Unannounced Inspection Report: Independent Healthcare

Service: Robin House Hospice, Balloch
Service Provider: Children’s Hospices Across Scotland

7-8 September 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.
1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 16-17 April 2019

Recommendation
*The service should record and review all feedback received, including from social media, and use this to drive improvement.*

Action taken
The service collected and analysed feedback received from children and young people and their families from a variety of sources, including social media. This was then used to improve how the service was delivered.

Recommendation
*The service should review the standard infection control precautions audit programme to ensure consistency of reporting, actioning of any issues identified and appropriate frequency of auditing taking place.*

Action taken
A regular programme of audits of standard infection control precautions was in place. We saw evidence that this included taking necessary actions when issues were identified.

Recommendation
*The service should ensure all staff understand their roles and responsibilities in relation to duty of candour, to allow them to implement the service’s duty of candour policy as necessary.*

Action taken
Staff had now completed duty of candour training and the service monitored staff attendance rates.

Recommendation
*The service should ensure appropriately registered nursing staff carry out the admission assessment of vulnerable children.*

Action taken
Children and young people were admitted to the service by a variety of staff groups, all of whom had the appropriate training and skills to carry out assessments of vulnerable children. Registered nurses had oversight and were able to input into all admission documents for patients. Advanced nurse practitioners also inputted to admission documentation for this group of patients.
**Recommendation**
The service should retain full up-to-date occupational health records including evidence of hepatitis B status checks in line with the integrated guidance on health clearance of healthcare workers produced by Public Health England (2017).

**Action taken**
A new electronic human resource system had been implemented which included a process for documenting all staff vaccinations, such as hepatitis B status.

**Recommendation**
The service should develop a formal induction package for support service staff.

**Action taken**
A new induction programme for clinical staff had been introduced in 2020. We also saw evidence of a non-clinical staff induction programme being completed for new staff.

**Recommendation**
The service should accurately record minutes of any formal meetings to ensure better reliability and accountability.

**Action taken**
We saw minutes of meetings including the board of directors and the clinical care and governance committee meetings which took place every 3 months. Minutes were also available for smaller service groups, for example adverse events meetings and the children and family meetings.

**Recommendation**
The service should provide managers with clinical incident investigative training. This will ensure comprehensive review investigation of any incidents can take place and allow the service to show what actions have been put in place to mitigate risk or provide positive learning from any adverse event or incident.

**Action taken**
A new electronic reporting system had been introduced to record any adverse events that took place in the service. A number of staff had attended an adverse events training day where issues covered included situational awareness and difficult conversations. This training had been evaluated and showed that the training had been received positively by staff.
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 Robin House Hospice on Tuesday 7 and Wednesday 8 September 2021. We spoke with a number of staff, patients and carers during the inspection. During the inspection, we telephoned and spoke with three parents of children and young people who had recently received treatment at the hospice.

The inspection team was made up of three 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 Robin House Hospice, the following grades have been applied to the three key quality indicators inspected.

<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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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Families were involved in planning their child’s care and were overwhelmingly positive about the care and treatment their children received. Good systems were in place for gathering patient feedback, and the service proactively sought the opinions of patients and their families. The service was responsive to feedback and made changes to reflect what families said would make a positive difference to them.</td>
<td>✘ ✘ Good</td>
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### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The environment and patient equipment was visibly clean. Staff carried out appropriate risk assessments for patients, the environment and equipment, including for COVID-19. Actions had been taken to minimise the risk of transmitting infections. A comprehensive infection prevention and control audit programme was in place and audits showed good compliance.</td>
<td>✔ ✔ Good</td>
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<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<td>9.4 - Leadership of improvement and change</td>
<td>The senior leadership team had responded positively to the COVID-19 pandemic. A number of new services and strategies had been developed to help improve the service. Although the service had a quality improvement plan, a process should be in place to consistently evaluate the effectiveness of all new developments.</td>
<td>✔ ✔ Good</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>A comprehensive electronic admission process was in place. Patients had very detailed individual care plans and risk assessments, with particular emphasis placed on any complex requirements. An anticipatory care plan should be developed for patients on admission to the hospice.</td>
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### Additional quality indicators inspected (ungraded) (continued)

#### Domain 7 – Workforce management and support

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<td>7.1 - Staff recruitment, training and development</td>
<td>New systems and processes were in place to ensure safe recruitment of staff, including a new electronic human resources system. A recruitment drive initiative was in place to ensure that the most appropriately qualified staff are recruited. This will be completed by December 2021. A practicing privileges policy and contracts should be in place.</td>
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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:


**What action we expect Children’s Hospices Across Scotland to take after our inspection**

This inspection resulted in one requirement and three 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](www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Children’s Hospices Across Scotland (CHAS), the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Robin House 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

Families were involved in planning their child’s care and were overwhelmingly positive about the care and treatment their children received. Good systems were in place for gathering patient feedback, and the service proactively sought the opinions of patients and their families. The service was responsive to feedback and made changes to reflect what families said would make a positive difference to them.

Families told us they were involved in planning the care and treatment for their children. They understood what the care and treatment would look like and they could ask questions and make suggestions to the clinical team.

The service gave patients and families a variety of options to provide feedback about the service. This included letters, emails, virtual meetings and events. Staff used this feedback to make changes to the environment and to the way in which they provided the service. For example, staff had changed the way they collected pre-admission patient information as families had fed back that the assessment process was too long. Family accommodation had also been redecorated in colours that families had suggested would brighten the space.

CHAS, the provider, was working with families to evaluate the way the service had developed and adapted as a result of the COVID-19 pandemic. Families were involved in virtual consultation groups and had spoken of really valuing the mutual support network they had been able to develop whilst using the service. As a result, staff were working with them to formally develop the idea and offer the opportunity to allow other families to benefit.
The service also planned to engage with families to review the meals offered, to make sure they were providing what people wanted and needed. One parent told us that staff were always willing to listen to their ideas.

Before the COVID-19 restrictions, families attended group meetings at the service and received newsletters which included details about how their feedback had been used. The service was looking at new ways of sharing feedback, including introducing the ‘You said, We did’ format. This allows services to show people how their opinions and views have resulted in improvements and change. The provider was also using more social media formats to gather and share feedback about individual hospice services.

The provider had developed four strategic equality and diversity outcomes. One outcome was to support more families from diverse backgrounds, and another one was to ensure children, families and supporters experienced a ‘culturally competent’ service. To do this, the provider was engaging with a number of families to better understand what barriers might be preventing people from more diverse backgrounds using its hospice services.

The provider was working with its chaplaincy service and learning and development team to look at equality and diversity training needs across its services. They were also working with a software company to look at how to improve the recording of ethnicity and religion in the electronic patient care record system.

Family members we spoke with told us that staff were responsive to their children’s needs and treated each one as an individual. They told us staff made sure they took into account the personal preferences and specialist treatment needs of the children and young people in their care. All the family members we spoke with told us they were happy and confident in the care and treatment staff provided.

Families were overwhelmingly positive about the way the service met the complex needs of their children. Some comments we received included:

- ‘They all spoke to [my daughter] on her level.’
- ‘They see us as a whole family.’
- ‘[staff] all treat us with respect, right down to the maintenance staff.’
- ‘Staff always treat [my son] and us with respect.’
- ‘They explained everything, they took their time.’
- ‘...can’t help you enough.’
- ‘They always want to do better.’
All staff received training on duty of candour and the service kept a record of when staff had completed their training. Staff we spoke to understood the need to be open and transparent with patients and families if something went wrong.

Systems were in place to manage concerns and complaints. Families we spoke with told us they knew how to raise a concern or complaint with the service, and were confident this would be taken seriously and managed appropriately. None of the families we spoke with had needed to raise a formal complaint. They told us if they had ever been unhappy with something, they had felt confident to raise it directly with staff. They had felt listened to and had received a positive outcome when they had raised issues or concerns with staff.

Complaints could be made directly to staff, anonymously using the Care Opinion website or by completing a feedback form available from the service. The service’s website provided clear information for anyone who wanted to raise a complaint. This included information on how to contact Healthcare Improvement Scotland.

- 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 and patient equipment was visibly clean. Staff carried out appropriate risk assessments for patients, the environment and equipment, including for COVID-19. Actions had been taken to minimise the risk of transmitting infections. A comprehensive infection prevention and control audit programme was in place and audits showed good compliance.

Good systems and processes were in place to ensure the care environment and equipment was safe. These included:

- environmental and specialist equipment risk assessments
- appropriate water safety and management processes, including for the hydra pool
- cleaning schedules, and
- maintenance programmes to ensure any repairs were logged and carried out in a timely manner.

The environment was visibly clean and well ordered. It was suitable for the intended purpose, and separated into zoned areas for clinical, recreational and administrative purposes. Equipment was visibly clean. We saw ‘I am clean’ stickers used as a visual aid to show that routine cleaning of equipment had taken place.

Some comments we received from families included:

- ‘It’s spotless.’
- ‘It’s absolutely amazing.’
Additional systems and processes had been implemented to minimise the transmission of COVID-19. These included:

- enhanced cleaning of equipment and the environment
- additional risk assessments and pre-admission questionnaires, and
- regular staff testing to identify asymptomatic cases.

All those working and visiting the service, including family visitors and contractors, were supported to follow government guidelines intended to reduce the spread of COVID-19.

Laundry was managed appropriately, including enhanced measures to deal with infected laundry. Staff laundered their own uniforms, and knew how to do this to make sure they reduced any possible transmission of COVID-19.

Suitable waste management processes and contracts were in place. Staff understood how to manage and dispose of waste correctly.

Staff completed training in the protection of vulnerable children.

The provider’s quality and care assurance team supported the service to carry out regular clinical audits. Routine audits included:

- medicines management, particularly focusing on medicine omissions
- incidents and adverse events, and
- infection prevention and control.

Hand hygiene and management of bodily fluid and blood spillages were both audited every month and showed good compliance.

We saw that, in the last 3 months, no medicine omissions had occurred. The pharmacist produced a monthly medicine management report which included medication adverse events. This was published on the staff intranet. This then fed into the controlled drug audits that were carried out every 3 months using NHS Greater Glasgow and Clyde’s audit tool.

A detailed risk register addressed current issues of COVID-19 alongside issues such as end-of-life care, ethnicity and religion. The risk register was clear to understand and was up to date. A newsletter was emailed to staff every 3 months to share the learning from audits and risk assessments.
A new electronic reporting process was in place for reporting incidents and accidents. These were then reviewed and discussed every month at the adverse events meeting where actions to be taken and lessons learned were addressed. Any significant events were reviewed and discussed every 3 months at clinical care and governance meetings.

Staff understood their responsibilities to report specific incidents to Healthcare Improvement Scotland and other regulatory bodies.

**What needs to improve**

Staff checked the integrity of mattresses when patients were discharged from the service. Any damaged mattresses or protective covers were replaced. However, not all of these checks were being recorded. Staff agreed to add these checks to the housekeeping checklist, to add daily cleaning of mattresses to the cleaning schedule and to update the standard infection control precautions protocol (recommendation a).

- No requirements.

**Recommendation a**

- The service should review its processes to ensure mattresses remain fit for purpose at all times.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

A comprehensive electronic admission process was in place. Patients had very detailed individual care plans and risk assessments, with particular emphasis placed on any complex requirements. An anticipatory care plan should be developed for patients on admission to the hospice.

Patients’ families were contacted at least 48–72 hours before admission to gather all the required patient information. For example, we saw communication between families and advanced nurse practitioners about a patient’s current medication 48 hours before admission to the service. Patients’ families were then contacted 24 hours before the admission date to complete the COVID-19 checklist.

We reviewed five patient care records. Each patient had comprehensive, detailed and explicit care plans and risk assessments in place, depending on their individual complex needs and requirements.
Patient care records were primarily electronic with appropriate security and access permissions in place. Paper documents were uploaded to supplement individual records. Each patient had a laptop in their bedroom for staff to access their patient care records.

The service had access to NHS Greater Glasgow and Clyde’s paediatric wound assessment and management chart with treatment plan. This was used to assess skin conditions, and document pressure-relieving information and wound management for relevant patients. The dedicated hospice tissue viability link nurse would also be involved in a patient’s care, when needed. We also saw evidence of a hospice body chart for patients, with assessment dates and actions and interventions.

We saw evidence of detailed staff handovers to ensure continuity of care for each patient. This including highlighting positive aspects about a patient’s condition as well as areas of concern.

**What needs to improve**

All patients should have an anticipatory care plan from their initial date of admission. In the early stages, this may just involve a discussion with the patient and their families about their wishes and expectations. This plan should then be continually reviewed during the patient’s continued admissions to the hospice to begin to include more detailed information. Only one of the five patient care records we reviewed had a formal anticipatory care plan in place (recommendation b).

- No requirements.

**Recommendation b**

- The service should ensure an anticipatory care plan is developed with input from the patient and their family for every patient admitted to the hospice.
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

New systems and processes were in place to ensure safe recruitment of staff, including a new electronic human resources system. A recruitment drive initiative was in place to ensure that the most appropriately qualified staff are recruited. This will be completed by December 2021. A practicing privileges policy and contracts should be in place.

The service had developed a ‘Recruiting the People We Need’ initiative to address staff levels and skill mix. This included nursing, housekeeping, catering and family support staff. The recruitment initiative should be completed by the end December 2021.

The service’s new electronic human resources system supported recruiting managers through the recruitment process with essential checks at key points. This system could also highlight when various aspects of the recruitment process had to be reviewed and when professional registration review dates were due.

All staff files we inspected contained all the appropriate background and recruitment checks.

The service had recently introduced a clinical staff induction programme. Line managers were responsible for ensuring staff members completed their induction within a specific timeframe. Staff were equally encouraged to take responsibility for self-learning and completing this induction period. We also saw evidence of a non-clinical staff induction programme for support staff.

All staff members had a learning needs analysis carried out to identify areas of interest, and further continuous professional and personal development opportunities. Staff were encouraged by line managers to continue life-long learning and were able to submit applications for funding for further training and education.
The learning and development team produced an annual training calendar of mandatory and optional training for staff. Training could either be in person or through online training and education sessions. The service could also access further training days and sessions from local NHS boards for staff members. Identified training sessions were also accessible to community hospice nursing teams.

We saw that a comprehensive staff training programme was in place. ‘Safe working days’ were introduced allowing staff two half days of study regularly. Examples of the subjects covered included symptom management, basic life support and invasive ventilation learning. This training programme had been paused due to the pandemic. However, with restrictions easing, the regular programme of safe working days was due to restart. This would now comprise a full day of learning for all staff every 6 weeks. During this day, staff will also participate in clinical supervision (a formal process of support and learning). Further learning opportunities were planned for support workers, including management of seizures and end-of-life care.

Managers were provided with a monthly report of all training completed by staff members. This included online training and education modules.

Staff told us they had an annual appraisal and a 6-monthly review. The appraisal enabled them to identify what went well, what did not go so well, and personal and organisational aims and objectives for the coming year. The 6-monthly review allowed them to review their progress to date and identify any other areas or issues that were not identified at their appraisal.

At the time of the inspection, the service was supporting four staff members who were training for the advanced nurse practitioner role. These staff members were full-time students while working in the service and were not included in the staffing complement.

The service’s quality care and treatment team was working closely with NHS Greater Glasgow and Clyde’s ‘Flying Start’ staff development programme. Two newly qualified registered children’s nurses due to take up post in the service in October 2021 would be able to access both the service’s induction as well as an overarching NHS induction through accessing this programme.

What needs to improve
We were told that one member of the clinical team will work under a practicing privileges contract (staff not employed directly by the provider but given permission to work in the service). However, no practicing privileges policy or contracts were in place. A process must be in place to ensure staff working
under practicing privileges are safe. This process should include details of induction, training and all necessary recruitment checks (requirement 1).

**Requirement 1 – Timescale: 30 November 2021**

- The provider must ensure a practicing privileges policy, induction and training programme, and contracts are in place for all staff working under practicing privileges in the service.

- 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

The senior leadership team had responded positively to the COVID-19 pandemic. A number of new services and strategies had been developed to help improve the service. Although the service had a quality improvement plan, a process should be in place to consistently evaluate the effectiveness of all new developments.

During the COVID-19 lockdown, the senior management team met twice a day to make sure the service remained safe. During this time, changes were made to how the service operated. This included ensuring that the most appropriate patients were admitted to the service, and that children and families were kept safe during their admission. These changes also resulted in the development of a successful online hospice at home service for patients and families, allowing more people to be reached by the hospice team.

At the time of the inspection, the senior management team was meeting every month. The Board’s finance and audit, corporate governance and risk, and the clinical care and governance committee were meeting every 3 months. The outcomes of these meetings fed into the 3-monthly Board of trustee meeting. We saw minutes from the Board meetings showing a good attendance and a wide range of subjects being addressed. We saw action plans developed as a result of these meetings, with members of staff delegated to take actions forward. Staff we spoke with told us they enjoyed working for the service, and felt supported by managers who they felt were visible and approachable.

We were told the chief executive was updated every week by the service manager on all activities in the service. The chief executive then had monthly online meetings with staff groups. These meetings were recorded to allow all staff to access.
The service’s quality improvement plan reviewed performance, looking at key quality of care processes and outcomes. This helped to ensure any necessary changes in practice were made, or lessons learned to ensure the best possible outcomes for patients and families. The plan was discussed by the senior leadership team and trustees at the 3-monthly Board meetings.

During the COVID-19 pandemic, necessary changes had been made to ensure the service continued to be delivered safely. As a result, aspects of the provider’s strategic plan 2020-2023 were achieved. This included:

- the expansion of a hospice at home service
- the expansion of CHAS teams in hospitals
- therapeutic care in the community, and
- family support outwith the service.

A new integrated nursing team had been developed which allowed staff to provide flexible care in both the inpatient unit and in the patient’s home. This helped to provide a more person-centred approach. Families chose their requirements alongside the hospice team ensuring a needs-led service for the children and families. Staff told us they found this a more enjoyable way of working.

The family support team supported the wellbeing of children and families both at home and in the inpatient unit. The family support team and virtual hospice teams were able to respond to any difficulties faced by families as a result of COVID-19 restrictions in a more flexible and responsive way to each individual case. We saw minutes from the monthly family support team meetings which focused on the ‘highlights, lowlights and emerging issues’. This demonstrated an open and transparent approach by all staff.

The hospice pharmacist had developed three medicine optimisation groups throughout the wider provider organisation. This included a group in Robin House consisting of clinical staff from the inpatient unit. The group met every month and discussed issues such as medicine updates, controlled drug training and review of medicine management policies. We saw evidence of minutes and action plans with staff delegated to follow up any actions.

An external support service was available for staff, if required. This provided support with mental health issues and was accessible anonymously, online or by telephone. Details of this were available on the staff noticeboard. A number of staff were trained to be mental health first aiders, providing a good support and resource to their colleagues. A ‘learning from excellence’ programme allowed
staff to nominate each other when good work had been recognised, encouraging staff to value each other. A ‘time for teams’ programme had also been developed by a member of staff, allowing the hospice team to meet outwith work and enjoy activities together.

A staff survey was carried out every 2 years. As a result of the 2019 survey, the provider had developed a staff wellbeing strategy 2021-2026 which involved all staff and volunteers. The aims were:

- for staff to be resilient and well at work
- work-related stress to be reduced
- change within the wider provider organisation to be managed effectively, and
- for staff to feel motivated and valued.

A number of staff working groups also included input from parents. Issues being addressed included diversity and ethnicity, disability and working parents groups.

We saw evidence that the senior leadership team attended a number of benchmarking forums comprising children’s hospices throughout the United Kingdom. The outcomes of these forums were fed back to the clinical care and governance committee every 3 months, ensuring ongoing learning and development for the service.

**What needs to improve**

A number of new wide-ranging services and strategies had been developed to help improve the service, such as the ‘learning from excellence’ programme. However, the service should be consistently evaluating all new developments to ensure they are having a positive impact on both staff and patients (recommendation c).

- No requirements.

**Recommendation c**

- The service should ensure a planned process of evaluating new services and strategies is in place.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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**a** The service should review its processes to ensure mattresses remain fit for purpose at all times (see page 14).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

**b** The service should ensure an anticipatory care plan is developed with input from the patient and their family for every patient admitted to the hospice (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
### Domain 7 – Workforce management and support

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**Timescale** – by 30 November 2021

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

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### Domain 9 – Quality improvement-focused leadership

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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