Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Graham Anderson House, Glasgow

Service Provider: The Disabilities Trust

7–8 December 2021

NHS SCOTLAND

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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 17–18 October 2018

Requirement

The provider must review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland's Healthcare Associated (HAI) Standards (2015) and Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

This requirement is not met and is reported in Quality Indicator 5.1 (see requirement 1).

What the provider had done to meet the requirements we made at our complaint investigation in February 2020

Requirement

The service must make proper provision for the health, welfare and safety of the patient by making suitable arrangements for the transfer to an appropriate care setting which can meet his needs more effectively.

Action taken

The service continued to work with commissioners, stakeholders and Scottish Government to make sure the patient was moved to a facility more suited to meet their needs. These external agencies struggled to find a placement for the patient. However, they agreed to support the service with providing additional resources, such as specialist staff to meet the patient's complex needs until they were moved to a suitable placement. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 17–18 October 2018

Recommendation

We recommend that the service should develop a quality improvement plan.

Action taken

The service had incorporated its quality improvement processes into its electronic incident reporting system. This included:

- accidents and incidents
- audits
- complaints
- feedback
- medication errors, and
- a risk register.

Regular reports from the system showed a breakdown of this information. The service manager and governance and compliance manager at the provider's head office regularly reviewed these reports to support a constant cycle of improvement.

What the provider had done to meet the recommendations we made at our complaint investigation in June 2019

Recommendation

The service should ensure that staff fully communicate and involve the family in all aspects of care.

Action taken

The service provided staff with refresher training about the importance of documenting their communications. Managers audited patient care records to check that they recorded all the communication they had with people.

Recommendation

All staff who have a responsibility to administer medication should be trained to ensure that best practice guidelines are adhered to. The service should also ensure that medicine administrations times take into account patient's needs.

Action taken

Staff were provided with refresher training. The training covered medicines administration and care plan reviews to make sure they accurately reflect patient needs.

Recommendation

The service should check that medicine reconciliation is completed on admission.

Action taken

Managers developed a new audit tool to be completed when patients were admitted to the service. The audit tool should make sure medicines reconciliation is always completed fully.

Recommendation

The service should ensure that any records relating to patient care are maintained safely and securely and are accessible when required.

Action taken

The service completed the transition from paper to electronic records. They then reviewed the patient record system and introduced a process to archive and retrieve old information.

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 Graham Anderson House on 7–8 December 2021. We spoke with a number of staff, service users and relatives during the inspection.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Graham Anderson House, 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 and their families were involved in decision-making and care planning. Service users were encouraged to provide feedback to help the service develop and improve. Service users and relatives were very positive about the standard of care and treatment.	✓✓✓ Exceptional
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Systems and processes were in place to maintain and manage safety, including a regular programme of audits and a risk register. Infection prevention and control procedures were in place, including COVID-19 related processes. All areas must be maintained to allow for effective	✓✓ Good

	cleaning and the infection prevention and control policy must align to Scottish guidance.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Leadership was visible, supportive and open to new ideas. Staff worked well together and were well supported to develop. The service demonstrated a constructive and person-centred approach to measuring its performance and improving quality.	✓✓✓ 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	
5.2 - Assessment and management of people experiencing care	Service users received a thorough assessment, then regular reviews of their care and support needs. The service employed staff from a variety of disciplines to meet people's needs. Service users were supported with decision-making and staff had a good understanding of how to reduce the need for restraint and restrictive interventions. Patient care records were up to date, well organised and accessible to staff. Shift handover and multidisciplinary meetings were well attended and documented.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Effective systems and processes were in place to safely recruit staff. Mandatory training compliance rates were high. Learning and development opportunities were available for staff. Staff had opportunities to progress in their careers. Regular supervision and yearly appraisals were carried out.

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

What action we expect The Disabilities Trust to take after our inspection

This inspection resulted in two requirements. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements.

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

The Disabilities Trust, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Graham Anderson House 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 and their families were involved in decision-making and care planning. Service users were encouraged to provide feedback to help the service develop and improve. Service users and relatives were very positive about the standard of care and treatment.

Service users received an assessment of their needs before admission to the service, carried out at their home or in hospital before discharge. Service users we spoke with during our inspection who could remember this process told us it helped prepare them for what to expect after admission. Staff carrying out the assessment explained:

- what the service was like
- what their rehabilitation programme would include, and
- what facilities were available.

Relatives we spoke with told us they had been given information about the service before their relative was admitted. Service users and relatives had access to information about, for example acquired brain injury, the service and sources of support in paper format and online.

Patient care records we reviewed clearly documented the capacity of a patient to consent to their care and other important decisions. Patient care records also clearly showed when a patient chose a person staff should contact and share information about their care and treatment with. The service supported service users who did not have the capacity to make important decisions and made

sure safeguards were put in place. For example, to help them manage their financial affairs if needed and this was clearly documented.

Staff involved service users in service improvement in a meaningful way. For example, service users had been involved in:

- designing service user information leaflets
- ideas for redeveloping the building
- staff induction, and
- staff training.

Continuously gathering and responding to feedback was embedded in the service. A patient and carer participation strategy and policy supported the engagement work staff did with service users, relatives and stakeholders.

The service used a detailed patient feedback questionnaire to gather individual people's views. Managers gathered, analysed and shared this feedback with service users, relatives and staff. Action plans were developed to address areas for improvement identified from the feedback. The service shared this information with service users, relatives and staff through 3-monthly and yearly reports, along with newsletters. To make reports accessible to everyone, the service produced shortened versions showing the key elements. The service used a 'you said, we did' board to provide a snapshot of improvements they made. 'You said, we did' is a commonly used model of engagement which shows people how their views have been used to influence change.

When people were admitted to the service, they were asked to identify two of their key strengths and goals. This information was then used in their rehabilitation journey to support them to reflect on their progress and set future goals.

Service users were encouraged to share their views on what kind of therapeutic and vocational opportunities would be beneficial for them. Service users were encouraged and supported to take part in new interests and ones they had enjoyed before their brain injury.

Staff asked service users their views about issues, such as:

- menu choices
- therapeutic activities, and
- changes to the way the service could be delivered.

We saw evidence that these views were included when they made changes. For example, changes had been made to the layout of the building and new facilities developed. One lounge had been redeveloped into a relaxation room and a new gym had been designed and equipped. The family room had been redecorated and styled with new furniture. Staff had sourced quick drying paint so people could have their rooms redecorated with minimal disruption. Managers had also developed a new staff training module to reinforce the importance of professional boundaries, based on feedback from a service user's relative.

The service had recently trialled a series of 'pet therapy' sessions and was analysing the feedback at the time of our inspection. We saw very positive feedback. Comments included that service users found interacting with the dogs 'cracking', 'peaceful' and had felt encouraged to take part in the group and go for a dog-walk.

Service users told us that staff treated them with dignity and respect. For example, they told us staff always knocked on their bedroom door before entering and explained what they were doing. They said staff were responsive to their needs and involved them in decisions about their care. Relatives and service users told us they were confident in the quality of the care and treatment provided by staff at the service. Relatives told us they were involved in key meetings, could voice their views and were kept up to date. Comments from service users included:

- 'A good programme… tailored to my needs.'
- 'From being very disengaged with things I am now much more engaged.'
- 'Staff listen to you.'

We also saw that the service collated many complimentary letters, cards and emails from service users, relatives and stakeholders.

Service users and relatives told us they had not had a reason to make a complaint about the service but they were confident they would know what to do to and were sure staff would take them seriously if they raised any issues.

The provider's website had information about how to make a complaint about its services. The service's reception area had a variety of information leaflets, which included how to make a complaint. These leaflets were available in 'easy read' versions for people who might struggle to interpret complex information. Staff made sure service users knew they could access an advocacy service. The advocacy service was independent and was available to support people to make sure their rights were upheld. Staff made a referral for people who lacked the mental capacity to understand how an advocate could support and benefit them. We saw posters and leaflets for the advocacy service and the Mental Welfare Commission which explained the rights of informal and detained service users.

- 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

Systems and processes were in place to maintain and manage safety, including a regular programme of audits and a risk register. Infection prevention and control procedures were in place, including COVID-19 related processes. All areas must be maintained to allow for effective cleaning and the infection prevention and control policy must align to Scottish guidance.

Procedures were in place to manage the risk of COVID-19. All visitors and contractors had to provide evidence of vaccination and a negative lateral flow device test on arrival as well as have their temperature taken. Unless exempt, all visitors must wear face masks. Processes were also in place for service users arriving or returning to the service.

Staff were required to have been fully vaccinated, take regular lateral flow device tests, a weekly polymerase chain reaction (PCR) test and take their temperature when arriving for their shift. COVID-19 staff risk assessments for high risk staff who are more vulnerable to serious illness due to COVID-19 had been completed where required.

Personal protective equipment (PPE) was available, such as disposable aprons and gloves along with hand sanitisers. Compliance with general standard infection control precautions, such as waste and sharps management was good.

An infection prevention and control audit and a COVID-19 assurance audit was carried out. All audits had a completed findings, comment and actions. Actions were marked when completed or in progress. Progress update information was noted if actions were still in progress.

A medicines management policy was in place and we saw evidence of safe procurement, storage, administration and disposal of medication. We saw evidence of medicines management audits carried out every 3 months. We saw suitable medical equipment for responding to emergencies.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained service users, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were all in place where required.

Clear signage was in place to guide service users around and facilities were maintained appropriately and in a way that supported the health, safety and wellbeing of service users, visitors and staff. Service users we spoke with told us they felt safe at the unit and were able to summon support and assistance if they needed it. They told us they thought the environment was well equipped to meet their needs.

Most areas were clean and well maintained and effective operational processes were in place to protect service users' health, welfare and safety. This included policies and reporting systems to protect people from abuse, neglect or harm and a comprehensive risk register that was regularly reviewed and updated.

A well organised system was in place to make sure all statutory requirements were met for the regular servicing and maintenance of specialist equipment and services. For example, fire equipment, gas and electrical services, hoists and slings. While the provider co-ordinated this system centrally, the service's business manager managed and tracked this well locally. All servicing and maintenance was up to date and any recommendations from external companies had been acted on quickly. A compliance logbook was kept to demonstrate this. The service's maintenance team also carried out routine daily, weekly and monthly checks on facilities and equipment in between statutory servicing and maintenance.

A comprehensive programme of audits was in place to evaluate people's care, treatment and the overall safety of the hospital. Audit topics included:

- health and safety
- infection prevention and control
- care records, and
- safeguarding.

Each audit had an improvement action plan which showed the improvement actions that had been taken. The service manager and provider's head office oversaw the audits.

Mechanisms were in place to support people when things went wrong. This included a duty of candour procedure (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The service published yearly duty of candour reports on its website to share learning. The service manager routinely notified Healthcare Improvement Scotland of specific incidents in line with their responsibilities.

The service had responded proactively to recent changes in practice brought about by the COVID-19 pandemic. The service had introduced new standard operating procedures to take account of changes in current guidelines.

What needs to improve

The provider is based in England with services across the UK. Since our last inspection, the provider had reviewed its infection prevention and control audit tools and amended them in line with the principals of Scottish guidance. However, only a small change had been made to its infection prevention and control policy. A statement had been added directing staff in Scottish services to access Health Protection Scotland's *National Infection Prevention and Control Manual*. This was a general link, which meant that staff then had to search the manual for the specific information they needed. This meant that staff still did not have easy access to the infection prevention and control practice they were expected to implement in their day to day job. It is the provider's responsibility to make it clear to staff what is expected of them (requirement 1).

Some areas of the service were unable to be effectively decontaminated due to wear and tear, such as clinical wash hand basin surrounds and some wooden fixtures and fittings such as shelving and hand rails. We also found some food contamination on furniture in dining rooms and debris on floors in communal areas (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must review its infection prevention and control policy to make sure it reflects the way the service operates. The policy must be in line with Scottish guidance and make it clear what staff are expected to do.

Requirement 2 – Timescale: immediate

- The provider must ensure the environment is maintained appropriately to allow for effective decontamination.

- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Service users received a thorough assessment, then regular reviews of their care and support needs. The service employed staff from a variety of disciplines to meet people's needs. Service users were supported with decision-making and staff had a good understanding of how to reduce the need for restraint and restrictive interventions. Patient care records were up to date, well organised and accessible to staff. Shift handover and multidisciplinary meetings were well attended and documented.

We reviewed four patient care records and saw that each care record stated the legal status of the person. One of these was a patient detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. The other three patient care records were for people treated at the service voluntarily. The detained patient had been given information explaining their rights as a detained patient.

Service users were supported with decision-making and patient care records showed that adult-with-incapacity forms were in place where appropriate.

We saw that all service users had regularly-updated personalised risk assessments. Recognised risk assessment recording tools were used, such as for the risk of developing an infection or a pressure ulcer. For service users with a dietary or nutritional care plan, regular weight checks were carried out in line with guidance. Care plans were completed and updated regularly. Where appropriate, service users and their families were involved in the care planning.

We saw personalised care plans in place for COVID-19 management and COVID-19 prevention. COVID-19 information had been provided for service users and a discussion had taken place where appropriate. We saw that the discussion included what happens and what they would like to happen if they were to

become unwell due to coronavirus was recorded. The COVID-19 vaccination status of all four service users was recorded.

Patient care records were paper-format, well organised and stored securely in staff only areas with secure access. We saw evidence of patient care records audits every 3 months. This included checking that the required information, such as consents, adult with incapacity forms and service user input in care planning were documented.

From observing a multidisciplinary-team handover meeting, we saw that all service users were discussed and information given was clear and precise. We found evidence of effective team-working and staff we spoke with knew the service users and their families well. The discussions evidenced the service user and family input into care planning.

Staff were trained in a British Institute of Learning Disabilities-accredited conflict management and violence reduction programme. The service had a restrictive intervention policy to guide staff in the appropriate use of restraint and staff showed a good understanding of how to support service users who expressed behaviours of concern.

What needs to improve

All entries in patient care records were legible, dated and signed, however some entries did not have the time recorded. We discussed this with the service manager and will follow this up at future inspections.

- 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 systems and processes were in place to safely recruit staff. Mandatory training compliance rates were high. Learning and development opportunities were available for staff. Staff had opportunities to progress in their careers. Regular supervision and yearly appraisals were carried out.

The six staff files we saw showed that the service had effective recruitment and selection procedures. Pre-employment checks had been carried out, such as:

- presence on professional registers
- proof of identity
- references, and
- their right to work in the UK.

The service was registered with Disclosure Scotland. The service had a clear process in place to make sure staff had up-to-date Protecting Vulnerable Groups (PVG) background checks. We also saw evidence of managers dealing promptly and effectively with any concerns they had.

Clear procedures were in place to make sure that staff who needed to be registered with a professional body had maintained their registration.

Staff completed a service-wide and role-specific induction when they started working in the service. This included face-to-face and online training alongside a period of role-related shadowing. Support staff who were shadowing as part of their induction were not counted in the staffing numbers, so they had dedicated time to learn with support from more experienced colleagues. The service-wide induction covered training and policies relevant to all staff, such as:

- adult support and protection
- information governance
- conduct, and
- ethics.

Role-specific induction, such as for rehabilitation support workers included acquired brain injury and mental capacity. The service routinely gathered feedback from new staff at the end of their induction and used this information to make sure the induction package met the ongoing needs and expectations of staff. Staff we spoke with told us their induction had prepared them for their job role.

The multidisciplinary team provided rehabilitation support workers with a comprehensive programme of service-specific training to support them to develop their skill, confidence and competencies in the field of acquired brain injury. These included dysphagia, behaviour and professional boundaries. The provider had introduced a new conflict resolution and physical interventions training which was accredited with the British Institute of Learning Disabilities (BILD) as complying with the Restraint Reduction Network Training Standards. The service's training plan showed the implementation of the training and we saw most staff had completed the programme. Staff we spoke with were able to give good examples of how they put the theory of their training into practice while working at Graham Anderson House.

The service monitored staff compliance with mandatory training and reminded staff when their training was due for completion. The information was presented to managers in a clear dashboard format so they had a 'real time' summary. Compliance rates at the time of our inspection were 91.9%, which included a small number of staff on long-term sick leave and some new staff just starting their induction. Mandatory training requirements were role-specific and included areas, such as:

- adult support and protection
- basic life support
- infection prevention and control
- medicines management
- mental health and mental capacity, and
- moving and handling.

Staff told us they had opportunities to develop their skills and work toward vocational qualifications or apply for a promotion in the service. We saw that staff were able to attend professional conferences and encouraged to develop their professional skills in order to meet their professional registration requirements.

The service had introduced reflective practice time for rehabilitation support workers. We saw meeting minutes which showed one session had been used to reflect upon the feedback a service users had provided about their stay. It showed staff were open to receiving the feedback and how they would use it to improve the way they did things.

Job descriptions and staff roles were clear. Staff we spoke with understood their roles and responsibilities. Managers provided staff with professional, clinical and work based supervision. Staff could use their yearly appraisals to demonstrate their learning and development needs. The service routinely considered the ongoing training needs of its staff and recruited specialist training support from people who were, or had been service users so they could bring a lived-experience dimension to the training.

- 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

Leadership was visible, supportive and open to new ideas. Staff worked well together and were well supported to develop. The service demonstrated a constructive and person-centred approach to measuring its performance and improving the quality of the care it provided.

The service demonstrated a person-centred and proactive approach to measuring its performance and improving the quality of care it provided. A corporate 5-year strategic plan (2017–2022) was in place and quality improvement activities were recorded on the service's electronic incident reporting system. This included gathering information on things like incidents, accidents and adverse events, complaints and feedback, audits and changes to the risk register.

All of this information was collected into a colour-coded and easy-to-read spreadsheet. Outcomes were then analysed and discussed every month between the service manager and quality assurance advisor from the provider's governance team.

The service had a quality improvement programme in place and we saw evidence that it had helped to demonstrate continuous quality improvement. For example, all teams in the service submitted a case study each month highlighting the treatments that worked well and could be used in other areas of the service. The format used in each case study aligned with the format of Healthcare Improvement Scotland's Quality Framework, to make sure the approach was person-centred. This programme was now embedded in the service and we saw several recent case study examples, including one published in a national occupational therapy newsletter.

The provider's quality assurance team carried out regular quality assurance audits and visits reviews across its services. The service manager had asked that the report template was redesigned in line with the Health and Social Care Standards. This allowed the provider's quality assurance review process to follow Healthcare Improvement Scotland's own inspection process.

As well as the provider's reviews, the service manager carried out quality update reports every 3 months. These reports helped keep service users informed of current areas of focus. Service users participated in this process to make it person-centred. The service manager also attended meetings with the Scottish Independent Hospitals Association to share practice and learn from peers.

Staff were valued and had good opportunities to develop their skills and apply for promoted posts. We looked at some current examples of staff development, such as a consultant training in neurofeedback and a senior specialist occupational therapist completing a master's qualification. Staff were able to work towards Scottish National Vocational Qualifications (SNVQs). A rehabilitation support worker apprenticeship scheme was also in place and we saw some good examples of recent staff promotions.

Staff we spoke with and observed in the service worked well together as a cohesive team. The service manager was supportive, engaged, visible open to new ideas. The service worked with local universities to offer practice placements for students. We saw evidence that students had been involved in identifying and making service improvements.

A staff 'shout-out board' and compliment box were kept in the staff room. Staff were encouraged to write positive comments about their colleagues if they had done something well. The service manager reviewed these comments each month and picked someone to buy a small gift for as a positive encouragement tool. Comments had been left for staff in all roles, which demonstrated a staffing team that valued and encouraged each other.

The provider had a staff recognition scheme in place and awarded achievements each year. For example, the service manager had just been awarded a long service award for reaching 10 years' service. The service manager had nominated four employees to receive achievement awards for going above and beyond their job role.

We looked at the most recent staff survey results and saw that 100% of staff in the region said they 'trust and respect the managers in the region and they are

approachable and lead by example'. Of the staff that responded to the survey, 95% said that 'decisions are communicated effectively by manager and the department'.

- 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	
1	The provider must review its infection prevention and control policy to make sure it reflects the way the service operates. The policy must be in line with Scottish guidance and make it clear what staff are expected to do (see page 16). Timescale – immediate *Regulation 3(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure the environment is maintained appropriately to allow for effective decontamination (see page 17). Timescale – immediate *Regulation 10(2)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
None	

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

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

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

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

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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