness of patient equipment. Where gaps were found, action plans had been developed and the actions signed off.

We saw good compliance with the majority of standard infection control precautions, such as the cleanliness of the environment, cleanliness of patient equipment and waste management.

Areas for improvement

We saw that only three of the 10 standard infection control precautions in the Health Protection Scotland National Infection Prevention and Control Manual were included in the audit programme.

We saw protruding sharps in two sharps bins. We discussed this with the nurse in charge of the ward at the time of the inspection, who dealt with it immediately.

We reviewed the on-site laundry procedures. The service could not verify the time and temperature requirements for thermal disinfection, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual.

We asked staff how they would manage a blood or body fluid spillage. Staff could not describe the correct procedure to follow to safely decontaminate blood or body fluid spillages, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (see requirement 1).

The infection prevention and control lead nurses did not hold any formal qualifications in infection prevention and control. Lead nurses should complete formal education in infection prevention and control to strengthen their knowledge of the topic and help improve the service (see recommendation b).
Requirement 1 – Timescale: by 15 January 2017

- The provider must have appropriate systems, processes and procedures in place for infection prevention and control, and to this end:

(a) review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual 2015
(b) ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for the management of blood and body fluid spillages, and
(c) ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland’s National Infection Prevention and Control Manual.

Recommendation b

- We recommend that the service should provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice.

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
The service had comprehensive recruitment and induction policies and procedures in place for staff and volunteers. We reviewed five staff files and two volunteer files. All required checks had been completed, including background checks and references.

The service had enrolled all staff carrying out regulated work in the Protecting Vulnerable Groups (PVG) scheme. The service carried out a monthly professional registration check for all. Staff that appear on a professional register, such as doctors and nurses. This identified when employees were due to renew their registration and whether any conditions of practice were placed on that person.

The human resources manager described staff’s induction. This included a hospice induction, health and safety induction and departmental induction.

- 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
The service included respect as one of its key values, incorporated in its staff induction program. Staff told us they felt respected in their roles and that all team members were appreciated for their efforts. An employee recognition scheme was in place for staff and volunteers, and an event was held to mark these awards.

A number of policies were in place to support staff including whistleblowing, dignity at work and staff support. Staff meetings encouraged input from staff, and staff told us they felt able to contribute and that their opinion was valued. We saw that patient care was person-centred and based around patients’ preferences and wishes.

We saw that staff were respectful to patients and families. Patients we spoke with told us that staff were caring, compassionate and treated them with respect.

■ No requirements.
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 4 - Good
Most of the senior management team had been recruited in the last 12 months and the new registered manager had joined in May 2016. The management team were continuing to develop and consolidate. Staff feedback was positive about management. Staff told us they welcomed the stability, as key posts had been vacant for a period, despite a recruitment plan and ‘acting’ staff being in place.

Staff had clear, identified leads and management structure. The service’s vision, mission and values were displayed throughout the building and staff were able to tell us about these. Staff were supported to develop through their yearly appraisal and supervision process.

Areas for improvement
While staff’s standard training programme included leadership skills and values, leadership training had not been held for 2 years as part of a change in priorities to quality improvement. Management staff told us this was being reviewed and they planned to re-establish leadership training (see recommendation c).

The service was developing a plan to support and improve opportunities for staff to progress and work across other service areas.

A new staff appraisal was being piloted with staff and job descriptions were being reviewed to make sure they were in line with the service’s strategy.
An extensive staff survey had been carried out. This showed positive feedback around staff having the skills to do their job and health and safety. However, we saw some negative feedback around key areas, including staff knowledge of policies and procedures, and training and development. While bullying had also been highlighted as an issue in the staff survey, the service had introduced an action plan to address this and support positive cultures.

Management told us that this survey was carried out across the organisation. This did not allow clear identification of feedback from particular departments and services. The provider should consider staff surveys for different parts of the service to allow targeted response to negative feedback (see recommendation d).

- No requirements.

**Recommendation c**

- We recommend that the service should promote opportunities to develop leadership skills and values among all staff.

**Recommendation d**

- We recommend that the service should further develop its staff survey for clinical and non-clinical parts of the service to allow more effective actioning of feedback.

**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: 4 - Good**

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completed this self-assessment each year and gives a measure of how the service has assessed itself against the quality themes and national care standards. We found good quality information that we were able to verify during our inspection.

Ardgowan Hospice shared information with patients and carers about any changes in the service. Staff valued feedback and looked for ways to improve the service where possible. The service worked in partnership with other hospices to discuss best practice and raise awareness of palliative care.

The new patient assessment of care model supported a more detailed assessment of each patient’s care. The service manager was quite new in post and had already made a number of improvements in the service. They had a realistic vision of how the service could be developed further and recognised areas for development, such as in its quality assurance processes.

**Areas for improvement**

Staff said it was not always easy to find some policies and guidance. The service should seek additional information from the staff and carry out a review of the policies
and procedures which will also help to ensure the information is up to date (see recommendation e).

The service did not have a robust system in place to assess where it did well and where it could improve its practices. Although a number of audits were taking place, action plans had not always been developed to address any areas for improvement. The service was not able to demonstrate how all the information was gathered and prioritised (see recommendation f).

- No requirements.

**Recommendation e**

- We recommend that the service should review existing policies to make sure information is up to date and can be retrieved more easily.

**Recommendation f**

- We recommend that the service should review its quality improvement programme and ensure that, where areas for improvement are identified, action plans are developed and implemented.
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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<th>Quality Statement 2.2</th>
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<td>Requirements</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 identify its non-compliant clinical hand wash basins and complete a risk assessment. This will identify the control measures that should be in place to minimise risks (see page 11).</td>
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National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)
Quality Statement 2.4

**Requirement**

The provider must:

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<td>have appropriate systems, processes and procedures in place for infection prevention and control, and to this end:</td>
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(a) review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual 2015  
(b) ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for the management of blood and body fluid spillages, and  
(c) ensure compliance with the requirements of the Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (see page 13).

**Timescale** – by 15 January 2017  

*Regulation 3(d)(i)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.*

National Care Standards – Hospice Care (Standard 7 – Infection control).

**Recommendation**

We recommend that the service should:

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<td><strong>b</strong></td>
<td>provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice (see page 13).</td>
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National Care Standards – Hospice Care (Standard 7 – Infection control).

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Quality Statement 4.3

**Requirements**

None

**Recommendations**

We recommend that the service should:

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<td><strong>c</strong></td>
<td>promote opportunities to develop leadership skills and values among all staff (see page 15).</td>
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National Care Standards – Hospice Care (Standard 6 – Staff)
**Quality Statement 4.3 (continued)**

| d | further develop its staff survey for clinical and non-clinical parts of the service to allow more effective actioning of feedback (see page 15). 

National Care Standards – Hospice Care (Standard 6 – Staff) |

**Quality Statement 4.4**

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<td><strong>We recommend that the service should:</strong></td>
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| e | review existing policies to make sure information is up to date and can be retrieved more easily (see page 16). 

National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation) |

| f | review its quality improvement programme and ensure that, where areas for improvement are identified, action plans are developed and implemented (see page 16). 

National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment) |
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.

www.healthcareimprovementscotland.org

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.