Unannounced Inspection Report: Independent Healthcare

Service: Nova Recovery, Largs
Service Provider: Nova Recovery Limited

9-10 November 2021
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 his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2022

First published January 2022

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
1. A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Nova Recovery on Tuesday 9 and Wednesday 10 November 2021. We spoke with a number of staff and patients during the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Nova Recovery, the following grades have been applied to the three key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>A number of policies and procedures had been implemented to ensure the safe delivery of care. This included a process for managing incidents and ensuring the safe management of medication. An audit programme was in place to regularly review key aspects of care and treatment. The standard of environmental cleaning should be improved.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A visible and identifiable management team was in place that staff found approachable. Clinical governance reporting structures were still in the process of being developed in the service. A number of policies need to be in line with Scottish legislation. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. A formal agenda and action plan template should be introduced for staff meetings.</td>
<td>✔ Satisfactory</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patients received a thorough assessment and were involved in developing their treatment plan. Patient care was continually reviewed throughout admission. Consent to care and treatment was sought and recorded. Patients</td>
</tr>
</tbody>
</table>
should be encouraged to engage with their GP about their treatment to help with continued support and monitoring.

**Domain 7 – Workforce management and support**

| 7.1 - Staff recruitment, training and development | An induction and training programme was in place for staff. However, all training carried out must specifically relate to Scottish legislation and guidance, where appropriate. Staff received regular supervision and were clear about their roles and responsibilities. Some staff files did not contain evidence that all essential pre-employment and revalidation checks had been carried out. |

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

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Nova Recovery Limited to take after our inspection**

This inspection resulted in four requirements and five recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 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.

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

Nova Recovery Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nova Recovery for their assistance during the inspection.
2  What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

**Domain 2 – Impact on people experiencing care, carers and families**

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

---

**Our findings**

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were given enough information to help them make decisions about their treatment. They were overwhelmingly positive about the care and treatment they received, and it was clear that staff treated patients with compassion, dignity and respect. Patients knew how to raise a concern or make a complaint. Although a relatively new service, patient feedback had already been used to make improvements to how the service was delivered. Staff should be trained in the principles of duty of candour.

We spoke with five patients during the inspection. They told us they were given enough information to make an informed decision to proceed with treatment. The costs of the programme were also made clear to patients and their families. Patients were able to agree their desired outcomes with staff early on in the assessment process and confirm their expectations when they were admitted to the service.

When they were admitted, patients were given an information folder containing essential information about the treatment programme. This included the risks and benefits associated with medically-assisted detoxification and how staff would support them through the process. ‘House rules’ were clearly laid out, so patients understood what was and was not acceptable behaviour.

Those who were due to be discharged at the time of the inspection told us the treatment had been successful and beneficial for them. Several patients told us they had been underweight before being admitted to the service but were leaving having put on weight, which they were happy about. Patients were particularly complimentary about the catering provided in the service.
The service was in the early stages of gathering patient feedback and was developing a clear strategy and methodology to analyse the information fully. Patients could provide feedback in a variety of ways. Most feedback was gathered through a completed survey at the end of their stay. However, patients could also provide informal feedback or leave an entry in a comments book held at reception, although we noted that no one had yet done this. Staff had recently introduced a ‘You said, We did’ poster, highlighting the changes the service had made based on what patients had told them. We noted the service had already made a number of changes based on patient feedback. This included:

- creating a designated therapy room, and
- designing and printing ‘house rules.’

Patients told us staff treated them with dignity and respect. They felt listened to and felt staff were approachable, providing time to talk when patients needed this. While the treatment programme was standardised, patients felt that staff took time to understand what was important to them as individuals.

Patients were supported to make healthier choices with their diet and exercise. Several told us they were pleased to be feeling healthier and were eating a better diet.

Patients had easy access to information to support them to make a complaint. We reviewed two complaints the service had received. We saw that both had been handled effectively and compassionately. All patients we spoke with told us they were highly satisfied with their care and treatment and had no complaints. They told us they knew how to complain and were confident they would be listened to and supported if they were unhappy with any aspect of the service.

**What needs to improve**

Although we saw that the manager had effectively implemented the service’s duty of candour policy when they needed to, staff had not yet receiving training or had awareness of the principles of duty of candour. This is where healthcare organisations have a professional responsibility to be honest with patients, and respond appropriately, when any unintended or unexpected incidents occur in the service (recommendation a).

- No requirements.

**Recommendation a**

- The service should ensure staff are trained in the principles of duty of candour.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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

Our findings

Quality indicator 5.1 - Safe delivery of care

A number of policies and procedures had been implemented to ensure the safe delivery of care. This included a process for managing incidents and ensuring the safe management of medication. An audit programme was in place to regularly review key aspects of care and treatment. The standard of environmental cleaning should be improved.

A number of policies and procedures had been implemented to ensure the safe delivery of care, including infection prevention and control, and health and safety.

The environment was welcoming and mostly well maintained. A health and safety file showed a number of processes in place to ensure suitable equipment checks and building maintenance were carried out and up to date. Arrangements were in place to make sure specialist equipment was maintained and serviced in line with the manufacturers’ guidelines. A clear process was in place for carrying out regular assessments of the environment, including fire safety and water safety checks. Managers were responsible for routinely updating the service’s risk register.

We saw safe management of medicines including processes for prescribing, procurement, storage, administration and destruction. Suitable stock checks and a system for monitoring the medicine fridge temperatures were in place. A nominated staff member was responsible for medicines management and routinely carried out medicine management audits. These showed good compliance. The service had good links with the local pharmacy who were contactable for support and visited the service every 3 months to carry out medication chart and stock reviews.
We were told the service would be able to respond appropriately in the event of a medical emergency. All the necessary medical emergency equipment was available, and staff had received appropriate training including essential life support. The service had links with a GP and a telephone service for physical health advice.

We saw that a comprehensive audit programme had been developed that covered a wide range of areas. This included:

- accidents and incidents
- agency use, and
- patient care records and care plans.

Audit findings mostly showed good compliance. Where actions were required, we saw associated action plans detailing actions that would be taken, with timescales for completion.

All staff had undertaken training to make sure they understood the service’s protection of vulnerable adult and children policies and what they should do if they needed to raise a concern.

Staff were aware of what they should report on the service’s manual accident and incident reporting system. We reviewed incidents and saw that managers had investigated them, and changes to systems and processes were made as a result. The service was aware of the notification system to report specific events or incidents to Healthcare Improvement Scotland where necessary.

Patients told us they felt safe while staying at the service. They were complimentary about the laundry service and the cleaning of their bedrooms carried out by housekeeping staff.

We saw a number of bedrooms downstairs where higher risk patients could stay during their admission. The service had a process for assessing risk and identifying the level of support that patients required. This would be reviewed regularly as part of the patient’s care pathway. A nurse call alarm system and staff radios were available, when needed. We saw that all patients had up-to-date risk assessments that considered potential risks to themselves or others and any environmental issues that could cause a risk to a patient.
What needs to improve

Cleaning schedules were up to date, and were monitored by the senior housekeeper. We noted that appropriate products were being used to clean the environment, including sanitary fittings. However, we found some areas where the standard of cleaning should be improved. This included unclean sanitary fittings in the ensuite shower rooms and surfaces in the dining area (recommendation b).

■ No requirements.

Recommendation b

■ The service should continue to develop a more enhanced approach to cleaning, and a carry out regular infection prevention and control audits to help minimise risks in the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a thorough assessment and were involved in developing their treatment plan. Patient care was continually reviewed throughout admission. Consent to care and treatment was sought and recorded. Patients should be encouraged to engage with their GP about their treatment to help with continued support and monitoring.

We reviewed six patient care records which showed detailed assessments, consultations and treatment plans with evidence of patient involvement throughout.

The initial assessment was carried out on the telephone by the admissions team. Information gathered included the patient’s medical history, allergy status, presenting problem and their consent for treatment. The service had recently introduced a process for contacting the patient before they arrived at the service to confirm important details and ensure the patient brought any current medication. Patients were asked to consent to their GP being contacted or asked to bring a GP summary care record.

Patients received an initial face-to-face assessment by a doctor and nurse when they were admitted to the service. This helped to ensure all necessary information had been gathered to help inform the patient’s care plan. Throughout their treatment, they had scheduled ‘one-to-one’ time with their named keyworker, nurse and therapist. Patients were also offered a weekly multidisciplinary team review where their progress was reviewed and any
relevant changes or updates to their care plan were made. Patients could also speak to the doctor through video calls. Staff could contact the doctor at any time of the day for advice or an urgent review of a patient, if required.

From the patient care records reviewed, it was clear that all patients were asked to consent to treatment during the initial assessment. Patients using the service had made a choice to be there and had been assessed on admission as having the mental capacity to consent to their care and treatment. Patients chose if they wanted their family and carers to be involved in their care. Staff recorded this information in the patient’s care record and only shared information with these nominated individuals. Patients told us they were very satisfied with the care and treatment they received.

The patient care records reviewed showed that physical observations were taken and recorded on admission to the service and repeated where necessary, based on clinical assessment. The service used an alcohol withdrawal assessment that informed the treatment plan. The service only carried out blood tests if clinically required.

Patient care records were stored securely in a locked cupboard in a locked office.

We were told that all staff could contribute to the information shared during the daily handovers. This included each patient’s current condition, as well as any risks or significant issues that needed following up that day.

All patients were offered aftercare for a year following discharge from the service through a weekly group video call that all discharged patients could join. We were told that this had mixed attendance. However, feedback was generally positive that patients could connect with the service and other discharged patients, if needed.

**What needs to improve**

Staff encouraged patients to engage with their GP about their addiction and planned admission to the service for a medically-assisted detox programme. However, we were told that many patients using the service did not want their GP to be informed, and had the right to make this decision. Patients undergoing alcohol detox can benefit from having blood tests before and after the detox. They can also benefit from ongoing support and monitoring from their GP who can prescribe longer-term medicines to support the body’s recovery (recommendation c).
A patient care record audit was carried out on documentation for patients who had been discharged from the service. We discussed with the service the value in carrying out the audit while patients were still admitted to the service. This would provide opportunity for staff to action any audit findings to improve a patient’s current experience and care. We will follow this up at the next inspection.

- No requirements.

**Recommendation c**

- The service should strongly urge patients to engage with their GP before undergoing the detox programme and allow the service to contact their GP to share information where relevant, and inform them of the treatment provided. This would allow the patient’s GP to consider pre-detox investigations, longer-term prescribing, support and monitoring.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

An induction and training programme was in place for staff. However, training carried out must specifically relate to Scottish legislation and guidance, where appropriate. Staff received regular supervision and were clear about their roles and responsibilities. Some staff files did not contain evidence that all essential pre-employment and revalidation checks had been carried out.

We reviewed eight staff records and saw that all staff had carried out a period of induction. Staff had completed what the provider had considered was mandatory learning for the role and for the type of service they worked in.

Staff told us they felt well supported, and managers and senior staff provided regular supervision for staff. Staff had the opportunity to receive feedback on their performance and raise any concerns or training requests during these sessions. We saw written records of this in the files we reviewed. A process was in place to ensure managers would carry out annual appraisals for staff.
Staff told us they had received useful and relevant training to support them in their role when they started working in the service. They also told us they had good opportunities for ongoing learning and development. We saw that staff had access to a wide range of sector-specific learning tools and nationally recognised vocational training courses. Several staff were being supported to work towards Scottish Vocational Qualifications in health and social care.

A training and development officer worked with staff and managers to source suitable training and education courses and materials for staff.

Staff were clear about their roles, responsibilities and accountabilities. They understood their duties and knew who they reported to. Patients told us they felt safe and had confidence in the skills of staff working in the service.

**What needs to improve**

Recruitment was not in line with the Scottish Executive's Safer Recruitment through Better Recruitment (2016) guidance. There was no effective process to identify that essential pre-employment and ongoing revalidation checks had been carried out for staff who were registered with a professional body such as the Nursing and Midwifery Council (NMC) or General Medical Council (GMC). Staff files were missing key pre-employment information such as interview notes, evidence the person specification had been met and appropriate background checks with Disclosure Scotland (requirement 1).

Some aspects of the service’s staff induction programme related to English law and practice, and not relevant Scottish legislation (requirement 2).

Some staff had identified that they would benefit from specific addictions training. The service had also identified that boundaries training was important for staff. Professional boundaries are legal, ethical and organisational frameworks that protect patients and staff from physical and emotional harm, and help to maintain a safe working environment. The service was in the process of commissioning training to meet these needs. We will follow this up at the next inspection.

**Requirement 1 – Timescale: immediate**
- The provider must develop and implement a recruitment policy and ensure that it follows guidelines on safer recruitment.

**Requirement 2 – Timescale: immediate**
- The provider must develop a service-wide training and development plan that references relevant Scottish legislation.
- No recommendations.
Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

A visible and identifiable management team was in place that staff found approachable. Clinical governance reporting structures were still in the process of being developed in the service. A number of policies need to be in line with Scottish legislation. A quality improvement plan should be developed to measure the impact of service change and demonstrate a culture of continuous improvement. A formal agenda and action plan template should be introduced for staff meetings.

The service had a clear management structure with the service manager and recently appointed deputy manager. The provider had also recently secured clinical governance and management support from partner rehabilitation services in England. It was clear that this had positive outcomes for the service.

A monthly team meeting took place that all staff were encouraged to attend. Minutes of these meetings were then shared to ensure all staff were informed and kept up to date. We saw evidence that staff could contribute to the agenda, such as raising queries and concerns for management. Minutes showed that staff suggestions and feedback was taken seriously and helped to contribute to developing the service. Staff spoke positively about the clear communication and effective way of raising queries and concerns with management in staff meetings.

The operational manager chaired a monthly monitoring meeting which included the service managers from the partner rehabilitation services in England. We were told this was an opportunity to share good practice and learn from any incidents that had occurred in the wider organisation.
Staff told us that managers and senior managers were approachable and visible and they felt confident they would be listened to if they needed to raise any issues or concerns.

What needs to improve

Whilst a wide range of policies were easily available to staff both electronically and in hard copy, a significant number of policies and documents referred to English legislation and the English regulatory body. All policies implemented in the service must be in line with Scottish legislation and reference Healthcare Improvement Scotland as the regulatory body (requirement 3).

We recognise the service was still relatively new and had been focusing on developing its ways of working. However, a quality assurance system and quality improvement plan would help the service to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (requirement 4).

The service had recently introduced staff meetings and we saw evidence of the minutes showing good staff attendance. However, it was not always clear in the minutes how queries had been responded to or who was responsible for taking actions forward. A formal meeting agenda would also help ensure that sharing of information such as audit findings, learning from complaints and relevant clinical governance information was always included and discussed in staff meetings (recommendation d).

Staff told us there was a lack of staff space for breaks. Although a room had been identified as a staff break area, this was not yet equipped (recommendation e).

The service’s clinical governance group consisted of the consultant psychiatrist, operational manager, service manager and deputy manager. As the service was still relatively new, and the clinical governance reporting structures were still being implemented, very few meetings of this group had taken place at the time of our inspection. We were told these meetings would continue to take place every month. We will follow this up at the next inspection.

Requirement 3 – Timescale: by 12 April 2022

- The provider must ensure that all policies and documentation used in the service are in line with Scottish legislation and reference Healthcare Improvement Scotland as the regulatory body.
Requirement 4 – Timescale: immediate

- The provider must develop and maintain a system to ensure the quality of the service delivered meets the needs of the patients.

Recommendation d

- The service should introduce a meeting agenda, and record actions taken and who is responsible in the minutes of its staff meetings to ensure better reliability and accountability.

Recommendation e

- The service should continue to develop the staff break room to ensure staff have a space for breaks and promote staff health and safety.
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 National Health Services (Scotland) Act 1978, 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
</table>
| a The service should ensure staff are trained in the principles of duty of candour (see page 8).  
  
  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
</table>
| b The service should continue to develop a more enhanced approach to cleaning, and a carry out regular infection prevention and control audits to help minimise risks in the service (see page 11).  
  
  Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22 |
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

c  The service should strongly urge patients to engage with their GP before undergoing the detox programme and allow the service to contact their GP to share information where relevant, and inform them of the treatment provided. This would allow the patient’s GP to consider pre-detox investigations, longer-term prescribing, support and monitoring (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 7 – Workforce management and support

Requirements

1  The provider must develop and implement a recruitment policy and ensure that it follows guidelines on safer recruitment (see page 14).

   Timescale – immediate

   Regulation 12
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

2  The provider must develop a service-wide training and development plan that references relevant Scottish legislation (see page 14).

   Timescale – immediate

   Regulation 12(c)(ii)
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

None
## Domain 9 – Quality improvement-focused leadership

### Requirements

<table>
<thead>
<tr>
<th>3</th>
<th>The provider must ensure that all policies and documentation used in the service are in line with Scottish legislation and reference Healthcare Improvement Scotland as the regulatory body (see page 16).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timescale</td>
<td>12 April 2022</td>
</tr>
</tbody>
</table>

*Regulation 2*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>4</th>
<th>The provider must develop and maintain a system to ensure the quality of the service delivered meets the needs of the patients (see page 17).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timescale</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

*Regulation 13(1)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

<table>
<thead>
<tr>
<th>d</th>
<th>The service should introduce a meeting agenda, and record actions taken and who is responsible in the minutes of its staff meetings to ensure better reliability and accountability (see page 17).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e</th>
<th>The service should continue to develop the staff break room to ensure staff have a space for breaks and promote staff health and safety (see page 17).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare 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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot