

Unannounced Inspection Report: Independent Healthcare

Service: Highland Hospice, Inverness

Service Provider: Highland Hospice

4-5 August 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 1-2 May 2019

Requirement

The provider must ensure all patient care records are signed and dated by medical staff to ensure continuity of care is documented.

Action taken

Patient care records were in both paper and electronic format. All paper copies of patient care records we reviewed were signed and dated by the medical staff member completing them. Electronic entries to patient care records were made using password-protected access with staff using individual login details. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 1-2 May 2019

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 new electronic process of recording quality assurance outcomes had been introduced. This included a regular programme of reviewing and auditing infection prevention and control precautions and practices, with action plans then produced to take forward any actions needed.

Recommendation

The service should develop a formal role-specific induction package for non-clinical staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.

Action taken

The service had both clinical and non-clinical role-specific staff induction programmes. The service was also in the process of providing all new staff with a 90-day electronic induction programme. This included ensuring appropriate support was available in their new role, determining short and medium-term personal and professional objectives and helping to build on their knowledge of the organisation.

Recommendation

The service should reintroduce regular staff one-to-ones and reviews as part of the staff appraisal process to allow staff the opportunity to discuss progress in their role or any concerns.

Action taken

All line managers now met with their staff on a one-to-one basis every 1-2 months. Alongside this, all staff had a personal development review every year and met every 6 months with their line manager to discuss and review their personal and professional objectives.

Recommendation

The service should record any discussion about incidents that take place in the service in the minutes of the quality engagement group. This will ensure that all staff are fully informed of any outcomes or lessons learned.

Action taken

A new electronic reporting process was in place for reporting incidents and accidents. We saw a thorough process of recording minutes that made reference to the incidents with associated action plans and learning outcomes. For example, these were reviewed and discussed every month at the adverse events meeting where actions to be taken and lessons learned were addressed. Any significant events were also reviewed and discussed every 3 months at care governance meetings.

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 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 Highland Hospice on Thursday 4 and Friday 5 August 2022. We spoke with a number of staff and patients during the inspection. We received feedback from 59 staff through an online survey we had asked the service to issue for us during the inspection.

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 Highland Hospice, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Families were involved in planning their relatives' care and were very positive about the care and treatment their relatives received. Good systems were in place for gathering patient feedback, and the service proactively sought the opinions of patients and their families. Staff gathered patient experiences from all aspects of the service allowing the service to continue to make changes and improve, reflecting what patients and families said would make a positive difference to them.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
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. COVID-19 precautions continued to minimise the risk of transmitting infection. A comprehensive infection prevention and control audit programme was in place and audits showed good compliance.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The board and senior management team met regularly. All aspects of safety, quality improvement, development and staffing were considered, reviewed and addressed. We were told the chief executive officer was visible and approachable. The quality improvement plan continued to develop and staff were actively involved in aspects of this. A number of programmes and new care strategies aimed to improve services in the community.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Domain 3 – Impact on staff	
Quality indicator	Summary findings
3.1 - The involvement of staff in the work of the organisation	Processes were in place to ensure staff felt part of the organisation. Regular one-to-one meetings took place, and online information bulletins were regularly sent out to all staff. Staff were regularly surveyed about their thoughts on potential changes of practice.

Additional quality indicators inspected (ungraded) (continued)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.4 - Clinical excellence	The service followed national and local clinical care guidelines. Good assessment processes were in place for each patient. Patient care records showed the patient journey clearly documented by the multidisciplinary team. Patients' consent to sharing their information with family and other healthcare professionals should be consistently documented.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Systems and processes were in place to ensure safe recruitment of staff. A practicing privileges policy and contracts must be in place.

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 Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Highland Hospice to take after our inspection

This inspection resulted 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

Highland Hospice, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Highland 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 relatives' care and were very positive about the care and treatment their relatives received. Good systems were in place for gathering patient feedback, and the service proactively sought the opinions of patients and their families. Staff gathered patient experiences from all aspects of the service allowing the service to continue to make changes and improve, reflecting what patients and families said would make a positive difference to them.

The service had recently updated the patient information pack. This now contained information on inpatient services, occupational, physiotherapy and complementary therapies, community services, and what happens when a patient is admitted.

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

- 'Strangers become friends.'
- 'Feel safe in here.'
- 'Listened to by every member of staff.'

The service gave patients and families a variety of options to provide feedback about the service. This included questionnaires, letters, emails, virtual meetings and events. We noted the patient and family questionnaires were based on national health and social care standards.

Staff used this feedback to make changes to the way in which they provided the service. For example, the 'women's group' had said that, despite being aware of the increased risks involved, they still wanted to attend the service during the COVID-19 lockdown. Staff worked with patients to make sure the environment remained safe for the group to meet. For example, enhanced cleaning took place, face masks were worn and adequate spacing introduced between seats during meetings. This resulted in good attendance throughout the pandemic. This joint project with staff and patients fed into the service's evolving patient and staff inclusion and participation strategy.

We saw evidence of patients being involved in ensuring face-to-face engagement continued to be managed and delivered safely throughout the pandemic. The service was taking a proactive approach to continue to encourage involvement from relatives, including inviting them to join future focus groups.

Information was available in various formats tailored to the individual patient. Live links to interpreters, visual and hearing technology were also available. These facilities had been organised by the occupational therapist as part of the patient and staff inclusion strategy.

We were told that, during the pandemic, a member of staff worked remotely with patients in the community to give digital support on how to access online meetings to stay connected and supported.

We noted the service had remained open during the COVID-19 pandemic. This allowed relatives to continue to visit patients throughout this period. The hospice worked with families to evaluate the way the service had developed and adapted as a result of the pandemic. For example, 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.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). We noted there had not been any instances requiring the need to implement duty of candour principles.

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.

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.

What needs to improve

Although the service viewed online reviews and testimonials, there was no clear method of collating and using this information to implement improvements in the service (recommendation a).

- No requirements.

Recommendation a

- The service should develop and establish a method for collating online and social media feedback and using this information to implement improvements in the service.

Domain 3 – Impact on staff

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

Our findings

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

Processes were in place to ensure staff felt part of the organisation. Regular one-to-one meetings took place, and online information bulletins were regularly sent out to all staff. Staff were regularly surveyed about their thoughts on potential changes of practice.

Processes were in place to ensure staff and volunteers felt supported in the organisation. We were told the chief executive officer and senior management team held meetings for all staff and volunteers to attend. These meetings actively encouraged staff and volunteer involvement in the service. For example, they could ask questions directly to the senior team about the organisation and any projects currently under way. There was also an opportunity for staff to ask questions anonymously.

All staff had one-to-one meetings with their line manager every 1-2 months. This allowed staff to discuss any issues or concerns. Staff also met with their line manager every 6 months to review their personal development plan and to review their personal objectives.

When the senior management team identified a potential significant change of practice, we were told that an online survey was sent out to staff beforehand to gain staff opinion. For example, staff had fed back that they agreed with the need to change the patient discharge process.

We were told the senior management team had an 'open door' policy towards all staff and volunteers. 'People bulletins' were sent out to staff and volunteers every 3 months, or more often if required. This digital newsletter included updates on any changes among the staff teams, findings from recent audits, and celebrated any successes and special events.

An electronic staff system had been created where staff could access their work rotas, electronic learning and make leave requests.

We were told that all staff nurses were involved in policy updates. Staff were supported to carry this out, including guidance on how to update a policy and protected non-clinical time. Staff we spoke with felt this was a good learning opportunity. Policies that needed a multidisciplinary team approach were discussed at formal meetings to achieve consensus on any required changes.

A private social media page allowed all staff to communicate with each department and keep up to date with changes in the organisation. We were told that approximately 300 staff had accessed this page.

The service's volunteer group consisted of approximately 900 members and was supported by the volunteer department. Each volunteer was line managed in the department they were assigned.

In 2020, the Investor in People hospice group sent out a staff survey to check on the wellbeing of staff and volunteers during lockdown. This resulted in a staff online group being developed for staff to communicate with each other. We were told this group has continued and staff surveys continued to be sent out every year.

We were told staff events that had taken place before lockdown had included staff and volunteers having breakfast or afternoon tea with the senior management team. During lockdown, these continued to take place online. A face-to-face staff event has been organised for September 2022, with an external company facilitating the day. This will focus on staff resilience, psychological staff sessions and organisational aspects.

Staff who completed our online survey said:

- 'I found the service to be very welcoming.'
- 'My department has good leadership.'
- 'Training and personal development is taken seriously.'

What needs to improve

We noted that the senior management team was organising staff and volunteer events, and the service had recently received a gold Investors in People award recognising the service's commitment to its staff. However, some staff who completed our survey stated:

- 'Communication could be clearer in times of change.'
- 'Low morale amongst staff.'
- 'More transparency when things are changing at management level.'

We fed this back to the senior management team and suggested that an action plan should be developed to take into account all staff feedback to ensure action is taken, where appropriate. We will follow this up at our next inspection.

- 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. COVID-19 precautions continued to minimise the risk of transmitting infection. 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
- cleaning schedules, and
- maintenance programmes.

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 remained in place to minimise the continued risk of transmission of COVID-19. These included:

- enhanced cleaning of equipment and the environment
- additional risk assessments for patients being admitted to the service, and
- continued staff COVID-19 testing to identify asymptomatic cases.

All those working and visiting the service, including family visitors and contractors, were supported to follow government guidelines for infection prevention and control.

At the time of the inspection, laundry was being managed in-house. However, we were told that plans were under way to use laundry facilities at Raigmore Hospital, Inverness. Enhanced measures remained in place to deal with infected laundry. Staff laundered their own uniforms following national guidelines to reduce any possible infection transmission.

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

Staff completed online training modules for infection prevention and control, and for the protection of vulnerable adults.

The quality engagement group supported the service to carry out regular clinical audits. Routine audits included:

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

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

A new electronic reporting system was in place to manage the service's risk register, and for reporting incidents, accidents and reportable events. This included tracking the progress, and completion, of any actions taken as a result of an incident or event. We saw a thorough process of recording minutes that made reference to the incidents with associated action plans and learning outcomes. For example, these were reviewed and discussed every month at the adverse events meeting where actions taken and lessons learned were

addressed. Any significant events were also reviewed and discussed every 3 months at care governance meetings. The risk register was regularly reviewed through this online system. For example, medicines management was reviewed and any actions to be taken as a result of a medicines incident were logged, such as any related staff management or training and education actions.

Daily, documented, clinical staff and non-clinical staff handovers took place. A clinical huddle also took place every Monday, with an action note created, identifying who was responsible and a timescale for taking forward an action. The weekly huddle action plans were reviewed at the monthly quality engagement group.

A record retention policy and a record retention plan was in place. This ensured the service was managing personal information effectively and appropriately.

Maintenance contracts were regularly reviewed, as well as contracts for clinical waste, fire equipment and signage, and pest control.

A comprehensive fire audit took place every month, which included documenting any findings from the audit and any actions taken. A fire risk assessment was also undertaken for each patient at the start of every night shift. The night folder was then updated to ensure up-to-date patient-specific information was available for the fire and rescue service in the event of a fire. An annual fire risk assessment also took place.

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

What needs to improve

All staff had carried out general online fire safety training. However, the service was aware that fire warden practical training had not been undertaken since 2019, in part due to the COVID-19 pandemic. We will follow this up at a future inspection.

- No requirements.
- No recommendations.

Quality indicator 5.4 - Clinical excellence

The service followed national and local clinical care guidelines. Good assessment processes were in place for each patient. Patient care records showed the patient journey clearly documented by the multidisciplinary team. Patients' consent to sharing their information with family and other healthcare professionals should be consistently documented.

The service followed appropriate clinical care guidelines in line with national guidance. Reference was regularly made to local NHS Highland as well as national palliative care guidance.

We spoke with one medical practitioner who felt fully supported by the consultants. They said they were readily available should advice and guidance be required. The medical practitioner was involved in teaching and supporting other visiting medical staff.

We reviewed four patient care records. The initial admission documentation was completed in paper format and was stored securely in locked filing cabinets. This information was detailed and included a thorough patient assessment. Within the first few days of admission, we saw that staff had discussions with the patient about their current and future expectations of the service. This included what the patient would wish should their condition deteriorate. Following the initial admission, members of the multidisciplinary team documented any patient assessments electronically. This included nurses, doctors, physiotherapists, social workers and the chaplain. Weekly multidisciplinary team meetings took place to discuss patients' current conditions and the future plans of care.

We saw that all members of the multidisciplinary team documented conversations they had with both patients and their families. We could see from the records that these conversations were informative and supportive.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

What needs to improve

Patient care records showed that staff documented that the patient understood and agreed the treatment plan for their admission to the service. However, consent to share their information with their family and other healthcare professionals was not consistently documented (recommendation b).

- No requirements.

Recommendation b

- The service should ensure that patient consent to sharing information with their families or with other healthcare professionals is documented consistently in patient care records.

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

**Systems and processes were in place to ensure safe recruitment of staff.
A practicing privileges policy and contracts must be in place.**

The service was in the process of introducing a new 'on boarding' induction plan for all new staff. This 90-day induction programme included ensuring appropriate support was available for new staff in their role, determining short and medium-term personal and professional objectives, and helping to build on their knowledge of the organisation.

The service's new electronic human resources system supported recruiting managers through the recruitment process, highlighting essential recruitment and ongoing checks at key points. For example, the system could highlight when various aspects of the recruitment process had to be reviewed and when professional registration review dates were due.

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

As well as a corporate induction programme, the service had clinical and non-clinical role-specific staff induction programmes. 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.

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, taken from information gathered from staff appraisals. 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. Identified training sessions were also accessible to community hospice nursing teams.

Annual staff appraisals included knowledge skills framework information, staff wellbeing, statutory and mandatory training, and 360 degree feedback. The service had a human resources volunteer who regularly uploaded information to the corporate human resources system to make sure this was up to date.

Managers were able to access online reports of all online training and education modules completed by staff members.

It was noted that the service had created several online training and education modules aligned to its own processes and practices, such as managing patients' medication.

What needs to improve

The service was in the process of introducing a practicing privileges policy and contracts. This is for staff members who work in the service under a practicing privileges agreement but are not directly employed by the service. However, this had not yet been signed off by senior management. Staff who work under practicing privileges must be deemed as safe, with processes in place to ensure appropriate induction, training and all necessary recruitment checks have been carried out (requirement 1).

While we saw that an induction programme was in place for all clinical and non-clinical staff, the induction process had not been audited to ensure staff were fully completing this process (recommendation c).

Requirement 1 – Timescale: by 28 October 2022

- 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.

Recommendation c

- The service should ensure the staff induction process is audited.

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 board and senior management team met regularly. All aspects of safety, quality improvement, development and staffing were considered, reviewed and addressed. We were told the chief executive officer was visible and approachable. The quality improvement plan continued to develop and staff were actively involved in aspects of this. A number of programmes and new care strategies aimed to improve services in the community.

The senior management team consisted of all heads of department and met every 2 weeks formally and every week informally. We saw agendas and minutes for these meetings with appropriate action plans attached.

The board of trustees met every 3 months and we saw that board members were involved in every subgroup. For example:

- the care governance group
- finance group, and
- people governance group.

The care governance group met every 2 months and was chaired by an external healthcare professional from NHS Highland. Subjects addressed included risk assessments, audits and medicine management issues. We saw agendas, minutes and associated action plans were in place. The operational managers met every month and included all managers and the service's quality lead. We saw agendas and minutes from these meetings.

We were told that the senior management team actively encouraged staff involvement. Examples included holding regular staff and volunteer meetings with the chief executive officer and senior management team, allowing staff to ask questions about the organisation and current projects. We were told that

the chief executive officer was always visible and approachable throughout the service.

The service was working hard to improve palliative care services across the Highlands. It had developed a range of services available to patients requiring palliative care in the community, including:

- Helping Hands befriender group
- Sunflower Home Care service
- Last Aid programme - providing the public with basic skills to understand and support end-of-life care and bereavement care, and
- No-one Dies Alone programme.

The service was developing an end-of-life care together (EOLCT) strategy in partnership with NHS Highland, local GP services and community healthcare professionals. This strategy would ensure that people who may be in the last 12 months of life are identified and their wishes and requirements are co-ordinated by the EOLCT team. This would help to ensure person-centred care was achieved for each individual, and that all healthcare professionals involved in a patient's care were aware of their wishes. This will result in further development of already established community services, for example the Helping Hands befriender service.

We were told that, during the COVID-19 pandemic, the service developed a palliative care helpline for families and carers in the community to speak to nurses for advice out of hours. This service continued to be available and was manned by staff from both the hospice and NHS Highland. We were told that nursing staff involved continued to grow in confidence, and that there continued to be a steady increase in the number of calls made.

We spoke with staff who had been promoted within the service. For example, one clinical staff member was now leading the quality engagement group.

The hospice benchmarked its service using the Hospice UK processes, reviewing itself against aspects such as number of patient falls and bed capacity. This allowed the service to be compared to similar sized services and identify any gaps and improve how the service was delivered. For the EOLCT strategy, the service benchmarked against similar projects throughout the United Kingdom.

The service's quality improvement plan was reviewed regularly and included participation engagement, incident reporting, risk register and outcomes of audits. We saw that staff were involved in the associated committees looking at these aspects.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

Requirements

None

Recommendation

- a** The service should develop and establish a method for collating online and social media feedback and using this information to implement improvements in the service (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

Requirements

None

Recommendation

- b** The service should ensure that patient consent to sharing information with their families or with other healthcare professionals is documented consistently in patient care records (see page 19).

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

Domain 7 – Workforce management and support

Requirement

- 1** 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 (see page 20).

Timescale – by 28 October 2022

Regulation 12(a)

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

Recommendation

- c** The service should ensure the staff induction process is audited (see page 20).

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.



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:

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

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