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10.00am on Thursday 11 August
2016**

Unannounced Inspection Report: Independent Healthcare

St Columba's Hospice | St Columba's Hospice Ltd | Edinburgh

29–30 June 2016

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Independent Healthcare Inspection Report (St Columba's Hospice, St Columba's Hospice Ltd): 29–30 June 2016

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1 A summary of our inspection

About the service we inspected

St Columba's Hospice is an independent hospital providing hospice care. The service is provided by St Columba's Hospice Ltd, a charitable organisation.

People can use the hospice in a number of ways. All of the services offered by St Columba's Hospice work together to meet the palliative care needs of people with progressive, life-limiting illness.

The hospice provides specialist palliative care for up to 30 adults, over the age of 16 in the inpatient unit. It has two inpatient wards and care is provided using a multidisciplinary team of healthcare staff.

The day hospice is managed by experienced palliative care nurses. Up to 15 people can attend from home 3 days every week. This hospice provides people with holistic care and support with their illness. Complementary therapies are also provided.

The hospice also provides a community palliative care service, where specialist nurses visit people at home to offer support and advice about their illness.

A team of trained volunteer staff also support St Columba's Hospice in various activities. This includes fundraising, gardening, driving, serving in the hospice café and as representatives on hospice committees.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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

We carried out an unannounced inspection to St Columba's Hospice on Wednesday 29 and Thursday 30 June 2016.

The inspection team was made up of three inspectors 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.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 5 - Very good

Quality Theme 1 – Quality of care and support: 5 - Very good

Quality Theme 2 – Quality of environment: 5 - Very good

Quality Theme 3 – Quality of staffing: 6 - Excellent

Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for St Columba's Hospice can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well

The service had developed an excellent participation strategy in consultation with patients, staff and the public called 'Side by Side'. This was being used to gather user feedback to help develop and improve the service.

The service had an excellent culture of respect towards patients and staff. Patients were very positive about the compassionate care they'd received. Staff told us they were well supported and greatly enjoyed working in the service. Communication with staff about any service developments was very good. Any changes were well managed and staff were positive about trying out new things to improve the quality of care.

The service had a very good governance structure. Management staff showed excellent leadership values and this was being developed in staff.

What the service could do better

The service could periodically observe staff's practice when administering medication to make sure it is safe and minimise any risk to patients.

The process for action-planning after audit activity could be improved. The service's processes for infection prevention and control could also be strengthened to further improve its current good practices.

This inspection resulted in five recommendations. See Appendix 1 for a full list of the recommendations.

St Columba's Hospice Ltd, the provider, should make the necessary improvements as a matter of priority.

We would like to thank all staff at St. Columba's Hospice for their assistance during the inspection.

2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 12 August 2014.

Recommendation

The service should formalise a participation strategy and include a system for ensuring that any feedback collected is responded to more openly.

Action taken

This is reported under section 1.1. **This recommendation is met.**

Recommendation

The service should develop a system which clearly identifies staff training needs and any gaps in training. This should also show when updates or refreshers are due.

Action taken

The service had developed and implemented a training database. The database gave a clear overview of the training carried out, training that hadn't been carried out and any training updates required. The database generated a monthly report to heads of department. **This recommendation is met.**

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The service had reviewed its consent policy in May 2016. This policy gave staff clear guidance and referenced relevant Scottish legislation. It also included a template for patients' written consent for carrying out more invasive procedures.

The service had recently started to record patient care electronically rather than on paper. However, some paper records still remained. These had a 'patient profile' which recorded whether consent had been given to keep care plans at the patient's bedside. The patient profile also recorded who their information could be shared with.

The service had considered how to record consent in its electronic system. We saw that this included consent around several aspects of care, such as:

- individual care plans
- sharing information with third parties to help with discharge planning
- sharing a room, and
- using patient's own medicines.

We saw assessments of capacity to consent to care and treatment. The service showed us well-completed adults with incapacity documentation and clearly recorded patients' legal status, such as whether they had a power of attorney. Patient's ability to consent was reviewed at each multidisciplinary meeting.

Areas for improvement

At the time of our inspection, the electronic system was new and was not always used to record consent. The service was aware of this and was supporting staff in its implementation. We will follow this up at future inspections.

The service planned to review the patient information booklet. This could include information for patients about how the service's electronic system is used to store patient information.

The consent policy did not refer to recording consent on the electronic system. This should be revised to support recording consent in the electronic system (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should amend its consent policy to include the process for recording consent on the electronic system.

Quality Statement 0.4

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

Grade awarded for this statement: 6 - Excellent

The service had up-to-date policies for access to patient records, confidentiality and data protection.

The service's patient information leaflet highlighted how important confidentiality was, and that it respected patient wishes before sharing information. Patients' paper care records we looked at documented who the patient consented to information being shared with.

Staff had completed information governance training online. The staff handbook included information about the importance of confidentiality. Staff signed a confidentiality agreement when starting employment in the service.

Staff we spoke with knew the importance of protecting patient information. For example, staff told us about the process to safely dispose of patient handover sheets. Staff put them in a disposal basket and nightshift staff shredded them each night.

We found the electronic patient care records system was secure and password protected. Patients' paper care records were held securely in clinical areas. Arrangements for scanning, storing and archiving patients' paper files were secure and organised.

The service's medical director was the Caldicott guardian. A Caldicott guardian is a senior person responsible for protecting patient information confidentially and helping share information appropriately. Staff in the service knew they could take any concerns or queries about protecting patient information to the medical director. Information governance was a standing item on the clinical governance meeting agenda.

The service had recently started an information governance group for management staff. We saw the minutes from the first meeting and the terms of reference. The group planned to meet every 4 months to provide direction for the service's information governance and associated policy development.

Area for improvement

The medical director told us about plans to revise the patient information leaflet to make patients aware of their right to access their information, and how to do this.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

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

Grade awarded for this statement: 6 - Excellent

The service had developed its participation strategy in consultation with patients, staff and the public. An action plan had been produced which included a wide range of methods of gathering feedback from patients, carers and other stakeholders. We saw staff used guidance from external sources of expertise, such as the Scottish Health Council's participation toolkit.

We saw clear evidence of user feedback helping to develop and improve the service, such as:

- the development of the person-centred end of life care document
- the interior design project, and
- the review of the named nurse system.

Service users were members of various groups in the service, including the clinical governance group.

The service had a 5 year strategy called 'Care and Compassion Matters 2015 – 2020'. The service had consulted patients, staff and the public consultation to help develop the strategy and action plan for it.

Staff we spoke with knew the needs and wishes of the patients and what was important to them.

Patients told us they felt fully involved in discussions about their care and treatment and the options available to them. They said:

- 'I'm entirely confident in the consultant's discussion about my treatment and care plan.'
- 'Care and treatment is excellent. Fully involved in discussions relating to my treatment.'

Area for improvement

The service should continue to use the action plan it developed to further involve patients, staff and the public in improving the service.

- No requirements.
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user's journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

The service had a very good medicines management governance structure in place. The service had a service level agreement with NHS Lothian. The service had a clinical pharmacist, two part-time pharmacy technicians and an accountable officer for controlled drugs. We saw minutes of the medicine management meetings which met every 3 months. The monthly risk management meeting also discussed medication incidents. Outcomes from these meetings were reported to the service's clinical governance group.

A medicines management policy was in place and was being reviewed. We spoke with nursing staff and a pharmacy technician about the processes for ordering, storage, administration and safe disposal of medicines. We spoke with a consultant about the medicines reconciliation processes, and saw these were in place.

The clinical pharmacist had an overview of the prescribing practices and checked prescriptions to make sure medicines were prescribed appropriately. The four prescription sheets we looked at during the inspection had been filled out correctly. The prescription recording sheets for these prescriptions had also been fully completed.

Registered nursing staff had to complete a medication management workbook as part of their induction. The workbook included competencies and observed practice. Yearly medicine management training update days were part of the mandatory training. Staff showed us the process for reporting and managing any medication errors. We saw that medication management audits were being carried out and included omissions and medicine reconciliation.

Staff we spoke with were happy with the amount of training and education provided. For example, they said:

- 'We have lots of training here.'
- 'Any medications incidents are thoroughly investigated and lessons learned fed back to staff.'

Patients we spoke with had discussions with their consultant and said they were fully informed about the medications they were taking and why.

Areas for improvement

As part of induction, staff's practice in administering medication is observed. This was only repeated as part of retraining after an incident. It is good practice to periodically observe staff's practice in administering medication to make sure their practice is safe (see recommendation b).

The clinical pharmacist was unavailable for work during our inspection and the service did not know when they would be back. While NHS Lothian clinical pharmacists provided telephone support, it had not provided a replacement clinical pharmacist. The service was working closely with NHS Lothian to make sure the service level agreement was fulfilled and that any risks to patients were minimised.

Recommendation b

- We recommend that the service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Quality Theme 2 – Quality of environment

Quality Statement 2.3

We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 6 - Excellent

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as lifts, hoists and beds. We saw evidence of servicing reports and repair and maintenance actions taken.

The service had a risk register in place. Staff were able to describe the procedure in place to report maintenance issues to the facilities team. The facilities manager told us that the maintenance reporting system was being upgraded. The service planned to have the new system in place by January 2017.

- No requirements.
- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The service had two infection control link nurses on site. The service manager told us they contacted Health Protection Scotland for advice and support when required.

The infection control group met every 2 months and fed into the clinical governance group. We saw that infection control audits were taking place and associated action plans were completed when required.

Infection control training took place, including hand hygiene training.

We saw generally good compliance with standard infection prevention and control precautions, including sharps management and the management of linen.

The standard of environmental cleanliness and the cleanliness of patient equipment was good, with a few exceptions. We discussed these with the nurse in charge of the ward at the time of the inspection. Patients told us:

- 'It's very roomy and comfortable and kept very clean.'
- 'Staff pay attention to hand hygiene and rooms are always clean.'

Areas for improvement

The infection prevention and control link nurses did not hold any formal qualifications in infection prevention and control. Link nurses should complete training appropriate to their role to help improve the service (see recommendation c).

Although we saw that action plans had been developed when required following audit, we saw these were not completed in a standard format. The action plans did not clearly state the action required, responsible person, the target date for completion and the completion date of each action.

The service manager told us that the infection prevention and control link nurses were working on several improvement projects, however, the service did not have a formalised infection control improvement plan to show what work was being undertaken and the current progress. This work was not reported in detail to the infection control group and clinical governance group meetings. The work plan could also detail any routine infection prevention and control activities completed, such as infection prevention and control audits.

The service should review its infection prevention and control audits to comply with the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 (see recommendation d).

Recommendation c

- We recommend that the service should provide training appropriate to staff's role as infection control link nurses.

Recommendation d

- We recommend the service should review its infection prevention and control audits, to ensure that it includes standard infection prevention and control precautions, as outlined in the Health Protection Scotland National Infection Prevention and Control Manual (2016).

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 6 - Excellent

The service had recruitment and induction policies in place for staff and volunteers.

We reviewed four staff files and two volunteer files. All required checks had been completed, including background checks and references.

The service had completed all retrospective Protecting Vulnerable Groups (PVG) background checks for all relevant staff. The service carried out a monthly professional registration check for all relevant staff. This identified when employees were due to renew their registration and whether any conditions of practice were placed on that person.

The human resources manager described staff's induction. This included a hospice induction, health and safety induction and departmental induction. Hospice inductions took place every 6 months. The service manager told us that this was being reviewed, and the

service planned to have more frequent inductions. We saw evidence of health and safety and departmental inductions taking place.

- No requirements.
- No recommendations.

Quality Statement 3.4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 6 - Excellent

The service had a range of policies to support a culture of respect. The service's values were reflected in the 5 year strategy. This was a core part of the induction process for new staff and part of the annual staff review process. All staff completed mandatory equality and diversity training.

Staff told us how much they enjoyed working in the service. They said it was a very welcoming, supportive and engaging place to work. Staff were respected and listened to. It was clear that staff at all levels were involved in, and knowledgeable about, developments in the service. We saw an open, transparent culture of sharing and working together. We were told that the service invested in staff learning and provided time for staff to study. All staff received annual appraisals.

During the inspection, we observed staff interactions with patients and could see that patients were treated with dignity and respect at all times. Staff spoke kindly, addressing patients by their preferred name, and closed doors and drew curtains to maintain patients' dignity and privacy. All patients spoke extremely highly of the service's staff and the care received. Comments included:

- 'Always plenty of staff available and I'm always treated in a dignified and respectful manner.'
- 'Care and treatment is excellent. There's a high quality of nursing care here.'

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3

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

Grade awarded for this statement: 5 - Very good

We saw good examples of leadership values being promoted in the service. Clinical staff took the lead in various areas acting as link nurses or champions. All staff were actively encouraged to take on different areas of responsibility. From clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions.

A new leadership programme to support service leads and succession planning was in place. Staff who were completing the programme recommended it. The senior management team had taken part in ongoing facilitated leadership training days.

The service communicated with staff about developments through:

- bulletins
- emails
- noticeboards, and
- staff meetings.

All staff we spoke with felt the service had an open-door policy to raise any issues. Staff were positive about trying out new things to improve the quality of care.

Area for improvement

A staff survey had been carried out in January 2016. While data had been collated and some issues identified, a clear action plan had not yet been developed. The service acknowledged that this needed to be more robust to make sure issues were identified and action taken in a more timely manner.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

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

We saw that management staff had been working extremely hard to support and lead staff through significant changes in the service since our last inspection. For example, from managing settlement into the refurbished premises to the move to using electronic patient records. Staff told us that changes were managed very well. Staff also told us they were positive and on board with developments.

The service had revised its governance structure to support its 5 year strategy. We saw that the governance and strategy structure was clearly in line with key strategy areas, such as:

- care matters
- getting it right matters, and
- money matters.

Each strategy area had associated subgroups, which reported to the clinical governance group and the management committee.

Audit activity was charted and regularly reviewed to make sure only the relevant areas were audited. Audit topics were prioritised and the service had a good system to record progress against each key strategy area.

The service's risk management strategy had a clear description of the approach to managing risk. Accidents and incidents and complaints were systematically analysed and reflected on. Learning from incidents and complaints was shared with all staff. Staff told us that the improved process for dealing with complaints was open, transparent and supportive.

The clinical governance team planned to trial a quality improvement toolkit to help staff increase their independence in the quality improvement process.

Area for improvement

The service produced action plans following each audit. However, these did not follow a standard format and did not clearly record:

- outcomes.
- the person responsible for the actions
- timescales for completion

Staff told us they planned to address this and that the quality improvement toolkit should support this process (see recommendation e).

- No requirements.

Recommendation e

- We recommend that the service should develop a standard format to record the actions required following audits. This should clearly record who is responsible for each audit, timescales for completion and outcomes.

Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 0.3	
Requirements	
None	
Recommendation	
We recommend that the service should:	
a	amend its consent policy to include the process for recording consent on the electronic system (see page 7).
National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)	

Quality Statement 1.4	
Requirements	
None	
Recommendation	
We recommend that the service should:	
b	carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 11).
National Care Standards – Hospice Care (Standard 6.1 – Staff)	

Quality Statement 2.4	
Requirements	
None	

Quality Statement 2.4 (continued)

Recommendations

We recommend that the service should:

- c** provide training appropriate to staff's role as infection control link nurses (see page 12).

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

- d** review its infection prevention and control audits, to ensure that it includes standard infection prevention and control precautions, as outlined in the Health Protection Scotland National Infection Prevention and Control Manual (2016) (see page 12).

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

Quality Statement 4.4

Requirements

None

Recommendation

We recommend that the service should:

- e** develop a standard format to record the actions required following audits. This should clearly record who is responsible for each audit, timescales for completion and outcomes (see page 15).

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

Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net

Appendix 3 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

Types of inspections

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

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

Grading

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

We grade each heading as follows:



We do not give one overall grade for an inspection.

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

For example:

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

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

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

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

Follow-up activity

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 4 – Inspection process flow chart

We follow a number of stages in our inspection process.



We can also provide this information:

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



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