



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: St. Andrew's Hospice, Airdrie

Service Provider: St. Andrew's Hospice
(Lanarkshire)

29–30 January 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 15 March 2021

Recommendation

The service should ensure that waste bins are provided at all PPE stations for the disposal of PPE.

Action taken

Clinical waste bins were available outside patient bedroom doors, as well as at personal protective equipment (PPE) stations for the safe disposal of PPE.

Recommendation

The service should ensure that clinical waste is stored safely and securely in locked external waste containers.

Action taken

All external clinical waste containers were locked on the day of inspection. Staff were aware of the necessity to make sure such containers were always locked and the key made available to staff when depositing waste.

Recommendation

The service should ensure that current national guidance is adhered to and staff should not travel to work in uniform.

Action taken

Staff we spoke with were aware of the current guidance for uniform use when travelling to and from work.

Recommendation

The service should ensure consent to share information with next of kin and or relatives and consent to treatment is recorded consistently in all patient care records.

Action taken

Consent to treatment and consent to share information with the next of kin was not consistently recorded in patient care records. This recommendation is reported in Domain 6 and 7: Relationships and Quality control (see recommendation a on page 24).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to St. Andrew's Hospice Monday 29 and Tuesday 30 January 2024. We spoke with a number of staff, service patients and carers during the inspection. We received feedback from 59 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Airdrie, St. Andrew's Hospice is an independent hospital (a hospice providing palliative/end of life care).

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For St. Andrew's Hospice, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The provider had a clear vision and purpose. A comprehensive 3-year strategic plan defined objectives and was in line with the services core values. Key performance indicators helped measure how the service performed and continued to improve. A governance framework was in place with clear reporting structures.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Effective processes and procedures helped support the safe delivery of care. Staff and patients contributed to improving the service. Staff were recruited appropriately, with evidence of staff support and training. Risk assessments and an audit programme were in place. A quality improvement plan helped to demonstrate service improvement. Risk assessments should be reviewed and updated regularly.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and in a good state of repair. Patients and families said they felt fully supported. Staff told us they enjoyed working in the service. Consent to treatment and consent to share information with the next of kin should be consistently documented. Current national guidance should be followed when cleaning sanitary fittings.	✓✓ Good

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

Further information about the Quality Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect St. Andrew’s Hospice (Lanarkshire) to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and two recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must maintain a system of review of risk assessments to ensure a safe service (see page 21).</p> <p>Timescale – by 25 March 2024</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Results	
Requirements	
None	
Recommendations	
a	<p>The service should ensure consent to share information with next of kin and or relatives and consent to treatment is recorded consistently in all patient care records (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> <p>This was previously identified as a recommendation in the March 2021 inspection report for St. Andrew’s Hospice.</p>
b	<p>The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basin (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

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

St. Andrew’s Hospice (Lanarkshire), 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. Andrew’s Hospice for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider had a clear vision and purpose. A comprehensive 3-year strategic plan defined objectives and was in line with the services core values. Key performance indicators helped measure how the service performed and continued to improve. A governance framework was in place with clear reporting structures.

Clear vision and purpose

St Andrew's Hospice provides essential services (inpatient and outpatient care) for patients with life limiting conditions (including end of life care) and is part of the wider NHS Lanarkshire's provision of palliative care services.

The service's strategic plan for 2022–2025 set out its aims, objectives and key priorities as:

- communication
- how the hospice will continue to improve the way it delivered palliative and end-of-life care
- how the hospice will be managed to make sure its work is efficient and effective, and
- staff knowledge and skills to deliver palliative and end-of-life care.

The service had produced an 18-month update report on its strategic plan, documenting evidence of the outcome measures, progress and next steps for each area identified in the plan. The service also had core values, which were:

- advocacy
- compassion
- human dignity
- justice, and
- quality.

To measure progress in its aims, objectives and core values, the service assessed itself using the key performance indicators (KPIs) of:

- admissions
- average length of stay
- deaths
- discharges
- occupancy percentages, and
- patient referrals.

The chief executive (with input from the senior leadership team and managers) shared a report with the provider's board and trustees every 3 months. This report included updates on the service's progress against its KPIs and audit results. Information from these reports was also included in the service's yearly report.

The provider also produced a yearly report, which was available on its website and detailed:

- a summary of the 3-monthly operational and strategic reports shared with the board and trustees from the past year
- the aims and objectives for the coming year, and
- the charity's achievements in the past year.

The provider had a 3-year strategic plan in place, focused on equity and inclusion to help make sure everyone had access to end-of-life care and the support they needed.

The hospice was a key part of NHS Lanarkshire's palliative care strategy and delivered on the strategic commissioning plan through:

- having conversations about 'what matters to me', developing a shared anticipatory care plan with patients
- helping deliver the full care needs of patients and their families
- helping improve the early identification of people with palliative care needs, and
- identifying opportunities to support and improve pathways of care.

What needs to improve

The service and provider had a clear vision. However, this could be more prominently displayed to the public and patients in the hospice. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Leadership and culture

At the time of our inspection, the service offered an inpatient service with 18 beds. Until the service had experienced a recent lack of medical cover, it had offered a provision of 24 inpatient beds. The hospice was working with another hospice in the local NHS board area and the appropriate health and social care partnerships to review its inpatient provision with a view to optimising the medical cover between both services. The service had recently refurbished its outpatient facilities.

The service had a wide variety of staff to help make sure all its patient needs were met. Staff roles in the service included:

- chaplain
- doctors
- housekeeping
- medical consultants
- palliative care nurses
- physiotherapists,
- social worker.

Some medical staff were 'on rotation' from NHS Lanarkshire to gain experience and share knowledge in palliative care. We saw a positive relationship in place with the local NHS board.

The service had a clear governance structure in place with defined lines of reporting and accountability. We saw an effective leadership structure in place through the senior management team, which managed daily operations in the service. Senior managers were visible and carried out regular walkround observation audits to help them understand staff pressures or challenges.

The senior management team had well-defined roles, responsibilities and support arrangements in place. This helped to provide assurance of safe and

consistent patient care and treatment. The service's governance framework showed local and regional groups which met regularly and included those for:

- financial governance
- health and safety
- medicines management
- partnership working, and
- safeguarding (public protection).

From reviewing minutes of these meetings, we saw they involved representatives from all staff groups and had clear escalation and reporting processes in place. The service's meeting schedule detailed how often the groups met.

Staff we spoke with were positively engaged in the service's provision of care and proud of being part of the organisation. Comments we received from staff conversations and from our online staff survey included:

- 'All of my managers try and set good examples and clear guidance where possible.'
- 'Leadership is always positive in our team.'
- 'The senior management team are very pro-active by keeping all staff informed on a regular basis of all that is happening in the hospice.'

The service's mission and core values were included on meeting agendas and from minutes we reviewed, we saw that the chairperson discussed them before starting the agenda.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Effective processes and procedures helped support the safe delivery of care. Staff and patients contributed to improving the service. Staff were recruited appropriately, with evidence of staff support and training. Risk assessments and an audit programme were in place. A quality improvement plan helped to demonstrate service improvement. Risk assessments should be reviewed and updated regularly.

Co-design, co-production (patients, staff and stakeholder engagement)

St. Andrew's Hospice had an informative website which highlighted the services available to patients. These services were also displayed in public spaces. The website included information on:

- day therapies
- inpatient care, and
- support for families and carers.

We saw posters displayed with information about staff, patient and carer suggestions and issues. The service used a 'you said, we did' format to demonstrate how it was using feedback to make improvements. For example:

- A weekly menu had been introduced for patients after feedback. The menu would be kept in patient bedrooms to help patients remember the meals they ordered.
- Staff had been asked to wear name-badges so that patients knew their names. In response, staff wore name-badges and information screens were installed on wards so that patients and visitors could identify who was caring for them.

A variety of patient information leaflets were available at reception, in the outpatient department and the inpatient unit. Information booklets for patients and carers were readily available on admission to the hospice. A variety of

services for patients and visitors included issuing essential clothing and toiletries to patients if required.

The service actively sought feedback from patients and families about their experience of treatment and care. We saw that it used this information to continually improve the way the service was delivered. Patient feedback was collected in a variety of ways, including:

- a complements, concerns and complaints section on the website
- listening sessions in the service, and
- volunteers collecting inpatient feedback.

The service had involved staff and patients in decisions about its recent refurbishment of the outpatient department. Senior management staff attended regular public engagement group meetings. The group was made up of members of the public and service users. The terms of reference were available to view and we saw that these meetings provided information on topics, including:

- a quality and governance update
- a report from the chief executive
- changes and improvements made, and
- patient and family feedback.

Minutes were shared with the members of the public in attendance.

Patient feedback we looked at showed high levels of patient satisfaction, especially in patient care and with individual staff members. Feedback and improvements made were shared with the public through the service's website and its published yearly report.

The service had a 'drop-in' facility in the human resource department where staff could speak freely and openly about any of their issues or concerns.

The service had many staff benefits, including:

- a free staff counselling service
- long service awards, and
- subsidised staff meals.

The service celebrated staff birthdays, providing cake and refreshments each month.

The service had recently updated its internal electronic system for staff, which could also be used as an app on a mobile phone. This system included staff rostering and information on audit results, patient feedback and staff training.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service fully understood Healthcare Improvement Scotland's notification process and the need to inform Healthcare Improvement Scotland of certain events or incidents occurring in the service. A process of recording and investigating incidents and accidents was in place.

The service had a wide range of up-to-date policies and standard operating procedures, including those for:

- health and safety
- infection prevention and control
- medicine management, and
- safeguarding.

During our inspection, we saw that an external company was carrying out a fire safety inspection. This was carried out every year to help make sure the service's fire safety arrangements remained safe and appropriate.

We saw an electronic process of managing incidents and accidents in place, which included non-clinical and clinical incidents. The service regularly reviewed any incidents and documented learning outcomes from them.

The complaints policy detailed processes and procedures to follow in the event of a complaint or concern being raised. Information on how to make a complaint was highlighted on the website, which included healthcare Improvement Scotland's contact details. We reviewed two complaints that the service had received over the 2 years before our inspection. We saw that these had been managed in line with the service's complaints policy and procedures.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had an up-to-date duty of candour policy in place. The service published a report every year on its website, highlighting the number of times the duty of candour process was triggered. Staff were trained in duty of candour. Staff we spoke with were aware of the processes and procedures involved.

The service had a good process in place to make sure its medicines management was safe, including ordering, prescribing and administering all medicines. The pharmacy team was made up of a pharmacist (who is the palliative care lead for the area) and a pharmacy technician. The pharmacy team was responsible for medicines reconciliation, non-stock medications, stock control and non-stock items. It also carried out daily and weekly checks on:

- controlled drug orders
- discharge prescriptions
- medicine expiry dates, and
- medicine prescription charts.

Controlled drugs are usually strong painkillers that require certain controls on them.

The pharmacist supported the delivery of medicines training to hospice staff and offered advice and information to clinicians seeking medicines information and support in the community. The pharmacist attended national and local network meetings on medicines, where policies, processes and governance were reviewed and discussed.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were documented on an electronic platform and were password-protected. Before the patient was referred to the service, consent was obtained from the patient to be referred to the hospice. The patient's ability to make decisions was assessed at this time.

The service had a thorough process in place for documenting assessments and conversations with the patient and their families. Different members of the multidisciplinary team, such as physiotherapists and the social work team documented interventions in the patient care records. Information about the patients' preferred place of care and death was documented. A treatment plan was available that highlighted what the patient would wish, should their

condition deteriorate. We saw that a 'do not attempt cardiopulmonary resuscitation' (DNACPR) document was available to be included in discussions and was completed where applicable. This relates to the emergency treatment given when a patient's heart stops, or they stop breathing.

Staff regularly recorded information about patients in a series of assessments and care plans, such as those for:

- mouthcare
- nutritional assessment
- pain assessment and the risk of falls, and
- skin care.

The multidisciplinary team met weekly to discuss the progress and plans for each patient and documented this in the patient care records. This was an opportunity for staff to discuss aspects of support the patient and their family may require and to assess the patient's condition. We attended a multidisciplinary team meeting and saw discussions were held about all aspects of emotional and psychological care for a patient and their family. Staff used a recognised performance assessment tool as a consistent way of agreeing on the patient's physical condition. The patient's goals for their admission were also discussed at the meeting.

The patient's goals for the time spent in the hospice were documented to make sure staff were aware of them. This could include the patient's wish to return home or to spend time with family. Patients were encouraged to demonstrate the people and issues that mattered to them on a 'what matters to me' board in their bedroom. This gave staff a deeper insight into the patient's life and what was important to them.

We saw that the service had a thorough process of staff recruitment in place. Staff files were stored on a password-protected electronic platform. We reviewed six staff files, including staff with permanent contracts and staff working under an honorary contract in place to allow them to work in the hospice. The recruitment process included checks on:

- Disclosure Scotland protecting vulnerable groups (PVG) status
- identity, and
- references.

All doctors who worked in the service were employed by NHS Lanarkshire and had an 'honorary' contract. An 'honorary' contract is an agreement set out

between the NHS board and the hospice for the time spent working in the hospice. The service had a system in place to help make sure that all appropriate checks had been carried out on the doctors. We saw email communication from NHS Lanarkshire to the hospice, to confirm that all safety checks had been completed and any changes would be communicated. This email of assurance would occur every time new doctors joined the hospice staff.

The service carried out yearly checks to make sure professionals remained on their professional register and individual medical insurances remained in-date where applicable.

The service provided a corporate and role-specific induction programme on all new recruits. All staff had yearly performance reviews carried out with their line manager. Professional objectives were developed at these meetings and were discussed and reviewed regularly.

Volunteers worked in the service to provide support, such as with reception and in the outpatient service. All volunteers had appropriate recruitment checks completed and stored on a separate, password-protected electronic database. All volunteers had checks completed through Disclosure Scotland. They also completed an induction programme, which included all mandatory training for their roles.

All staff completed mandatory training, including:

- fire safety
- food safety, and
- moving and handling.

The service was re-developing its staff training programme. Staff highlighted subjects they would like further training in during this process, such as in wellbeing and self-care. As part of the re-development, the education department had developed 'buzz' sessions for staff. Buzz sessions were short training sessions on different topics, such as medicine incidents. The service was working alongside other hospices and a Glasgow university to provide post graduate training for nursing staff in palliative care.

- No requirements.
- No recommendations.

Planning for quality

The service carried out a wide range of clinical and non-clinical risk assessments, including those for:

- equipment failure
- financial
- infection prevention and control, and
- moving and handling.

The risk assessments were recorded on an electronic risk register and each line manager was responsible for risk assessments belonging to their department. Each risk assessment detailed any risks identified to staff and patients and included a risk-rating status, dates of completion and dates of next review.

We were told that the service was developing staff training to include risk and risk assessment for all staff groups.

The service had an extensive clinical and non-clinical audit programme, which included audits on:

- clinical and health and safety incidents
- infection prevention and control
- medicines management
- patient care records, and
- training and education.

The audit programme also included audits on tissue viability to establish patients who may be at risk of skin problems, controlled drug incidents and patient falls. We saw that the service carried out an in-depth audit in July 2023, after an increase in controlled drug incidents. This had produced learning outcomes and an ongoing review of processes in the service. Audits carried out after the review had shown a decrease in controlled drug incidents. Audit results and reports were benchmarked against the national Hospice UK audit programme, which reported the results against similar-sized services.

The clinical risk audit and quality committee met every 3 months to review and discuss risks and audits. We saw minutes and action plans from this committee.

The service had a document called 'Priorities for Improvement 2022–2025' we saw this detailed areas of improvement identified in the service with timeframes for completion and action plans. The evidence in this document

linked with and referred to the key priorities identified in the service strategic plan 2022–2025.

What needs to improve

Some risk assessments on the risk register had not been updated on their review date. For example, some risk assessments that should have been reviewed every year had not been reviewed in 4 years (requirement 1).

Requirement 1 – Timescale: by 25 March 2024

- provider must review and update all risk assessments on a regular basis to demonstrate a proactive approach in identifying and managing risk.

- No recommendations.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean and in a good state of repair. Patients and families said they felt fully supported. Staff told us they enjoyed working in the service. Consent to treatment and consent to share information with the next of kin should be consistently documented. Current national guidance should be followed when cleaning sanitary fittings.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

The environment was clean, tidy and the building was in a good state of repair. Equipment in the inpatient unit had 'clean' stickers attached to show the date and time the item was cleaned and who had cleaned it. The service had an extensive range of cleaning products, including appropriate chlorine-based cleaning solutions and disposable colour-coded mop heads in line with national infection prevention and control guidance.

Staff completed infection prevention and control training, which included training on the correct dilution of chlorine-based solutions for general and specific cleaning, such as cleaning bodily fluids. All patient bedrooms had cleaning schedules we saw these has been completed and were up to date. Staff could also document any comments and advise or alert the domestic supervisor of any issues. The domestic supervisor reviewed the schedules weekly and uploaded them to the facilities online system. Staff were assigned and responsible for cleaning identified areas in the service.

Personal protective equipment was readily available throughout the service, with additional stock located outside each patient room in the inpatient area.

All five patient care records we reviewed included patient contact details, such as for their GP and next of kin. All patient care records we reviewed documented a thorough process of clinical assessment and review. This involved the multidisciplinary team, such as doctors, physiotherapists and social workers.

We met volunteers and staff working in the outpatient service and saw an enthusiastic team providing a range of services, including complimentary therapies and bereavement support. Patients and families we spoke with told us:

- ‘I feel safe in here.’
- ‘I am being allowed to be a wife again.’
- ‘The hospice was my lifeline.’

The service sent out surveys every 1–2 years to staff to find out how supported staff felt in the hospice. The format had recently changed, which meant the questionnaire had become shorter and more staff had responded. Staff we spoke with generally told us that they felt supported in their role. Staff who completed our online survey told us:

- ‘The senior management team are very approachable in my experience and open to feedback, suggestions and ideas.’
- ‘The senior management team are very pro-active by keeping all staff informed on a regular basis of what is happening in the hospice.’

What needs to improve

We saw patient consent documented in the patient care records, such as consent to be referred to the service and consent to use the patient’s own medicines. However, only one of the five patient care records we reviewed had all consents documented. Consent to treatment and consent to share information with patients’ next of kin was not consistently documented in patient care records (recommendation a).

Sanitary fittings in the hospice were not cleaned with the appropriate chlorine-based solution as stated in the national guidance and guidelines for infection prevention and control (recommendation b).

We received largely positive comments on the day of inspection. However, the online survey showed a divide in staff opinion. While some staff told us the senior management team were supportive and approachable, some told us the higher levels of management were not often seen in the wards. The service

could consider ways of exploring this further with staff. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure consent to share information with next of kin and or relatives and consent to treatment is recorded consistently in all patient care records.

Recommendation b

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



Before

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.



During

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

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.



After

More information about our approach can be found on our website:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihtregulation@nhs.scot

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