

# Unannounced Inspection Report: Independent Healthcare

**Service:** Kilbryde Hospice, East Kilbride

**Service Provider:** Kilbryde Hospice

20–21 July 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 18–19 June 2019

#### Requirement

*The provider must ensure all waste is disposed of in the correct bins. This will help to minimise risks associated with wrongly disposed and collection of waste in the hospice.*

#### Action taken

We saw that waste was disposed of in the correct bins. **This requirement is met.**

## 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 Kilbryde Hospice on Wednesday 21 and Thursday 22 July 2022. We spoke with a number of staff, patient and carers 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 Kilbryde 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	A comprehensive patient involvement and stakeholder engagement policy was in place. Patients were encouraged to provide feedback on their experience to help the service continue to develop and improve. Patients were very positive about the standard of care and support. A comprehensive and easily accessible complaints process was in place.	✓✓✓Exceptional

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and well maintained environment. Comprehensive risk management and governance structures were in place to make sure the service's care was safely delivered.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service had thorough processes in place to lead the hospice service. The board and senior management team met regularly and actively contributed to the running of the service. The service had a positive and open culture. All aspects of safety, quality improvement, development and staffing were considered, reviewed and addressed. We saw evidence of staff and service development.	✓✓✓ Exceptional

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

Additional quality indicators inspected (ungraded)		
Domain 3 – Impact on staff		
3.1 - The involvement of staff in the work of the organisation	We saw good processes in place to support staff and encourage them to contribute to the service. The senior management team had an open-door policy for all staff and volunteers.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.4 - Clinical excellence	The service followed national and local clinical care guidelines. Good assessment processes were in place for each patient. The multidisciplinary team clearly documented the patient journey. All patients' power of attorney status should be consistently documented.	

Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Effective recruitment processes made sure staff were recruited safely. Induction and mentoring programmes were in place. Good audit processes were in place to support staff with training and education.

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Kilbryde Hospice to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Kilbryde 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**

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**A comprehensive patient involvement and stakeholder engagement policy was in place. Patients were encouraged to provide feedback on their experience to help the service continue to develop and improve. Patients were very positive about the standard of care and support. A comprehensive and easily accessible complaints process was in place.**

The service had a patient involvement and stakeholder engagement policy, which outlined how it engaged and involved patients, families, staff, and volunteers. The policy detailed how it monitored and evaluated the service and how it developed the service through consultation with stakeholders.

A 'What Matters to Me' project (staff, patients, and families) was in the process of being further developed to ensure the involvement of patients and families and a culture of working together. We saw evidence that the service asked for opinions at the scoping stage of a new hospice at home service. The views of the participation focus group of potential users of the new service, family, volunteers and staff were used to help inform the scoping exercise.

We saw there was a volunteer 'lay' person on each committee group. They were often actively participating in the service for example by carrying out clinical audits. Senior staff recognised the benefit of their input.

The service had a culture of continuously gathering and responding to feedback. Feedback was obtained in a variety of ways, such as:

- through emails
- in-person
- an online platform for sharing experiences UK health and care services



- suggestion boxes
- surveys, and
- over the telephone.

We saw that all stories submitted on the online experience-sharing platform were positive and had received individual and relevant responses from senior members of staff. We also found evidence that hospice staff read the stories on the website.

The service's website encouraged comments and feedback and included links to four online surveys:

- bereavement survey
- 'Compassionate Lanarkshire' (CLAN) survey
- patients and carers survey, and
- visitors survey.

Posters displayed in the hospice encouraged feedback, with QR codes to access individual surveys for each clinical area. Survey results were used to inform improvements in those areas.

All feedback received was collated on a register of suggestions and comments. This feedback was reviewed and actions taken documented. We saw an example of a constructive comment recorded on the comments register and that:

- it had been raised with relevant committees
- actions had been taken to address the issue raised
- a policy had been adapted as a result, and
- each registered nurse had been informed of the actions.

The suggestions and comments register was shared with the senior management team. Feedback was shared with staff, patients and the public in a 'you said, we did' format on staff room noticeboards and television screens in the hospice and retail shop. We saw evidence that the feedback evaluation was shared with the board of directors and the health and social care partnership.

All feedback request formats had one question, which was 'Overall, how would you rate the quality of care?' That question was used as a key performance indicator (KPI). A KPI is a type of performance measurement used to evaluate

the success of an organisation or of an activity. This KPI allowed the board to measure and monitor how patients, carers and visitors rated the quality of care and to identify trends, for example decreasing or increasing ratings. Areas for improvement were discussed, actions agreed, and progress updates were added to the clinical quality improvement register.

There was evidence of the hospice using feedback to improve the quality of care. Following feedback from families about how the hospice could improve practical and emotional support, a family support assistant (FSA) was appointed. Feedback was received about a discharge from the inpatient unit. As a result a discharge checklist was introduced to make sure communication and referrals were effective and discharge planning was patient and family-centred.

We were told that the senior management team planned to engage in meetings with the public in local town halls to promote the services of the hospice and to encourage an open conversation about death and dying with the public. We were told that the fundraising team were arranging a meeting with community faith leaders to raise awareness of the hospice services.

Since the COVID-19 pandemic the CEO and senior management team were involved in a new initiative called 'Connected East Kilbride' which was made up of staff from the East Kilbride Citizen Advice Bureau and the hospice. This new service aims to help connect local people to local support and services.

A robust complaints procedure was in place and we saw examples that showed the procedure was followed. The appropriate line manager logged and reviewed complaints and incidents before they were discussed at governance committees. The hospice governance committees and senior management team reviewed complaints and incident reports. Actions from complaints, evaluations, audits, and feedback were added to a clinical quality improvement register and communicated to staff and volunteers as appropriate. All complaints had a feedback form asking the complainant if they were satisfied with the handling of complaint, including response time.

We saw evidence that nursing staff were involved in the complaints procedure, from meeting with families during the investigative phase through to resolution for transparency and learning.

Information about how to make a complaint and details about the complaints process was easily accessible on the service's website.

During the inspection, we observed staff and volunteers engaging with patients in a respectful and friendly manner. We spoke with one patient in day services and one in the inpatient unit. They told us they were treated with dignity and

respect and felt well supported. Both were happy with the service. Patient comments included:

- 'I couldn't be looked after any better.'
- 'You'd never get a better place than this.'
- 'It's made me feel better.'

Patients told us they could speak privately with staff if required. A patient in day services said they received help with practical matters, such as finances as well as emotional and medical support.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong) and a yearly report had been published. Staff had received duty of candour training.

- No requirements.
- No recommendations

### 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

**We saw good processes in place to support staff and encourage them to contribute to the service. The senior management team had an open-door policy for all staff and volunteers.**

We saw good processes in place to support staff and allow them to engage in the service. An online staff survey was completed yearly and results were shared with staff in a newsletter. Staff had formal one-to-one meetings with their line manager every 1–2 months to discuss any issues and review their personal development plan (PDP). Staff also had a PDP review every 6 months.

We saw that the organisation was developing a formal document to record one-to-one meetings more consistently in all departments. The service had recently appointed an external company to provide an electronic human resource system for all staff details, including:

- absence review
- holidays
- qualifications, and
- training opportunities.

All staff had access to their own file in and out of work. This system allowed staff to request holidays from home. This system also allowed staff to send messages of thanks to their colleagues.

A large team of volunteers provided services in the hospice and they could access an electronic database to keep updated on hospice information. The service's volunteer co-ordinator managed the team and new volunteers completed a formal induction and training process when they started. From speaking with one volunteer, they told us that they:

- could access support and therapies when required
- felt included and a part of the team
- received regular email updates, and
- shared their feedback through the yearly volunteer staff survey.

The senior management team practiced an 'open-door' policy for all staff and were keen to be available to all. We were told the chief executive officer (CEO) would regularly visit staff, including night staff in the inpatient unit to make sure they felt well supported. The hospice board had set up a small staff welfare fund, available to the CEO if staff required it. The CEO sent all staff and volunteers a newsletter every 3 months and sooner if issues were urgent. This included information on current issues in the organisation, training and any celebratory events happening among staff.

As a result of the staff survey, the service had developed a process to assess staffing levels in the clinical areas. The findings had been presented to the board and resulted in recruitment of three new deputy ward managers. All these recruits had been appointed from staff already employed in the service. Staff that we spoke with felt this had been a significant improvement on services and allowed senior nurses to cover all shift patterns. We were told that some clinical support workers were supported to complete university nurse training with the potential to remain working for the hospice once they became qualified nurses. A group called 'Colleague Voice' was made up of nine employees who met formally every 3 months and included an appointed chairperson. This group were self-nominated representatives from each department, including from the retail team and were available to their colleagues should they have issues or

concerns. Colleague voice representatives also shared information from the board and senior management team with staff.

- 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**

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**Patients were cared for in a clean and well maintained environment. Comprehensive risk management and governance structures were in place to make sure the service's care was safely delivered.**

The environment was well maintained and free from clutter, allowing for effective cleaning. Housekeeping staff told us they had sufficient time and equipment to do their job. Appropriate products were used to clean equipment and the environment. Completed and up-to-date cleaning schedules helped to make sure the environment remained clean. We saw good management of sharps and clinical waste in the inpatient unit.

A good supply of personal protective equipment was available throughout the service for staff and visitors, including face masks, disposable gloves and aprons. COVID-19 precaution measures remained in place, such as routine testing for patients, staff and visitors as well as COVID-19 assessment questions and visiting restrictions in line with public health guidance at the time.

Monthly infection prevention and control committee meetings had representation from all staff groups at the hospice, such as:

- catering
- clinical
- facilities
- housekeeping, and
- management.

The hospice also received support from an infection prevention and control nurse from University Hospital Hairmyres, who attended the meetings.

The infection control governance committee oversaw water safety in the service and we saw that actions from an external contractor's water risk assessment were being addressed. Water flushing of outlets was carried out in line with guidance, including keeping records and flushing less-frequently used outlets.

Different members of the multidisciplinary team carried out infection control audits, including clinical, support and allied health professional staff. An independent volunteer carried out an infection control audit every 6 months. A lead nurse and the head of the facilities department also carried out a weekly audit of the inpatient unit. Findings were shared during team meetings and in newsletters.

The service had a comprehensive audit tracker for all audits, which included regular monitoring of actions for completion as a result of the audit findings. The clinical audit and risk committee agreed the service's audit programme. A variety of audits were also carried out from two audit plans for clinical and non-clinical topics, including those for:

- documentation
- finance
- health and safety
- medicines management, and
- staff professional registrations.

We saw evidence that all audit findings were shared through the appropriate governance structure.

Medicine management processes were in place. Medicines were stored appropriately and securely in the inpatient unit. We saw evidence of audits of controlled drugs and patient drug charts, as well as completion of an overarching medicines management audit tool. We saw that actions for improvement were shared with staff and the pharmacist.

The service had a comprehensive risk register that included all organisation-wide risk assessments. Key risks and issues were agreed at the senior management group meetings every 2 weeks and presented monthly to the board, detailing what was being done about each risk.

The senior management team reviewed all incidents recorded on the service's detailed incident reporting system. For each recorded incident, we saw:

- a full description of the incident
- meetings to which the incident was discussed
- whether the issue was added to the quality improvement register
- outcome of discussions, and
- lessons learned.

This provided transparency of any incident and oversight from the appropriate parts of the organisation. The hospice was fully aware of the duty to notify certain incidents to Healthcare Improvement Scotland.

There was an adult support and protection policy in place and staff completed Adult support and protection training at induction and then every two years.

### **What needs to improve**

The hospice had an in-house laundry. We received records of maintenance of the laundry equipment, including the washing machines. Used and contaminated linen was being washed at the correct temperature settings. However, evidence could not be provided that the washing machines had been tested to confirm that temperatures were maintained at 65 degrees for at least 10 minutes, or preferably 71 degrees for at least 3 minutes (recommendation a).

- No requirements.

### **Recommendation a**

- The service should ensure that the laundry service used can demonstrate that all launderable items are thermally disinfected in line with HPS's National Infection Prevention and Control Manual.



### Quality indicator 5.4 - Clinical excellence

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**The service followed national and local clinical care guidelines. Good assessment processes were in place for each patient. The multidisciplinary team clearly documented the patient journey. All patients' power of attorney status should be consistently documented.**

The service followed clinical care guidelines in line with national guidance. Reference was regularly made to the palliative care guidelines and local guidance in line with NHS Lanarkshire.

Consultants supported new medical practitioners, who were also given an induction handbook. We spoke with one medical practitioner who felt supported and stated that a senior doctor or medical consultant was always available to give advice about patient care decisions.

We reviewed four patient care records in paper format. These were stored securely and we saw that all patients had a very detailed process documented. From the patient care records, the reason for the patient's admission was clear and we saw that the patient and doctor had a clear discussion on the patient's expectations. This conversation often included a family member. Discussions included the patient's preferred place of care and death. All patient care records we reviewed included a 'do not attempt cardiopulmonary resuscitation' (DNACPR). This relates to the emergency treatment given when a patient's heart stops or they stop breathing.

A clear anticipatory care plan was developed with the patient, which highlighted a treatment plan should the patient's condition deteriorate. This included whether to treat the patient actively, such as with intravenous fluids. The treatment plan was clear, the doctor had signed and dated it and it was accessible to all staff.

We saw a comprehensive process of assessments carried out with involvement of the multidisciplinary team. The multidisciplinary team included health and care staff of different professions. For example:

- chaplaincy
- complimentary therapists
- doctors
- nurses
- occupational therapists
- physiotherapists, and
- speech and language therapists.

Each profession regularly documented its assessment of the patient and conversations with the patient and family. We saw that hospice regularly updated families on the assessments.

### **What needs to improve**

We saw that the patient's power of attorney status was not documented consistently in the patient care records (recommendation b).

Patient care records in the inpatient unit were in paper format and patients cared for in the community had electronic records. We spoke with the management team about this issue and were told the electronic system was being withdrawn. The service was involved in discussions with other, more suitable companies providing electronic platforms and a risk assessment had been developed. We will follow this up at future inspections.

- No requirements.

### **Recommendation b**

- The service should ensure that each patient's power of attorney status is documented.

## 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

**Effective recruitment processes made sure staff were recruited safely. Induction and mentoring programmes were in place. Good audit processes were in place to support staff with training and education.**

We reviewed eight staff files and found all were well organised. We saw evidence of effective recruitment in all of the files reviewed. The service used a database to hold staffing information and documents. Recruitment checks included:

- obtaining references
- checking the Protecting Vulnerable Groups (PVG) status of the applicant, and
- checking staff members' professional registration, where appropriate.

The service's electronic human resources system supported recruiting managers through the recruitment process, with essential checks at key points. This system could also highlight when different parts of the recruitment process had to be reviewed and when professional registration review dates were due. All staff files we inspected contained all the appropriate background and recruitment checks.

The service carried out PVG checks and we saw a system in place to record staff PVG information. Staff files had a checklist to help make sure appropriate recruitment checks had been carried out. We saw that the human resources department had checklists to make sure registrations were checked and up to date which were regularly audited.

All staff members completed a corporate induction programme and were then given an area induction for the area they worked in. We saw clinical inductions, as well as for housekeeping and catering. Line managers were responsible for staff members completing their induction in a specified timeframe. Staff were equally encouraged to take responsibility for self-learning and completing this induction period. An induction checklist covered all main areas and was signed

by the staff member and their manager. The service had a 'buddy' system for new staff to help support them in their post.

Good processes were in place to support staff with training and education. Due to the pandemic, any required mandatory and statutory training had been carried out through a mixture of face-to-face and online sessions. Staff had fed back to the service positively about this approach and we were told the service planned to continue it. Staff had difficulty in accessing appropriate training for prevention of violence and aggression. This training was difficult to secure places on and this issue was not limited to Kilbryde Hospice. However, the service had secured training places for October 2022 and we saw this training gap was continually risk assessed.

As part of the personal development review, all staff members had a learning needs analysis carried out to identify areas of interest and further continuous professional and personal development opportunities. Line managers encouraged staff to continue life-long learning and were able to submit applications for funding for further training and education.

We were told of strengthening links between the service and University Hospital Hairmyres, particularly in areas of infection control and that help and advice flowed well between the organisations to improve patient care.

We saw that appraisals had been carried out for all inpatient staff for 2021–22 and that planning for 2022–23 appraisals had started.

Staff we spoke with were clear about their roles and the reporting structures in the service.

- No requirements.
- No recommendations.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

**The service had thorough processes in place to lead the hospice service. The board and senior management team met regularly and actively contributed to the running of the service. The service had a positive and open culture. All aspects of safety, quality improvement, development and staffing were considered, reviewed and addressed. We saw evidence of staff and service development.**

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

The board of directors met every month. Executive board members were involved in the operational risk committee and we saw that non-executive board members were involved in infection control committee. Other groups were also involved, such as:

- clinical governance group
- finance committee, and
- operational risk governance committee.

The clinical governance group met every 3 months and subjects included updates on infection prevention and control, medicine management issues and audit and risk. We saw agendas, minutes and associated actions plan were in place.

We saw that all clinical committees included volunteers as 'lay' members. We saw that their role would also include carrying out audits on medicine management and infection control practices in the service. The service made

sure these individuals were appropriately qualified and supported by the senior management team.

The service had a corporate strategy dated 2020 -2023, which included strategies to:

- enhance education and development opportunities for staff
- enhance relationships with external community services, and
- raise awareness of specialist palliative care throughout Lanarkshire.

We were told the corporate strategy would be updated in line with NHS Lanarkshire's clinical strategy due out in November 2022.

Individual services (such as clinical, corporate and human resources) report new quality improvement initiatives to the board of directors monthly where applicable. The service had a rolling quality improvement plan with associated actions. This was completed under the Healthcare Improvement Scotland Quality of Framework domains. This included the:

- planned and completion of replacing the inpatient unit ward floor
- roll-out of management training modules to be planned for 2023, and
- plan for 'Volunteer Voice' forum for future.

The project quality team met monthly to review the quality improvement plan. The quality improvement plan was discussed at every board meeting and when applicable, the clinical and corporate committees reported new quality improvement projects to the board of directors.

We were told the CEO aimed to provide a visible presence in the inpatient unit to make sure staff felt supported. Staff we spoke with felt that the leadership team was visible and supportive.

We spoke to staff who had had the opportunity to develop in their role within the administrator team. They were given time and direction to develop further the format for documenting staff one to one meetings.

The service was developing a 'What matters to me' staff survey similar to the 'Getting to know me' questionnaire for patients. This would allow staff to contribute anonymously to defining what is important to staff working in the hospice.

We saw the service had carried out in-depth audit on falls of patients. This resulted in a quality improvement project, with electronic falls sensors fitted at each bed space linked to a nurse-call system. This alerted staff when a patient attempted to climb out of bed. Falls rates had reduced since its introduction.

The service carried out benchmarking in line with Hospice UK standards. This put it in the medium-sized hospice service and allowed comparison with the key performance indicators (KPI) with other similar-sized hospices. We saw a detailed, rolling record of KPIs which included average stay of patients, staff turnover and bed capacity. As a result of benchmarking, the hospice had reviewed and adapted its documentation of patient falls. Staff working in the inpatient unit were involved in correlating the KPIs, which were reviewed and discussed at every board meeting. The senior management team met regularly with local hospices in a 'Hospices Co-Production Network' forum.

The service ethos was guided by the Hospice UK 'Rehabilitative Palliative Care – enabling people to live fully until they die' document. This had resulted in the development of the allied health care professionals being involved in patient goal-setting. Where patients were supported to reach their goals, for example driving a classic car. These goals were discussed at the multidisciplinary team meetings, allowing all staff to be aware of individual patients' wishes.

To build links in the community, we were told that the CEO and board of trustees planned to hold public meetings in community town halls to highlight hospice services and to promote its community presence. The clinical team was often available to meet with the public at fund raising events.

- 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 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should ensure washing machines are tested to ensure they can achieve thermal disinfection standards (see page 16).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<b>b</b>	<p>The service should ensure that each patient's power of attorney status is documented (see page 15).</p> <p>Health and Social Care Standards: My support, my care. I am fully involved in all decisions about my care and support. Statement 2.11</p>



## 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](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



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](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

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