



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Prince & Princess of Wales Hospice, Glasgow

Service Provider: The Prince & Princess of Wales Hospice

3-4 May 2022

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First published July 2022

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 18-19 October 2017.

What the provider had done to meet the requirements we made following a complaint investigation on 23 February 2021

Requirement

The service must ensure that they implement a system to check the legal standings of power of attorney certificates and any associated mechanisms needed to activate them.

Action taken

Thorough assurance processes now ensured staff were informed of the power of attorney (POA) status of service users before and during admission. We were told the service was in regular contact with the Office of the Public Guardian (responsible for maintaining a public register of powers of attorney). This helped to ensure staff were aware of any service users' POA status before admission. The POA documentation was checked when received from the families and then scanned into the service user's electronic care record. Service users' POA status was discussed at daily staff safety huddles. The nominated POA was given information from the service highlighting their role as POA. We were told the electronic service user care records had been updated to include more detail about POA powers and to record more detail about the capacity of service users to consent. This was discussed with the service user's nominated family members. The service had developed an adults with incapacity policy which was readily available for staff. We saw increased training for all clinical staff on consent and capacity of service users. We also saw a thorough process of staff training carried out by external trainers for all senior staff involved in the POA process. This learning had been shared with other Scottish hospices. **This requirement is met.**

Requirement

The service must ensure that it fully complies with Generalised Data Protection Regulations. They must submit an action plan to Healthcare Improvement Scotland which shows the action that they have taken and provide evidence as to how they will prevent this happening in the future.

Action taken

The service's nominated Caldicott Guardian (responsible for protecting the confidentiality and use of people's health and care information) had undergone additional training in Generalised Data Protection Regulations (GDPR). The service had updated its electronic software used for the redacting of

information. The service's information governance risk assessments had been reviewed and updated with the senior team identifying key risks and threats. We were told the content of staff training about data protection principles and ensuring the security of confidential service user information had been improved. **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 announced inspection to The Prince & Princess of Wales Hospice on Tuesday 3 and Wednesday 4 May 2022. We spoke with a number of staff, service users and their family and carers during the inspection.

The inspection team was made up of three inspectors and one inspector observing.

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 The Prince & Princess of Wales 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	Service users were encouraged to be involved and provide feedback on their experience to help the service continue to develop and improve. This included participation in various groups, and we saw many examples of improvements made as a result of input and feedback from service users. Service users and relatives were very positive about the standard of care and treatment. A comprehensive and easily accessible complaints process was in place.	✓✓✓ Exceptional

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	Service users were cared for in a clean and tidy environment. Comprehensive and well-established risk management and governance structures were in place to make sure service users and staff were kept safe. Although audits were carried out reviewing key aspects of care and treatment, a process should be introduced for checking mattresses.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Thorough leadership and assurance structures were in place. Good collaborative working with external groups was evident, such as with local NHS boards and charity organisations. A strategic plan and a quality improvement strategy helped to continually review and develop the service at the same time as building relationships within the community.	✓✓✓ Exceptional

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Service users received thorough and ongoing risk assessments and had their care plans regularly updated to make sure their care and support needs could be met. Service users and their families were involved in care planning. Service user care records were fully completed.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Effective recruitment processes made sure staff were recruited safely. Induction and appraisal programmes were in place. Good processes were in place to support staff with training and education. A number of staff were being supported to complete further specialist qualifications in palliative care. Staff were clear about the reporting structures in the service.

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 The Prince & Princess of Wales Hospice to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

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

We would like to thank all staff at The Prince & Princess of Wales 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

Service users were encouraged to be involved and provide feedback on their experience to help the service continue to develop and improve. This included participation in various groups, and we saw many examples of improvements made as a result of input and feedback from service users. Service users and relatives were very positive about the standard of care and treatment. A comprehensive and easily accessible complaints process was in place.

The service's philosophy is that the people it supports should be involved in discussions and decisions about their own care and treatment, and the services provided. The service's website provided detailed information on all of the hospice's services. A substantial range of leaflets was also available for service users, families and carers. A participation and engagement strategy supported the engagement work staff did with service users, families, staff and volunteers. Work was now under way to update and further improve participation and engagement activity in the service, including developing a revised participation and engagement strategy.

The service's participation leaflet outlined the role of a 'participant', the benefits of being involved and how they could get involved. Various participation groups had been set up in the service. A participation steering group was attended by 'champions,' staff who were involved in and responsible for promoting participation in their area of the hospice. A participation action group included volunteers, service users and families, and a participation forum included colleagues and service users. We saw examples of minutes from these various groups.

We saw evidence of changes and initiatives implemented as a result of participation, for example:

- representatives from a range of faiths had contributed to the design of the sanctuary and pastoral care information, and also resulted in training for staff and volunteers, and
- young service users were consulted for their ideas for the design of the young adults' lounge.

We also saw service user involvement in focus groups. For example:

- a respite service for young people group had been consulted on what they expected from the service and members would be involved in piloting and feeding back their experience afterwards, and
- a test of the Living Well Hub when it first opened where service users and families could drop in and experience the service and provide feedback.

As well as staff being represented in participation groups, participation and engagement was an agenda item at every multidisciplinary and senior nurse meeting. Mandatory participation and engagement training was included as part of induction for all employees.

Continuously gathering and responding to feedback was embedded in the service. Feedback was obtained in a variety of ways such as surveys, 'You Said, We Did' cards and verbally. Information on how to provide feedback to the service was included in all hospice leaflets and a link included on all emails sent from the service. The service's website encouraged comments and feedback and included a link to the online participation feedback form.

We saw feedback was requested to evaluate the impact of a particular service, for example service users were asked to complete a feedback form before and after accessing the Living Well Hub. This outpatient service helps service users to socialise with others in a similar situation whilst accessing activities and services such as physiotherapy, occupational therapy, art and creative writing, and complementary therapies. Service users can also access nursing and medical advice while attending the Living Well Hub. Feedback forms related to the individual care received and were based on nationally used wellbeing indicators, with questions such as 'were you listened to?' and 'were staff positive and engaging?'

We saw evidence of feedback received being collated and reviewed using a standardised improvement tool and documenting the actions taken. All feedback was responded to, and suggestions and responses were widely shared through various sources such as:

- clinical teams
- the Keeping in Touch weekly staff and volunteer newsletter
- 'You Said, We Did' noticeboards
- information broadcast on television screens throughout the hospice, and
- the Participation newsletter.

We saw examples of actions taken in response to feedback. For example, service users and families/carers had said that a morning clinic was difficult to attend. This was discussed at Board level and the clinic was changed to afternoon appointments. Feedback was also received that a drop-in service rather than an appointment system for the Living Well Hub was preferred and this was introduced.

During the inspection, we observed staff and volunteers engaging with service users in a respectful and friendly manner. We spoke with two service users in the Living Well Hub and a family member who also used the services of the Hub. They all told us they were treated with dignity and respect and felt well supported. All were happy with the service. Service user comments included:

- 'I feel listened to.'
- 'It's a home from home.'

Service users told us they could speak privately with staff if required. They were appreciative of the advocacy support provided, such as nursing staff speaking to other healthcare professionals on their behalf. They also spoke favourably of the links to partner organisations, for example Improving the Cancer Journey and Macmillan Cancer Support, who can provide support and information including help with financial matters.

The service was part of a UK-wide hospice association which supports its members in improving the quality of care by sharing good practice and learning. The service attended meetings with other member hospices to help improve its services and the experience of service users.

A comprehensive complaints handling policy detailed how the service managed complaints. This included templates for recording, investigating and responding to complaints to help staff through the process. Complaints could be made

through the service's website and details of how to complain were included in hospice information leaflets. It was also made clear that service users could contact Healthcare Improvement Scotland at any stage of the complaints process.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). We were told the service had not had any instances requiring it to implement duty of candour principles.

A safeguarding policy and safeguarding practice development group were in place. The group's objective was to ensure that the safety, welfare and protection of vulnerable adults or children who use the hospice's services was given the highest priority.

- 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

Service users were cared for in a clean and tidy environment. Comprehensive and well-established risk management and governance structures were in place to make sure service users and staff were kept safe. Although audits were carried out reviewing key aspects of care and treatment, a process should be introduced for checking mattresses.

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 being informed about COVID-19 risks and enhanced cleaning methods. Completed and up-to-date cleaning schedules and a wide range of cleaning products helped to make sure the environment remained clean.

A good supply of personal protective equipment was available throughout the service for use by both staff and visitors. This included face masks, disposable gloves and aprons. This was appropriately stored close to where care was delivered. We saw good staff compliance with the use of this equipment. Visiting and access to the hospice was in line with Scottish Government guidelines and hospice policy.

Staff changing and laundering facilities were available on-site, with shower and toilet facilities.

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

Staff worked across the two areas of the service’s inpatient unit. All rooms had facilities for family or friends to stay overnight or if service users were near end of life. Each room had specialist equipment such as pressure-relieving beds to

help manage pressure ulcers, and in-built hoists. Each room had access to the outside patio. All these measures ensured a safe and comfortable environment for service users, families and staff.

We saw a comprehensive rolling programme of audits carried out regularly by the quality and care assurance team. Routine audits which took place every 3 months included:

- medicines management
- incidents and adverse events
- service user care records, and
- infection prevention and control.

We saw that the hospice would also investigate particular topics in more depth. For example, we saw a detailed audit reviewing the incidence of service user falls. This looked at factors that may or may not have been involved in the fall, including the time of day of the fall, and where the fall occurred. This learning was collated, analysed and disseminated to all clinical staff.

We saw a comprehensive risk register addressed organisational and clinical risks. This was reviewed regularly and discussed at the risk management meetings held every 2 months. Members of the risk management team included a wide range of staff. Senior management reviewed accidents and incidents on a regular basis and compared these to other hospices. We saw the incident reporting system used in the service. Any learning from these was shared with all teams in the hospice. These were then reviewed and discussed every month at the adverse events meeting where actions to be taken and lessons learned were addressed. Any significant events were reviewed and discussed at the clinical governance meetings held every 2 months. For example, medicine incidents were reviewed regularly by the clinical team, with learning outcomes developed and the outcomes reported at the clinical governance meeting. This allowed for feedback on incident investigation outcomes and learning for all clinical staff.

The hospice used an external facilities maintenance company for electrical and mechanical equipment servicing as part of a thorough rolling maintenance programme. We noted that all equipment, including hoists, beds, and oxygen and suction outlets, had been serviced in recent months. The hospice had recently employed a maintenance supervisor.

We noted that Fire Safety Scotland had carried out a recent fire safety assessment and the service's fire risk assessment was updated this year.

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

What needs to improve

Due to beds being occupied, we were only able to check one mattress during the inspection. We found this mattress cover was threadbare. Damaged mattresses or mattress covers cannot be cleaned effectively (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a process is in place to check mattresses and have designated staff to carry out these checks. This should be part of the service's infection prevention and control audit programme.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Service users received thorough and ongoing risk assessments and had their care plans regularly updated to make sure their care and support needs could be met. Service users and their families were involved in care planning. Service user care records were fully completed.

We reviewed three electronic service user care records and saw that service users and their families were involved in decision making. Service users' capacity was assessed at different points during their care and by different team members such as community staff, hospice nursing staff and a consultant. Appropriate consents had been obtained and documented.

All service users' general information was fully completed such as address, GP details, date of birth and next of kin in the service user care record. For each named next of kin or family member, a clinical care record detailed what additional support was available for them, such as counselling, chaplaincy and social work. Named visitors in case of future COVID-19 restrictions were also documented.

Power of attorney information was recorded. Relevant documents were scanned and included in the service user care record. Staff also checked with the Office of the Public Guardian to confirm service users' power of attorney status as an additional assurance measure.

We saw that all service users had regularly updated personalised risk assessments. Recognised risk assessment monitoring tools were used, such as for the risk of developing a pressure ulcer and for risk of falls.

Care plans were completed and updated regularly. Where appropriate, service users and their families were involved in the care planning. Care planning discussions for each service user were held at the weekly multidisciplinary team meetings and were recorded in each service user's care record.

Do not attempt cardiopulmonary resuscitation (DNACPR) relates to the emergency treatment given when a patient's heart stops or they stop breathing. From the service user care records we reviewed, we saw DNACPR had been discussed and documented. A prompt relating to the plan appeared when each service user care record was opened. Service users had been asked their preferences for end of life care.

Service user care records were stored on a password-protected electronic system, and appeared well organised. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

The hospice had developed an information asset owner role among staff groups. They were responsible for reviewing processes and potential risks of information breaches of service user and confidential information. This included looking at who had access to what information, password protection and cyber security. This was led by the data protection officer and the senior information risk officer.

Audits of service user care records took place every month. This included checking that all required information was documented. Audits focused on a different area of the service user care record each month to make sure information was being fully and accurately documented, such as anticipatory care planning, consent, spirituality or next of kin.

- No requirements.
- No recommendations.

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 appraisal programmes were in place. Good processes were in place to support staff with training and education. A number of staff were being supported to complete further specialist qualifications in palliative care. Staff were clear about the reporting structures in the service.

We reviewed six staff files and found all were well organised. We saw evidence of effective recruitment in the majority of the files reviewed. Any gaps in the staff files, such as a missing staff signature, were highlighted at the time of inspection and addressed. 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 (HR) system supported recruiting managers through the recruitment process with essential checks at key points. This system could also highlight when various aspects 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 its own PVG checks and we saw a system in place to record staff's PVG information. Staff files had a checklist to help make sure that appropriate recruitment checks had been carried out.

All staff members completed an induction programme. We were told a Who's Who video had recently been added to accompany this process as part of an ongoing improvement plan. 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.

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 both 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 with this. We saw that different staff groups across the organisation were involved in delivering training to staff. For example, staff had been developed to become trainers in moving and handling, including staff from the portering team.

We saw evidence that other local hospices and NHS Greater Glasgow and Clyde were involved in medicine management training for all registered nurses. We were told feedback from staff involved showed positive learning outcomes as a result of this training.

Alongside a rolling programme of education and training, a secure online messaging site was used to provide staff with updates on organisational information and training. Examples of this included information on safeguarding and videos on how to talk to someone who had been bereaved. This allowed all staff to consistently access relevant information for their job role and to keep up to date with any changes. Staff learning sessions had been introduced that took place over lunch time, such as dementia training, and staff resilience and support. A number of external speakers had been invited to speak at these sessions.

We were told about regular 'manager's masterclass' sessions which involved a regular programme of training for all organisational managers. These covered topics such as the appraisal process and quality improvement.

We were given examples of a number of staff who had been promoted within the organisation. This included volunteer reception staff becoming paid staff members, healthcare assistants becoming advanced healthcare assistants, and the rehabilitation technician had been promoted to the rehabilitation facilitator role.

A number of clinical staff were further developing their qualifications in palliative care. For example, nurses were completing their training to become advanced nurse practitioners and independent nurse prescribers. Other staff were being supported to complete postgraduate qualifications in palliative care.

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.

We saw that appraisals had been carried out for all inpatient staff for the previous year, and that planning for 2022/23 appraisals had started.

We were told that, during the pandemic, several staff surveys were issued to allow staff to express their experience of the service anonymously. The most recent staff survey was sent to staff in March 2022 and the results were not yet available. We were told staff surveys will continue to be sent out every 2 years.

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

What needs to improve

We discussed with the service making sure staff files included details on new staff member's named mentor or 'buddy'. We will follow this up at the next inspection.

- 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

Thorough leadership and assurance structures were in place. Good collaborative working with external groups was evident, such as with local NHS boards and charity organisations. A strategic plan and a quality improvement strategy helped to continually review and develop the service at the same time as building relationships within the community.

We saw processes in place ensuring appropriate governance of the organisation. This included a comprehensive process of risk management, a significant rolling programme of audits, staff surveys and service user feedback. All aspects were thoroughly reviewed and information from these was disseminated to all staff. The weekly Keeping in Touch newsletter was sent out to all staff, including volunteers and retail staff. This included information on current issues in the organisation, training and any celebratory events happening among staff. The senior management team met on an informal basis regularly and more formally every month.

A structured risk management process included a number of key groups and committees such as:

- information governance group
- operational risk group, and
- health and safety committee.

These groups met every 2-3 months and reported to the risk management group and clinical governance committee which both met every 2 months. The clinical governance committee comprised of two Board directors and two external clinical advisors, senior leadership team and the lead medical consultant. The Board of hospice directors met every 2 months. We saw

agendas and minutes were available for each meeting with appropriate action plans in place.

We saw the service's quality improvement strategy which aligned to the service's overarching organisational strategy. The quality improvement strategy focused on:

- putting people at the heart of the hospice
- building on the values of the people working in the service, and
- making improvements in quality of care for service users and their families.

During the COVID-19 pandemic, the service developed a business continuity plan to keep the service functioning throughout lockdown. Following this, a 'roadmap to recovery' was developed. Resulting action plans took account of various income and financial aspects, as well as clinical aspects.

The service was currently developing a strategic engagement plan which was aligned to Glasgow City's Health and Social Care Partnership's engagement strategy. This was looking at the future of the service, and included engagement with community services, service users and the Scottish Government. We were told that all staff groups were involved, including volunteers. The engagement plan was also being highlighted at community fundraising events to capture a wide response from interested parties.

An aspect of the engagement plan included the strategy for developing the people and workforce capacity within the local community. This included plans to:

- address succession planning in the hospice ensuring that staff are prepared for future roles
- further developing educational relationships between clinical staff and community healthcare professionals, and
- encouraging the community to talk about death, dying and bereavement in a safe environment.

We noted the hospice was about to introduce a new service allowing short stay breaks for young adults in the hospice. This was to support young adults with life-limiting conditions who were transitioning between child and adult healthcare services. This group already accessed services within the hospice, for example they frequently participated in art therapy.

The hospice was involved in Hospice UK and NHS Greater Glasgow and Clyde benchmarking processes. This allowed for ongoing review of processes and ongoing learning, and was included in discussions at clinical governance meetings. Areas that were benchmarked included:

- staffing levels
- pressure ulcer management, and
- falls.

The hospice was involved in a substantial programme of research projects and proposals. Research subjects being developed included 'Dying in the margins - patient who are socially deprived'.

- 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

Recommendation

- a** The service should ensure a process is in place to check mattresses and have designated staff to carry out these checks. This should be part of the service’s infection prevention and control audit programme (see page 15).

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.



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:

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Gyle Square
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Edinburgh
EH12 9EB

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Email: his.ihtregulation@nhs.scot

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