

# Unannounced Inspection Report: Independent Healthcare

**Service:** ACCORD Hospice, Paisley

**Service Provider:** ACCORD Hospice

11–12 November 2025

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<b>3</b>	<b>What we found during our inspection</b>	<b>10</b>
<b>Appendix 1 – About our inspections</b>		<b>25</b>

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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 21–22 July 2021

#### **Recommendation**

*The service should ensure that the hospice infection prevention and control policies relate specifically to the hospice.*

#### **Action taken**

This recommendation is reported in Domain 4: Quality improvement (see recommendation b on page 19).

#### **Recommendation**

*The service should develop improvement action plans to address issues identified. These should document the person delegated to complete the action and timeframes for completion.*

#### **Action taken**

The hospice had developed improvement action plans.

## 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 ACCORD Hospice on Tuesday 11 and Wednesday 12 November 2025. We spoke with a number of staff, service patients and families during the inspection. We received feedback from 41 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Paisley, ACCORD Hospice is a hospice providing palliative care/end of life care.

The inspection team was made up of four inspectors.

## What we found and inspection grades awarded

For ACCORD 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>	Grade awarded
Summary findings		Grade awarded
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
	A comprehensive 3-year strategic plan set out the aims and objectives and was in line with the service's core values. Key performance indicators helped measure how the service performed and continued to improve. Staff spoke positively about the leadership and that they felt supported.	✓✓ Good
Implementation and delivery	<p>Patients, families and staff were involved in all aspects of service quality and improvement. Thorough processes were in place to gather feedback from patients and families. Policies and processes were in line with safe practice. Risk assessments and an audit program were in place. Patient assessment and consultation was thorough. Staff were recruited safely.</p> <p>The hospice complaints process should be readily accessible for patient and families. Healthcare Improvement Scotland should be notified of controlled drug incidents.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Grade awarded
	<p>The environment was clean and well maintained. Good infection prevention and control process were in place. Patient assessment and consultation was thorough. Regular staff meetings were held about the patients and their plans of care.</p> <p>A risk assessment should be completed for the heat pads used for pain relief. The regular multidisciplinary meetings should be recorded in patient care records.</p>	✓✓ 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:

[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

## What action we expect ACCORD Hospice 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 no requirements and six recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
<b>a</b>	The service should ensure that information on the complaint process is easily accessible to the public (see page 19).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
<b>b</b>	The service should ensure that the hospice infection prevention and control policies relate specifically to the hospice (see page 19).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11  This was previously identified as a recommendation in the 21 July 2021 inspection report for ACCORD Hospice

## Implementation and delivery (continued)

### Recommendations

c The service should ensure that all adverse events, significant adverse events, near misses and concerns involving a Controlled Drug should be notified to Healthcare Improvement Scotland when they occur (see page 19).

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

d The service should develop a consistent format for recording one-to-one meetings between staff and their line manager (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

### Results

### Requirements

None

### Recommendations

e The service should develop a risk assessment for the heating of and use of patient heat pads (see page 24).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

f The service should develop a process of documenting the multidisciplinary team meeting in each patient care record (see page 24).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

We would like to thank all staff at ACCORD 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

**A comprehensive 3-year strategic plan set out the aims and objectives and was in line with the service's core values. Key performance indicators helped measure how the service performed and continued to improve. Staff spoke positively about the leadership and that they felt supported.**

##### *Clear vision and purpose*

ACCORD Hospice provides palliative and end-of-life care to people living with or affected by a life-limiting illness aged 18 years and over in the Renfrewshire and East Renfrewshire area.

The service had published a clear, 3-year strategic plan on its website for 2022–2025 which set out its main strategic aims, objectives and key priorities. Key performance indicators (KPIs) had been identified from the strategic plan to measure progress against the aims, objectives and the hospice's 'CARES' values:

- Compassionate.
- Accountable.
- Respectful.
- Equitable.
- Sustainable.

The strategy was developed in consultation with a wide range of stakeholders, including:

- patients, families and carers
- staff
- trustees, and
- volunteers.

The service planned to discuss a new strategy during an away day for staff and trustees. Key stakeholders involved in the development of the service's strategy included:

- educational establishments (schools, colleges and universities)
- ethnic and diverse organisations
- founders
- individual and corporate supporters
- local communities
- political outlets, and
- third sector professionals.

The hospice's four strategic aims were:

- achieve long term sustainability
- deliver reliable high-quality care and services to everyone who needs it
- increase capacity in community to support death and dying, and
- value and support the staff and volunteers to do their jobs well.

These aims were part of the service's clinical governance and the reporting system was based on performance against objectives.

The service KPIs included:

- Culture and staff engagement (morale, retention and training completion).
- Governance and accountability (regulatory compliance, audit completion and risk management).
- Person-centred care (care planning, personal goals and carer involvement).
- Service delivery and outcomes (timeliness, end-of-life wishes, symptom control and satisfaction).
- Use of resources and sustainability (cost control, bed usage efficiency and environmental efficiency).
- Vision and leadership (strategic progress, staff understanding of mission and values, leadership visibility and approachability).
- Workforce capacity and capability (staffing levels, supervision and volunteer engagement).

These indicators helped maintain service quality and identify improvement opportunities. They allowed benchmarking against other hospices across Scotland and the UK, such as through the Hospice UK program.

The chairman of the board presented a report at the annual general meeting, which was available for the public to view on the service's website.

The hospice maintained strong partnerships with local and regional stakeholders, including active participation with the Health and Social Care Partnership through service level agreements and shared performance frameworks. Participation in regional forums and networks helped make sure that the hospice contributed to, and benefitted from sector-wide learning and collaboration.

The chief executive was the current chair of the Scottish Hospice CEO Group, working and lobbying the Scottish Government on the future of hospices. The chief executive was also the chair of the Scottish Partnership for Palliative Care (SPPC) (a collaboration of organisations involved in improving care at the end of life in Scotland).

- No requirements.
- No recommendations.

### ***Leadership and culture***

The service provided a wide range of care and support through the:

- community palliative care team
- inpatient unit
- physiotherapy, occupational therapy and social work, and
- wellbeing team.

We saw evidence of regular monthly senior management meetings, including those for:

- finance
- governance, and
- risk management.

We were told that the manager and chief executive held daily informal meetings. Daily huddles highlighted any updates and issues in the hospice and wider community. As part of the huddle, staff could discuss inpatient case files

and review patient activity for the day. Actions identified during the huddle were acted on.

The senior management team had well-defined roles, responsibilities and support arrangements in place. This helped provide assurance of safe and consistent patient care and treatment. The hospice's governance framework showed local and regional groups, which met regularly and included those for:

- financial governance
- health and safety
- partnership working, and
- quality improvement.

Staff were supported to develop in the hospice and we saw evidence of training and further learning for different levels of staff development. The hospice had recently employed a quality improvement lead and a head of care and support was newly in post. We were told that two long-serving members of staff were retiring and a plan was in place for them to hand over to their successors.

All staff we spoke with during our inspection told us they felt supported in their roles. They felt confident that the management team was visible, approachable and would listen to and act on their concerns and ideas.

Staff who completed our online survey told us:

- 'My line manager is very supportive, and if I had any concerns, I know I would be listened to.'
- 'I always feel supported and listened to by my line manager and colleagues, everyone knows their role and work as a great team.'
- 'There is a positive culture visible across all areas of the hospice.'
- 'I always feel supported and listened to by my line manager and colleagues.'

### **What needs to improve**

We were told that a number of changes had been made to the senior management team over the months before our inspection, due to retirement. During our inspection, some senior staff were new in position and so a period of consolidation is required, allowing new staff to settle into their new role. We will follow this up at future inspections.

- 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

**Patients, families and staff were involved in all aspects of service quality and improvement. Thorough processes were in place to gather feedback from patients and families. Policies and processes were in line with safe practice. Risk assessments and an audit program were in place. Patient assessment and consultation was thorough. Staff were recruited safely.**

**The hospice complaints process should be readily accessible for patient and families. Healthcare Improvement Scotland should be notified of controlled drug incidents.**

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

The hospice's comprehensive website had a range of information for the public about the provision of services in the hospice and the wider community. The website included detailed information about:

- community support
- governance
- inpatient services
- 'meeting the team', and
- participation and feedback.

A 'U matter' initiative aimed to support individuals' wellbeing through therapeutic interventions and meaningful activities. A variety of therapies helped provide the opportunity for individuals to self-manage their condition, encouraging socialisation, relaxation or through a bespoke activity that mattered to them. This supported the aim of the service to make sure that people were enabled to live right up until the end of life. The 'U matter' team included volunteers, therapists and nursing staff and we saw that the service had received positive feedback from people using this service.

Patients and families had access to a range of information in the service, such as patient information leaflets at reception and noticeboards with information on services and fundraising activities. The hospice produced a magazine every 3

months, which was available throughout the service. The public were kept up to date on hospice activities on social media platforms.

The patient family support team supported patients approaching the end of their life and provided bereavement support to the public. This was an open-door approach supporting everyone in their grief and the service was available to the individual for as long as they required it. The patient and family support team also provided bereavement support for children. The team was made up of paid and volunteer staff. A yearly report was produced to demonstrate the changing demographics of people requiring support and to evaluate the service.

The hospice used a national website to gather feedback from the general public, as well as people who had used the service. A feedback and complaints email address was available on the hospice website and feedback cards were in inpatient rooms. All feedback submissions were collated, reviewed and actioned where necessary, in line with local policy and with signposting to Healthcare Improvement Scotland.

The senior management team had an 'open-door policy' and made sure it was involved in staff meetings and other internal events. Team recognition awards schemes were available for staff. Staff could join a social committee, with a small budget to go towards staff Christmas nights out and summer barbecues.

A staff survey was completed every 2 years and staff were involved in internal forums, groups and 'ideas hubs.' The ideas hubs gave staff the opportunity to share their ideas on quality improvement in the service.

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

- complaints
- infection prevention and control
- medicine management, and
- patient participation.

Policies and processes were stored on a new electronic system that allowed easy access for all staff. The infection prevention and control policy referred to Health Protection Scotland's *National Infection Prevention and Control Manual*.

Adverse events, incidents and accidents were managed through a new electronic system. This used a traffic light system, signposting staff to:

- recorded events
- the feedback and learning from events
- the investigation process, and
- timelines.

We saw that three recent incidents had been reviewed, including two medication incidents and a major incident which resulted in a root cause analysis. We saw the learning from the major incident included developing a contingency plan for communication devices.

We were told that rates of complaints had been low. We reviewed one recent complaint and found that the service followed its complaints policy. Inpatient staff had completed training in complaints and dealing with emotional conversations as part of the learning from the complaint. This training had also been added to the yearly training programme.

Duty of candour is where the organisation has a professional responsibility to be open and honest with patients when something goes wrong. The service had an up-to-date duty of candour policy in place. Staff were trained in the principles of duty of candour and a current duty of candour report was available on the service's website.

An up-to-date medicine management policy was in place. The NHS pharmacy team supported the process of ordering and storing medicines and we spoke with the pharmacy assistant during our inspection. The pharmacy team carried out regular audits on:

- medicine management
- prescription practices, and
- the storage of medicines.

The pharmacy team was involved in training clinical staff in medicine management, including single-nurse drug administration (SNDA). Nursing staff trained in SNDA can administer some medicines (which normally require two members of staff) on their own. We saw that nursing staff completed a

medicine management refresher course every year, which included calculations of medicine doses. The pharmacy team was also involved in staff inductions.

Patient care records were stored electronically (on a password-protected secure system) and in paper charts in folders at the bedside. The electronic system was new to the hospice and was in line with those used at other hospices in NHS Greater Glasgow and Clyde. Electronic patient care records allowed easy access to patient care records in all health services in the NHS Greater Glasgow and Clyde board. Information stored in the patient care records included patients' contact details, next-of-kin and GP contact details.

We saw that the multidisciplinary team documented a thorough process of patient assessment, including physiotherapy. Anticipatory care discussions were documented, including completed do-not-attempt-cardiopulmonary-resuscitation (DNACPR) documentation. The patient's preferred place of care and death were recorded. Anticipatory medication had been prescribed on all medicine charts we reviewed.

We saw evidence that patients and families were involved in care planning. Care plans were in place and reviewed at least once a week, including:

- oral and nutritional assessment
- pain assessment
- pressure area assessment
- risk of falls, and
- sleep and resting care plan.

A staff recruitment process was in place and the hospice contracted an external human resource company to support it in the recruitment process. Appropriate background checks were obtained for staff, including:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) updates
- identification checks
- immunisations, and
- two references.

Practising privileges is where staff are not employed directly by the provider but given permission to work in the service. Some staff were employed by a NHS Board but worked in the hospice under a practising privileges contract. We saw a thorough process in place to carry out appropriate checks for these members of staff. Senior hospice staff had a good relationship with the NHS Board's

human resource team. This helped make sure all safety checks were completed and the hospice would be alerted of any concerns or changes that arose from the checks.

A program of statutory and mandatory training was in place, with a mix of online and face-to-face training provided, including training on:

- cyber security
- moving and handling, and
- sexual harassment.

Training completion rates were good. The practice educator worked with the quality and improvement and clinical governance teams to deliver a thorough program of learning. The hospice teams had strong relationships with and worked in collaboration with four other hospices in NHS Greater Glasgow and Clyde. The hospice teams had also provided external training in palliative care to paramedics and radiographers.

Staff were supported to present at palliative conferences, such as the Scottish Partnership for Palliative Care. A training course in leadership was available for staff to develop leadership skills.

All staff completed an induction process and received a staff handbook. A yearly appraisal process was in place where staff developed objectives to support their professional development.

The hospice had approximately 230 volunteers providing support in different ways, such as in clinical areas and at fundraising events. Recruitment checks were in place for each volunteer, including Disclosure Scotland checks where required. Volunteers completed an induction program. They told us they felt supported in their role and all staff were approachable.

### **What needs to improve**

The complaints process was available in the inpatient unit and accessible to patients and families. However, the service's website only provided an email address for complaints and did not provide information on the complaints process (recommendation a).

The infection control policies were available on the electronic platform. However, large paper copies of the national infection prevention and control manual were in the inpatient unit. Some information in this document did not apply to the hospice environment (recommendation b).

The hospice had not notified Healthcare Improvement Scotland of two medication incidents that staff had discovered in the community (recommendation c).

While all staff had regular one-to-one meeting with their manager, these meetings were not consistently documented (recommendation d).

#### **Recommendation a**

- The service should ensure that information on the complaint process is easily accessible to the public.

#### **Recommendation b**

- The service should ensure that the hospice infection prevention and control policies relate specifically to the hospice.

#### **Recommendation c**

- The service should ensure that all adverse events, significant adverse events, near misses and concerns involving a Controlled Drug should be notified to Healthcare Improvement Scotland when they occur.

#### **Recommendation d**

- The service should develop a consistent format for recording one-to-one meetings between staff and their line manager.

#### ***Planning for quality***

The hospice had recently hired a new quality improvement lead. We saw an up-to-date 'managing incidents and risk' policy and a comprehensive risk register in place. The risk management team met every 3 months. Risks were discussed at the meetings and risk reviews were allocated to staff throughout the hospice. Risk assessment reports were available to all staff.

The fire risk assessment and policy provided were in-date and inspectors witnessed the weekly fire alarm testing on-site. Staff attend fire training from a trained fire marshall and completed online learning fire safety training every year.

Senior management reviewed accidents and incidents and compared these to other hospices. The learning from these was shared with all teams in the hospice.

The hospice kept a maintenance log detailing contractors in use and the contracted times for 3-, 6- and 12-monthly safety equipment testing. The

facilities manager, with support from the hospice janitor maintained this log. All certificates were in-date.

A detailed business continuity plan was in place and we saw that this had recently been reviewed and updated. The plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure, security breach or any other major incident.

The hospice had an audit program in place, which named the staff responsible for the audit and any actions following its completion. Audits carried out included those for:

- bereavement support services
- medicine management
- moving and handling, and
- pressure ulcers.

The hospice had a quality improvement strategy and plan for 2025–2026, which set out the aims of the hospice and actions required. A designated improvement team included:

- medical staff
- nursing and allied health professionals (AHPs)
- patient and family representation
- practice educator
- quality improvement and clinical governance leads, and
- volunteers.

Examples of improvements that the hospice had implemented included a new patient care record system and a new staff and visitor sign-in system. We also saw that the service planned to implement a quality improvement noticeboard to showcase improvements. We saw that feedback from patients, families and staff was used to inform improvement as well as data gathering and analysis. We were told that a new quality improvement plan for 2025–2026 would build on existing improvement activities.

### **What needs to improve**

Yearly legionella water testing carried out in August 2025 found no legionella detected. We saw the completed certificate confirming this. However, it was noted that the legionella risk assessment had not been updated with this

information at the time of our inspection. We will follow this up at future inspections.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

### Our findings

**The environment was clean and well maintained. Good infection prevention and control process were in place. Patient assessment and consultation was thorough. Regular staff meetings were held about the patients and their plans of care.**

**A risk assessment should be completed for the heat pads used for pain relief. The regular multidisciplinary meetings should be recorded in patient care records.**

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, well maintained and free from clutter. Housekeeping staff were up to date with infection prevention and control training, as well as COVID-19 risks and cleaning methods. From completed cleaning checklists, we saw that general cleaning was carried out at least twice a day in line with the hospice's cleaning procedures. Housekeeping staff used appropriate chlorine-based cleaning products for sanitary fixtures and fittings and colour-coded cleaning equipment. With the exception of pillowcases and towels, an external company laundered all patient linen off-site. The washing machine was maintained in line with disinfection requirements.

The senior housekeeper carried out a post-clean inspection audit of all inpatient rooms. This was detailed in a checklist and all participating staff signed to confirm that tasks had been completed. The senior housekeeper then used the checklist and added a final signature to agree that cleaning had been completed after a final check. Any discrepancies would be raised with the staff involved.

We reviewed four patient care records and saw that the multidisciplinary team completed a through process of assessment and consultation. The hospice used nationally-recognised assessment tools to determine the patient's performance status and phase of illness. This helped make sure that patient assessments were consistent. We saw evidence that consent was obtained for treatment and sharing information with patients' next of kin and other health professionals. Power of attorney was in place where applicable.

A morning hospice huddle discussed inpatients, community patients and potential patients to be admitted to the hospice. The morning huddle we attended during our inspection included multidisciplinary staff, such as:

- administration staff
- community nurses
- doctors
- patient and family support team, and
- senior management.

This daily meeting helped make sure that patients and their families received the appropriate input.

Patients and families told us:

- 'Absolutely spotless, cleaners are in every day, and everyone chats away, making you feel comfortable.'
- 'The food is restaurant quality.'
- 'Staff are more than nurses; they are like my friends.'

Staff completing our anonymous questionnaire told us:

- 'I feel like my opinion really matters. I am never dismissed and feel like I can talk to my colleagues and senior leadership team about anything I would like to change about how we work.'
- 'It's a very positive environment to work in.'
- 'The service allows for us as a team to support our patients and families in a very positive way.'
- 'Everyone pitches in and takes care of each other. This means we can give patients and families the best possible care.'

### **What needs to improve**

The sluice was clean and tidy. However, we saw a microwave in place for heating patient heat pads. The heat pads were single-use and came with instructions provided. The charge nurse told us that the heat therapy reduced the use of pain medication and that many patients benefitted from this. To consider the risk of burns, a risk assessment should be completed (recommendation e).

The daily multidisciplinary meeting was not documented in patient care records (recommendation f).

The new electronic patient record system was sometimes challenging to access and we were told staff were still learning to use it. We were told this was being reviewed as part of a working group with other hospices in NHS Greater Glasgow and Clyde. We will follow this up at future inspections.

- No requirements.

### **Recommendation e**

- The service should develop a risk assessment for the heating of and use of patient heat pads.

### **Recommendation f**

- The service should develop a process of documenting the multidisciplinary team meeting in each patient care record.

## 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](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:

[The quality assurance system and framework – Healthcare Improvement Scotland](http://www.healthcareimprovementscotland.org)

## 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

Email: [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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