Unannounced Inspection Report: Independent Healthcare

**Service:** St. Margaret of Scotland Hospice, Clydebank  
**Service Provider:** St. Margaret of Scotland Hospice  

31 July–1 August 2019
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
1 Progress since our last inspection

What the provider had done to meet the requirement we made after our complaint investigation on 20 March 2019

Requirement
The service provider must ensure that it involves individuals with a welfare power of attorney in discussions relating to the care of patients.

Action taken
We saw evidence in patient care records that these discussions took place for some patients. However, it was not always clear from patient care records whether a patient had a welfare power of attorney in place. This requirement is not met (see requirement 3).

What the service had done to meet the recommendations we made after our complaint investigation on 20 March 2019.

Recommendation
We recommend that the service should implement and complete a suitable pain assessment tool for each patient, where appropriate, as detailed in the Scottish Palliative Care Guidelines – Pain Assessment – Cognitive Impairment 2019.

Action taken
We saw that appropriate pain assessment tools were completed during medication administration rounds. This recommendation is met.

Recommendation
We recommend that the service should ensure appropriate staff complete a nutritional screening tool for all patients within 24 hours of admission to the service, as detailed in the Healthcare Improvement Scotland’s Food, Fluid and Nutrition Standards 2014. In addition, fluid balance and nutritional assessment charts should be completed accurately.

Action taken
From the six patient care records we reviewed, we saw that staff used a national nutritional screening tool to help them assess and support patients’ nutritional needs. We saw that fluid balance and nutritional assessment charts were accurately completed. This recommendation is met.
Recommendation
We recommend that the service should ensure that the temperature of patient’s rooms can be adjusted to meet patients’ needs and wishes.

Action taken
Room temperatures were satisfactory in the areas we inspected. Windows were open in some rooms and closed in others as patients chose. This recommendation is met.

Recommendation
We recommend that the service should ensure that, in all situations when complaint resolution is not reached through informal means, complainants are given a copy of the complaint policy with an explanation of the next steps available to them.

Action taken
The service had updated its complaints policy and procedure. The service had not received any complaints since the recommendation. This recommendation is met.

Recommendation
We recommend that the service should ensure that a pressure ulcer assessment should be completed for each patient, where appropriate as detailed in Healthcare Improvement Scotland’s Prevention and Management of Pressure Ulcers standards 2016.

Action taken
Staff we spoke with were not familiar with Healthcare Improvement Scotland’s Prevention and Management of Pressure Ulcers standards 2016. We found the documentation of pressure ulcer management lacked consistency and detail. This is reported under Quality indicator 5.2. This recommendation is not met (see requirement 4).
2 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 St. Margaret of Scotland Hospice on Wednesday 31 July and Thursday 1 August 2019. We spoke with a number of staff, patients and carers during the inspection.

The inspection team was made up of three inspectors, a specialist advisor and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

What we found and inspection grades awarded

For St. Margaret of Scotland Hospice, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
Inconsistent prescribing arrangements increased the risk associated with medication administration.

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

| 9.4 - Leadership of improvement and change | While leadership is strong and visible, we found it was resistant to listening and responding to independent objective feedback about opportunities for improvement. Staff told us they understand their roles and responsibilities and systems are in place for them to be able to contribute to service development. Established quality assurance systems are in place. | ✓ Satisfactory |

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

**Additional quality indicators inspected (ungraded)**

**Domain 3 – Impact on staff**

| 3.1 - The involvement of staff in the work of the organisation | Staff had opportunities to contribute their ideas for service development. Staff we spoke with were positive about their experience in the hospice and had a clear pathway of progression. |

**Domain 4 – Impact on community**

| 4.1 - The organisation’s success in working with and engaging the local community | Good links with businesses supported fundraising projects and the hospice engaged with the community and the volunteers. Volunteer satisfaction surveys could help develop the volunteer role in the service. |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.2 - Assessment and management of people experiencing care | Processes were in place to assess and record patient care. Patients and families were involved in discussions about future care planning. Elements of care planning, such as the management of pressure ulcers and complex conditions required further assessment and improved recording. |

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 St. Margaret of Scotland Hospice to take after our inspection

This inspection resulted in four requirements and nine recommendations. The 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](www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

St. Margaret of Scotland Hospice the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at St. Margaret of Scotland Hospice for their assistance during the inspection.
3 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

Most patient feedback about their experience in the service was positive. Patients, relatives and carers we spoke with said they could ask questions about their care. While the service had updated the complaint policies and procedures, patients we spoke with did not know how to make a complaint.

Patients, relatives and carers we spoke with said they could ask questions about their care. The chief executive visited all patients daily and we saw that staff knew their patients and treated them with dignity and compassion. Most patients we spoke with told us they were treated with dignity and respect and that they felt their care was high quality and person-centred. Comments included:

- ‘Care and attention is second to none.’
- ‘Nothing is too much trouble. It’s not a job to them. It’s a calling.’
- ‘Can’t fault them. More than happy. This is like my second home, because they are so friendly, and always happy, and take time to talk to me, even when they are busy.’

The service’s participation strategy described ways it would gather feedback from patients and carers, including face-to-face, thank you cards and letters. Staff we observed were attentive and supportive towards patients. Respondents to patient and carer satisfaction surveys we saw from February and April 2019 said they were happy with their care. The clinical care team completed a weekly ‘grand ward round’ and most patients we spoke with found it very helpful and appreciated being included in decisions about their care. Comments from carers we spoke with included:
• ‘Team of doctors, nurses and support staff could not have done more.’
• ‘Nothing was too much for staff.’

The hospice’s day service operated 3 days a week and offered a 6-week programme of support groups for patients. At each session in this programme, patients identified their own subjects for discussion. Patients we spoke with told us they liked being part of these discussion groups and attendance was good.

Supporting patient’s spiritual and social needs was important to staff. Patients, staff and families visited the chapel frequently. The hospice chaplain and visiting ministers engaged with patients and families to make sure their needs were met. Families also benefitted from aftercare and bereavement support.

Following a trial, a virtual reality camera programme was being developed to help meet patient wishes. This allowed patients whose health meant they could not leave the hospice to look round their own home or another desired location.

**What needs to improve**

Only three of the 13 patients we spoke with in the ward had been asked to complete a satisfaction questionnaire and patient survey sample sizes were small. Surveys did not encourage patients and carers to suggest improvements. We saw no evidence of patient or carer participation in any improvement, governance or management groups. The service should consider representation of patients, carers and families on its governance groups (recommendation a).

We saw that on admission, patients and families signed to acknowledge receipt of information on how to complain. However patients we spoke with did not know how to make a complaint and most could not remember being told about the process or given a complaints information booklet on admission. We will follow up at the next inspection.

The hospice environment could be developed further to meet the needs of children and young people as visitors. There was no designated recreational area within the hospice or gardens for children and young people to visit and resources for children were scarce. Staff explained they would provide resources to children if necessary. Developing the environment would also support the national child health and wellbeing indicators.

■ No requirements.
Recommendation a

- The service should further develop ways in which patients and families can be involved in contributing to service development.

Domain 3 – Impact on staff

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

Our findings

Quality indicator 3.1 - The involvement of staff in the work of the organisation

Staff had opportunities to contribute their ideas for service development.
Staff we spoke with were positive about their experience in the hospice and had a clear pathway of progression.

Senior management told us that expectations of staff are high and the service aimed at achieving excellence. Senior management and staff we spoke with told us that staff could be involved in service development and improvement in a variety of ways, such as through a regular schedule of staff meetings, patient handovers, and staff surveys. Staff were also invited to attend clinical governance meetings.

Management staff told us that the service’s core values and mission statement underpinned its care, support and work. Staff we spoke with discussed how they put the core values, such as maintaining patient dignity into practice. Patients we spoke with described staff as exceptional.

Staff we spoke with told us that the hospice provided a supportive learning environment. For example, mentors and senior nurse managers gave new staff five assessments to complete in their first year of employment and all staff had a development plan as part of their yearly appraisal. Staff were asked to evaluate the training provided and we saw that feedback was positive.

Management told us that the hospice was committed to caring for its staff and had systems in place to support staff wellbeing, such as an emotional resilience education to help staff develop ways to cope with stress. We also saw a healthy body and mind programme in place and opportunities to attend Pilates classes. Staff we spoke with told us that these were helpful.
A yearly staff audit included questions about how staff felt they were being supported. Results we saw from these audits were positive and action plans were developed to address any issues. The service’s low turnover of staff was a good indicator of satisfaction and patients and families commented positively on staff commitment.

**What needs to improve**
The staff satisfaction survey audit was repeated every year and we found the wording of some questions may not have encouraged open and honest responses, such as: ‘are you a team player - yes or no?’ The service could consider asking questions which encourage staff to provide more meaningful feedback. We will follow this up at future inspections.

- No requirements.
- No recommendations.

**Domain 4 – Impact on the community**
High performing healthcare organisations have a proactive approach to engaging and working with the local community that inspires public confidence.

**Our findings**

**Quality indicator 4.1 - The organisation’s success in working with and engaging the local community**

Good links with businesses supported fundraising projects and the hospice engaged with the community and the volunteers. Volunteer satisfaction surveys could help develop the volunteer role in the service.

The service had 180 volunteers, which had increased from 120 in the last 12 months. Volunteers were supported to complete yearly mandatory training. The volunteers worked in the day hospital carried out administration functions and at events, such as bag packs and donation can collections. The hospice had organised a yearly Christmas Bus event to help fundraise and engage with local communities since 1999.
The service engaged with businesses to gain support from volunteers who help with the garden projects or fundraising events. Some volunteers told us they:

- ‘Did not know how the hospice worked before volunteering.’
- ‘Found the experience very valuable.’

The management team and clergy told us it was intended to introduce a seminar for interfaith-end-of-life care to give assurances that all faiths are welcome.

**What needs to improve**

Education sessions and ‘thank you’ events were held to engage with volunteers. However, we did not see a volunteer satisfaction survey to provide feedback and improvement suggestions.

Nursing staff we spoke with stated that the volunteer role could be further developed to support aspects of patient care.

The hospice’s self-evaluation had identified the need to form links with the local health and social care partnership to contribute to the development of local community-based services for palliative and end of life care.

- No requirements.
- No recommendations.
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

The environment was clean and tidy and patients told us they felt safe and well cared for. Infection control audits were not clear and their impact was not recorded. Inconsistent prescribing arrangements increased the risk associated with medication administration.

The service had a health and safety programme in place. Management staff told us that the maintenance team carried out a daily walk round and we saw a checklist used to check empty patient rooms for repairs or refurbishment.

A health and safety audit programme included regularly risk-assessing clinical and non-clinical areas. Accident and incident reporting was being recorded on a newly implemented electronic risk system. The health and safety team told us this would help improve how potential or actual risks were actioned.

Since our last inspection in 2016, the hospice had enhanced the CCTV and fire prevention equipment. Air conditioning had also been installed in some areas. The laundry equipment had been replaced and significant elements of the exterior had been re-cladded. All of the carpets had been replaced and the garden room had been refurbished. The staff told us the central heating system was going to be replaced in the near future and oxygen cylinders would be replaced by liquid oxygen.

Staff escorted patients around the hospice to help minimise the risk of falls and all patients had a falls risk assessment in place. A portable nurse call system was given to patients who needed it.

We saw that 85% of staff delivering care had completed duty of candour training at the time of our inspection.
A designated infection control champion provided infection control training to staff. A standard infection control precautions (SICPs) audit programme was in place.

Medicines governance processes were in line with the service’s medicines management policy and a medication audit was completed.

Medicines reconciliation is a process where all of a patient’s medications are logged to help avoid medications errors. From audit results, we saw that medicines reconciliation was carried out routinely in St Joseph ward when a doctor admitted patients. In the St Joseph Ward, a pharmacist worked two sessions a week and completed medicines reconciliation. We saw that the rate of medication errors in the service was low.

Staff we spoke with had completed adult protection training. They understood their roles around it and gave us examples of where they had implemented procedures when they had concerns about a patient’s wellbeing. Staff delivering care explained how they supported patients lacking capacity to make decisions about their own care.

**What needs to improve**

We found that the Mary Aikenhead Centre did not have a pharmacist in post at the time of inspection. The service did not have contingency arrangements in place for its pharmacy services (requirement 1).

In two out of four medication charts reviewed, patients had been prescribed duplicate ‘as required’ medicines on the medication chart and the symptomatic relief chart. The duplicated prescriptions included sedative medicines and in one case paracetamol, which may be harmful in overdose. While duplicate doses had not been given to patients, this oversight had the potential to lead to patient harm. The attending doctor corrected the duplicate prescriptions immediately. Checking for duplicated prescriptions was not part of routine medication audits (requirement 2).

While a number of improvements to the environment had taken place. Some areas of the hospice were in need of refurbishment. For example, the window sills in some patient rooms and the day room were warped and required varnishing (recommendation b).

Newly installed clinical hand wash basins did not comply with Scottish Health Technical Memorandum 64 (SHTM 64) (recommendation c).
While audits were carried out, the service did not follow an overall audit plan. Target compliance levels had not been set and we saw examples of non-compliant areas found repeatedly with no effective improvement actions taken. Action plans lacked detail and the impact of improvement actions was not measured. Frequency of audits did not change based on audit results (recommendation d).

Policies we saw had out-of-date data protection information (recommendation e).

Signage to direct patients and visitors around the environment could be improved. For example, toilets were not easy to find. While staff escorted patients and visitors to most areas, appropriate signage could further promote personal independence.

**Requirement 1 – Timescale: by 2 March 2020**
- The provider must, in consultation with NHS Greater Glasgow and Clyde, review pharmacy provision in Mary Aikenhead Centre and ensure that appropriate contingency arrangements are in place to address gaps in provision.

**Requirement 2 – Timescale: immediate**
- The provider must ensure there are safe systems in place to prevent duplicate prescribing of medicines.

**Recommendation b**
- The service should carry out a review of the environment with an appropriate maintenance and redecoration schedule put in place.

**Recommendation c**
- The service should identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in the event of refurbishment. Until such refurbishment a risk assessment for the continued use.

**Recommendation d**
- The service should implement an overall risk-based planned programme of audit. Action plans should comprehensively detail areas for improvement and how these will be progressed.
Recommendation e

- The service should update policies to ensure information is current.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Processes were in place to assess and record patient care. Patients and families were involved in discussions about future care planning. Elements of care planning, such as the management of pressure ulcers and complex conditions required further assessment and improved recording.

Most patient care was recorded electronically. We reviewed six patients’ care records and assessed the following information in more detail:

- management of nutrition
- management of pain
- management of pressure ulcers, and
- power of attorney (where necessary).

We found most of the information in the care records to be satisfactory. In most cases staff recorded care at least daily where this was required.

Appropriate daily pain assessments were carried out on all patients and we saw that pain scores were low. Staff we spoke with understood assessment of capacity and power of attorney.

Staff delivering care attended handover meetings at the beginning of their shift, which was a daily meeting for other staff to attend and share information about the safe delivery of patient care. A whiteboard in the doctors’ room was used to share information with all staff, such as:

- patient discharges
- planned family meetings, and
- specific medication ordering.

What needs to improve

From the three patient care records we reviewed in the Mary Aikenhead Centre, we saw that power of attorney documentation was inconsistently completed.
and staff were unsure whether this was in place for some patients (requirement 3).

Not all patient care records we reviewed were fully completed and one lacked detail of how pressure ulcers were managed. For example, one patient care record did not include photos of the wound and when these were found, they lacked detail. Staff we spoke with were not familiar with the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards (2016). Staff did not use the most up-to-date version of the HIS wound assessment to record this information (requirement 4).

All patients were accompanied to the toilet. While some patients’ condition may have meant they needed to be accompanied, this did not apply to all patients. Two patients told us they had been unable to reach the toilet in time as they waited for staff to accompany them:

- ‘Not sure if they are under-staffed, but sometimes you wait 15 minutes to go to the toilet, or when you are in pain’ (recommendation f).

Some pain assessment documentation could not be found at the time of our inspection to see evidence of recent pain assessment. The service could review how often it files clinical notes and documents to make sure all information in patient care record is current and easily accessible. We will follow this up at future inspections.

**Requirement 3 – Timescale: immediate**

- The provider must ensure that it involves individuals with a welfare power of attorney in discussions relating to the care of patients. In order to do this, the staff must be clear whether or not a welfare power of attorney has been appointed. Documents relating to capacity and power of attorney must be available in the clinical notes.

**Requirement 4 – Timescale: immediate**

- The provider must ensure that the patient care record includes all the necessary information required to demonstrate how the patients’ needs have been met. In order to achieve this the staff must:

  - record the patient’s details, this will include the patients name, address and date of birth
  - record the date and time that any treatments were provided, and
  - record sufficient information about the management of the patient’s condition.
Recommendation f

- The service should ensure patients are supported to be as independent as possible.
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

While leadership is strong and visible, we found it was resistant to listening and responding to independent objective feedback about opportunities for improvement. Staff told us they understand their roles and responsibilities and systems are in place for them to be able to contribute to service development. Established quality assurance systems are in place.

An established governance system included:

- a variety of audits
- policies and procedures
- training and development, and
- patient and staff surveys.

A variety of regular meetings across all disciplines and departments was in place, including a medical meeting, multidisciplinary meeting and senior clinical team.

The heads of department oversaw the outcomes from a clinical governance meeting. From minutes of these meetings, we saw discussion of a variety of topics, including staff management, finance and policies and procedures.

Staff we spoke with told us they were well informed and felt supported to do their work. Management staff were described as supportive and staff told us communication across the service as effective. Staff could develop and progress in the service. Leadership opportunities included training and acting-up experience. Specific staff led on projects such as infection control and tissue viability.
What needs to improve
The service’s self-evaluation was comprehensively completed. However, quality improvement initiatives were completed some time ago and we saw no evidence of more recent improvement activities. No formal quality improvement plan was in place to help the service structure and record its improvement processes and outcomes identified from its quality assurance activities (recommendation g).

A range of regular meetings were held in the service. However, these were recorded in different formats and most lacked structure, agenda and clear, recorded outcomes. The senior team action log was the only meeting we saw with clear minutes and action points (recommendation h).

The service’s leadership did not promote an open culture of continuous learning and improvement. For example:

- We found resistance to the inspection process, such as inspectors’ ability to freely move around patient areas and speak with patients was restricted until addressed with the senior team.
- Management staff had told us that a recent complaint had a very negative impact on the service and staff. From discussions with senior management and from meeting minutes, we saw a lack of willingness to learn from the outcome of the complaint (recommendation i).

Terminology used in some meeting minutes, for example senior staff and medical meetings we saw was not in line with the service’s values and behaviours. We discussed this with the senior management team and we will follow this up at future inspections.

■ No requirements.

Recommendation g
■ The service should develop and implement a quality improvement plan.

Recommendation h
■ The service should establish a more robust structures around documenting meetings, outcomes and actions.

Recommendation i
■ The service should review its internal culture to identify barriers to external assurance and improvement.
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

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<th>None</th>
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**Recommendation**

- The service should further develop ways in which patients and families can be involved in contributing to service development (see page 11).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7

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

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<td>1 The provider must, in consultation with NHS Greater Glasgow and Clyde, review pharmacy provision in Mary Aikenhead Centre and ensure that appropriate contingency arrangements are in place to address gaps in provision (see page 16).</td>
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  Timescale – by 2 March 2020

  *Regulation 12(a)*
  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

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| 2 | The provider must ensure there are systems in place to prevent duplicate prescribing of medicines (see page 16).  

Timescale – immediate  

*Regulation 3(d)(iv)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011|
| 3 | The provider must ensure that it involves individuals with a welfare power of attorney in discussions relating to the care of patients. In order to do this, the staff must be clear whether or not a welfare power of attorney has been appointed. Documents relating to capacity and power of attorney must be available in the clinical notes (see page 18).  

Timescale – immediate  

*Regulation 3(a)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011|
| 4 | The provider must ensure that the patient care record includes all the necessary information required to demonstrate how the patients’ needs have been met. In order to achieve this the staff must:  

- record the patient’s details, this will include the patients name, address and date of birth  
- record the date and time that any treatments were provided, and  
- record sufficient information about the management of the patient’s condition (see page 18).  

Timescale – immediate  

*Regulation 4*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

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| **b** | The service should carry out a review of the environment with an appropriate maintenance and redecoration schedule put in place (see page 16).  
  Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22 |
| **c** | The service should identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in the event of refurbishment. Until such refurbishment a risk assessment for the continued use (see page 16).  
  Scottish Health Technical Memorandum 64 |
| **d** | The service should implement an overall risk-based planned programme of audit. Action plans should comprehensively detail areas for improvement and how these will be progressed (see page 16).  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| **e** | The service should update policies to ensure information is current (see page 17).  
  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **f** | The service should ensure patients are supported to be as independent as possible (see page 19).  
  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.2 |
## Domain 9 – Quality improvement-focused leadership

### Requirements

| None |

### Recommendations

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<th>g</th>
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<th>The service should review its internal culture to identify barriers to external assurance and improvement (see page 21).</th>
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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: hcis.ihcregulation@nhs.net