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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

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

**Telephone:** 0131 623 4300  
**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

The Prince & Princess of Wales Hospice, Glasgow, is a charity which offers a specialist palliative care service. People can use the hospice in a number of ways. They can:

- visit the day care service
- visit the symptom control clinic
- receive visits from specialist nurses to their home (through the Laurieston community team), or
- be admitted to the hospice inpatient unit.

The hospice has 14 inpatient beds with single and shared rooms and a day service for a maximum of 20 people each day.

The day service is situated on the ground floor and has a range of facilities including therapy rooms, a dining area and lounge areas.

The hospice accepts referrals from hospital consultants, GPs or any healthcare professional with consent of the appropriate doctor managing the patient’s care.

The hospice aims ‘to provide high quality clinical, emotional, social and spiritual care for patients who have a progressive, life-threatening illness and support for those who care for them.’ Family support is available through the family support services team.

We carried out an unannounced inspection to The Prince & Princess of Wales Hospice on Monday 27 January and Tuesday 28 January 2014.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting The Prince & Princess of Wales Hospice.

We assessed the service against all of the quality themes related to the National Care Standards and inspected the following areas:

- inpatient wards, toilets, bathrooms
- lounges, dining rooms and smoke room
- ward kitchen
- ground floor consulting rooms
- shower room
- day services
- art room, and
- family support suite and ‘Butterfly’ room.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 24):
Quality Theme 0 – Quality of information: 6 - Excellent
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 6 - Excellent
Quality Theme 3 – Quality of staffing: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: 5 - Very good

During the inspection, we gathered information from a variety of sources, including:

- information leaflets about the services provided
- comments cards and questionnaires used to get feedback from patients and their relatives
- electronic patient care records (one from the day hospice and four from inpatient wards)
- risk assessment for falls and the recording of falls, incidents and accidents
- four staff files to check recruitment practices
- induction, supervision and appraisal systems
- registration checks for all staff groups
- staff training plans
- policies (for example the protection of vulnerable adults and complaints)
- minutes of meetings for the various groups which operate within the clinical governance structures, for the hospice, and
- audits for falls, Liverpool Care Pathway, consent and next of kin.

We spoke with a number of people during the inspection including:

- four patients in the inpatient wards
- two day patients
- three relatives
- the chief executive (hospice manager)
- the director of clinical services
- two ward sisters and day care sister
- four staff nurses
- an NHS pharmacist
- the clinical advisor
- the clinical governance co-ordinator
- the human resources manager, and
- the education facilitator.

Overall, we found evidence in The Prince & Princess of Wales Hospice that:

- the service provided a very high standard of care, treatment and support to patients and their relatives visiting the service
- the service was well known and linked with other local resources within the NHS as well as other charitable providers, and
- a dedicated and caring team of staff was focused on providing care and comfort to all patients and relatives.
We did find that improvements are required in some areas, which include:

- following up on accidents and incidents, and
- developing adult support and protection policies and procedures.

This inspection resulted in two requirements and four recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

The Prince & Princess of Wales Hospice, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at The Prince & Princess of Wales Hospice for their assistance during the inspection.
3 Progress since last inspection

There were no requirements or recommendations made at our last inspection on 9 February 2012.
4  Key findings

Quality Theme 0

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent

We found that the opinions of the patients and their relatives were being asked for on a regular basis.

The hospice has a patient and user participation group to make sure leaflets are regularly reviewed and kept up to date. In the past, the service had difficulty getting users and carers to regularly attend meetings. To address this, it formed a group of representatives to consult with. This group is made up of people who have experience of using palliative care services. Consultation takes place either by email or individual interviews.

We found evidence that feedback from patients and their relatives is taken into account. For example, after comments made during a recent survey of visiting arrangements, a diagram of the layout of the building will be included in the guide to the hospice.

Area for improvement

The patient and user involvement group should continue to be proactive in seeking views from patients and their relatives.

■ No requirements.
■ No recommendations.

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent

The Prince & Princess of Wales Hospice provides a range of leaflets covering the services they provide and other related subjects. For example:

- day services
- palliative care
- bereavement support
- symptom management, and
- making choices.

The leaflets are well written and provide clear information for patients and their relatives. A general information booklet about the service is available for patients and their relatives in paper form, including large print, and on the hospice website. The website includes a ‘read
aloud’ facility and the ability for readers to change the size and colour of the text. This is helpful for people with visual impairment.

The hospice is involved in a ‘widening access’ project. To begin with, this project wanted to make it easier for people from minority ethnic communities in the local area to access information. It now includes other groups of people that have difficulties in accessing information, such as those with visual impairment. A project leader and cultural liaison officer have been appointed to take this forward.

As a result of the widening access project, the general information leaflet is now available in English, Urdu, Punjabi and Hindi. The leaflet includes:

- the philosophy of care
- the services provided
- contact details on where to find additional information, and
- useful information such as visiting times and transport arrangements.

A 24-hour helpline is available to patients, families and healthcare professionals.

At their initial assessment, patients are given a ‘Welcome pack’ with information about the service. Patients and their relatives can visit the hospice before making any decision about admission.

We spoke with patients during our inspection. They told us they had received sufficient information about the services available to decide that their care needs could be met. All patients spoke about the time staff spent explaining what they needed to know to help them make their decision.

The hospice held public open day events in October 2012 and October 2013 to raise awareness of the hospice, its service and palliative care in general. From information the hospice provided, we saw they were well attended.

Area for improvement

The service could consider making the general information leaflet available in audio format for visually impaired users of the service who may not have access to internet facilities.

- No requirements.
- No recommendations.

Quality Theme 1

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent

We found that patients and their relatives were routinely involved in the evaluation and development of the services provided.
We found evidence that the views of patients and relatives were being sought using a variety of methods. Questionnaires are used and these include questions about:

- services provided
- facilities available
- staff attitude
- quality of care, and
- hospice environment.

The questionnaires are available on the hospice website with results gathered electronically. Leaflets are available that ask for comments, suggestions or complaints about the service. These, and a collection box for responses, are in several patient and visitor areas throughout the hospice. The chief executive officer reads any responses and takes action as required.

The service had developed and piloted a carers self-assessment tool. This asks carers if the services provided meet their needs and whether these could be improved. The design of the tool will be changed, based on feedback they have received, before this is made widely available. The tool has already helped identify gaps in provision. A carers support group will be set up in the day hospital in the future.

One-to-one interviews have also been used to carry out a survey involving patients and relatives within the day, inpatient and family support services. This gathered feedback on the services, facilities and care provided.

From reading minutes of meetings, we saw that the outcome of any consultation is reported to the hospice board of directors and the clinical governance committee. This is to help the outcome of consultations influence future decision-making. Feedback is also provided to staff during team meetings.

We also saw, from patient care records, that patients were fully involved in the assessment, planning and review of their care needs. The patients we spoke with said they felt fully involved in any decisions made.

Areas for improvement

We saw that the service gives a high priority to consulting with patients and carers. However, a formal participation strategy has not yet been finalised, although work on its development has commenced. This should be completed to enable a clear baseline to be established for all future developments.

The service should consider how it provides feedback to those who make comments and suggestions for improvement of services as to what action has resulted (see recommendation a).

- No requirements.

Recommendation a

- We recommend that The Prince & Princess of Wales Hospice should complete a formal participation strategy and include methods of providing feedback on the results obtained from consultations. This would set out a clear process to follow when consulting with, or asking for feedback from, patients and their relatives.
Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 - Very good

We looked at some patient care records from the inpatient wards and day hospice. The service has introduced electronic patient care records. In all cases, they were completed by the staff member who had seen the patient. This provides a record of:

- the time the patient had been assessed
- who had seen the patient, and
- the outcome of that assessment.

Staff told us this helps patient care because entries made by the range of healthcare professionals who make up the multi-professional team can be easily seen. This included earlier entries from different parts of the hospice services such as the Laurieston community team or visits to outpatients.

The patient care records can be kept up to date easily using a computer in the ward area that can be taken to the bedside. Records can be developed very quickly for new admissions. This means staff have more time to spend in direct contact with patients.

In the patient care records, we saw initial assessments had been carried out. Following this assessment, further input came from a variety of professionals depending on the patient’s assessed needs. This gave multi-professional input to meet the complex and changing needs of patients.

We asked patients if they felt that they had been consulted about their care and treatment. All patients we spoke with felt they were kept fully informed and that their care needs were being well met.

We found that important care preferences such as ‘preferred place of care and death’ are routinely recorded and reviewed weekly.

As well as discussing resuscitation decisions with patients and their families, staff provide a leaflet explaining what the decisions mean. A document is kept to record if a decision has been made. We asked staff if they were aware of these decisions so that correct actions could be taken in the event of a patient’s sudden deterioration. We found that staff are aware of these important decisions for individuals and communication systems are in place. An ‘alert window’ flashes up at the start of the use of the electronic patient care record detailing important aspects of care such as any resuscitation decision or allergy.

The nurses use a handover sheet. This helps them see, at a glance, a summary of information about each patient within the ward areas. This helps care to be consistent from one shift to another.

We asked about end of life care and how this would be managed. We were told the hospice has incorporated the elements of the Liverpool Care Pathway into the electronic notes. This pathway helps staff to record care and make sure that important points are not missed. All
staff we spoke with confirmed they were aware of the need for good communication with relatives. This is important so that relatives have an understanding of the patient’s condition and any change in the documentation being used. A senior doctor always makes the decision of when to start to use this documentation. The continued use of the pathway is in keeping with guidance from the Scottish Government. Hospice management was aware that changes are likely to be made in the future.

We spoke to four patients in the inpatient unit (wards) area of the hospice. All were highly satisfied with the care and treatment they were receiving. Some of their comments were as follows:

- ‘They’re brilliant, it’s the attention to detail, I feel fully involved and can ask questions and they explain things. They come quickly if I buzz. I feel like a different person from a few weeks ago.’
- ‘There’s nothing to complain about, not about one thing. They helped me to look at my choices and explained everything.’
- ‘It’s fine, a good wee rest, it’s smashing, couldn’t be better. My daughter’s fully involved and can ask lots of questions.’
- ‘It’s been really good, fabulous, see the doctor every day and the nurses are great. I can ask about my medicines and get an explanation.’

**Areas for improvement**

The service has carried out a self-assessment. As a result of this, it has identified development needs in auditing the use and quality of the patient care records.

An external consultant had been used to provide an independent assessment on the use of the electronic patient care records. The report produced highlighted a number of areas for development. An action plan had been compiled in response to this report. We agreed that aspects of this report still needed to be addressed and this links with recommendation b.

Of the patient care records we saw, two had important information about next of kin and who to contact that had not been documented electronically. Staff we spoke with were aware of this information, but had not recorded it. The notes section of the electronic patient care record was not being used to provide additional information. For example, when and in what circumstances it had been agreed to contact a family member. This should be improved to ensure good record-keeping (see recommendation b).

The care plans on the electronic patient care record had very little information. In one case, there was no care plan for a patient with pain. In another patient care record, the adjustable mattress setting had not been recorded to detail the suitable setting for that individual. Although the care was not affected, in terms of best practice these issues should be addressed and improved (see recommendation b). Please also refer to Quality Statement 4.4.

A staff member had already been asked to carry out a development project about care plans and this will help to address these issues.

- No requirements.
Recommendation b:

- We recommend that The Prince & Princess of Wales Hospice should develop care plan records to be more reflective of individual preferences for care and ensure that care plans are produced and agreed to document care.

Quality Theme 2

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 6 - Excellent
The areas reported under Quality Statement 1.1 are also relevant to this statement.

We found that patients and their relatives were routinely involved in evaluating and developing the services provided.

Surveys and consultations have been carried out with service users, carers, visitors and members of the public about existing facilities and the new build project. The consultation started in 2011 and is ongoing. From minutes of meetings, we saw amendments to plans that had been made to reflect comments received from the consultation.

We were also told that a recent survey of visitors had identified that improved signage for the dining room area was required and this has now been actioned.

- No requirements.
- No recommendations.

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 - Excellent
We found the environment was of a very high standard and was meeting the needs of patients and relatives.

We found that all areas of the hospice were clean and tidy. We saw no hazards.

All staff and visitors use a sign-in and sign-out system at the front reception. This is part of the security system in the building.

Some CCTV cameras are used inside and outside the hospice. This particularly helps to monitor the car park area to the rear of the building. Suitable signage was displayed to inform the public of the CCTV cameras. The facilities manager agreed to make these even more prominent for cameras inside the hospice.

Wheelchair access had been considered in the design of the building. This is due to be further improved by fitting electrically-operated doors at the rear entrance used by patients and visitors with disabilities.
The needs of visiting children had been considered. A baby changing facility is available and a specially designed room with toys known as the Butterfly room. The lounge in the inpatient unit (ward area) also has some toys.

Although the shower facilities in the ward area had some access issues, a wet floor shower area had been installed on the ground floor.

Families can use fold down beds available in the ward area if they stay overnight.

The bathroom for patients in the ward area is of a very high quality with a ‘hotel style’ appearance and music to help relaxation.

Patients on the ward area all had access to radio, TV, DVD, telephones and internet. Patients said how much they valued being able to use their mobile phones to be able to keep in touch.

The occupational therapist and physiotherapist (physio) have facilities on the ground floor of the building. This includes a domestic style bath for bathing practice and a physio plinth with exercise equipment.

The day services include an art studio which is well used by patients.

The widening access project plans to look at the layout of the hospice from the perspective of a person with a learning disability. This would help to consider different peoples needs and make the hospice as ‘barrier-free’ as possible.

All equipment we saw was clean and had stickers that showed regular maintenance checks had been carried out.

A falls audit (April 2012–March 2013) had been carried out. This showed a decrease in the number of falls compared with previous years. A falls risk assessment is used and adjustments can be made to the type of bed in use if the patient was at high risk of falling. Ultralow beds with crash mats are available and this is good practice.

We asked patients what they thought of the environment and facilities. Some comments were:

- ‘I like the wee ward, it’s all perfect. They’ve helped me to go for a shower and conquer fears I had, I was chuffed! I can come and go as I please and my visitors can come whenever they like, it’s great having my own TV.’
- ‘It’s lovely here, they don’t mind if I stay up late and read, I can pull the curtains round so I don’t disturb other patients.’
- ‘I like my room, I’ve got a great view, all the comforts. I can walk about and go downstairs to the cafe or join in with the dominos.’
- ‘I’ve got a nice room, compact, all comfy, great to have the T.V, my mobile and even the computer. Excellent facilities – first class!’

Areas for improvement

A patient’s valuables had been lost from a safe. This was reported to the police and investigated. We checked to see how patients’ valuables are stored and saw that a new policy was in draft form at the time. However, this draft policy stated ‘between hours of 5pm - 9am and weekends the envelope should be placed in the controlled drugs cupboard until
able to access the safe in the finance department’. This was not appropriate and we asked for the policy and practice to be reviewed (see recommendation c).

Although there was a reduction in falls, guidance suggests that falls prevention equipment could be further improved to include pressure alert devices or other suitable technologies.

The smoke room in the ward area is unattractive and lacks comfortable seating. The room could benefit from being made more user friendly.

The cleaner’s cupboard has a tip facility for dirty water, but no hand wash sink. The hospice should consider installing a hand wash sink to improve the infection control facilities.

- No requirements.

**Recommendation c**

- We recommend that The Prince & Princess of Wales Hospice should ensure that the policy and practice relating to the storage of patients’ personal belongings and valuables is reviewed.

**Quality Theme 3**

**Quality Statement 3.1**

*We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.*

*Grade awarded for this statement: 6 - Excellent*

The areas reported under Quality Statement 1.1 are also relevant to this statement.

We saw that patients and relatives were routinely involved in service development and evaluation.

We saw that a questionnaire had been circulated to a group of patients to get feedback on their consultation with the hospice doctor. It includes questions about the attitude and communication skills of the practitioner concerned, and is a national patient feedback measure.

**Area for improvement**

The hospice should consider providing patients with information about the nursing team and which nurse has been allocated to them for the day, within the inpatient ward. The nurses introduce themselves in person, but a visual reminder for patients who might forget or for visitors could be helpful.

- No requirements.
- No recommendations.
Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 6 - Excellent
We saw there was a highly proactive approach to meeting the training needs of staff.

We spoke with three nurses who had started working in the service in the last few months. All three spoke positively about the structured induction and support they had been given. All staff spoken with during the inspection were enthusiastic about their work and highly motivated.

A staff handbook is provided to staff and there is also one for volunteers. Both handbooks contain helpful information.

The hospice has more than 500 volunteers who have been recruited and inducted to help them with their roles. They provide an excellent resource to the hospice to help with fundraising as well as support for patients, such as serving drinks, flower arranging and transport to and from the hospice.

Different staff groups have a competency framework to complete specific to their role. For staff nurses, this was documented in a workbook and demonstrated that important aspects of care had been considered. Their practice was tested and signed off by managers as being suitable. This helped make sure that staff practice was up to date and meeting best practice.

We checked four staff files, two were new recruits and two had been with the hospice for longer. All staff files checked had the expected recruitment checks and information.

We looked at files used to record checks on staff registrations and found that this was being done routinely for all registered staff groups. This included doctors, nurses and allied health professionals (such as occupational therapists and physiotherapists). This meant that any registration that had run out would be picked up quickly by the service and actions taken.

Staff have a yearly review which helps to identify training needs. The education facilitator uses this information to develop a training plan for the year. Systems are in place to view any gaps in training and chase up any staff who need training updates.

The hospice runs a leadership programme for staff. The hospice also supports secondments to other applicable areas in the hospice and the NHS. The NHS works in partnership with Glasgow Caledonian University to deliver palliative care modules. This all helps to develop a clinically up-to-date workforce.

We heard positive comments from patients that we spoke with during the inspection.

- ‘The staff just can’t do enough, can’t fault them, they’re there and talk with you, they’ve got an easy manner, they’re excellent.’
- ‘Staff are definitely knowledgeable, they do the job well.’
- ‘First class staff – you don’t have to worry about that!’
- ‘The nurses are good and the doctors are nice – excellent staff.’
Area for improvement

The hospice could consider providing falls prevention and management training to staff to help them to consider other equipment such as pressure alert mats.

- No requirements.
- No recommendations.

Quality Theme 4

Quality Statement 4.1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 6 - Excellent

The areas reported under Quality Statement 1.1 are also relevant to this statement.

We saw that patients and relatives were routinely involved in service development and evaluation.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

We saw good systems in place which had a positive impact on care.

Clinical governance is the term used to describe systems that make sure the service is accountable for the safety, quality and effectiveness of clinical care delivered to patients. The hospice has a clinical governance committee that meets every 2 months. Minutes of the clinical governance meetings are sent to the board of directors. This means lines of reporting have been set up to monitor and improve the services to patients and relatives.

Groups that discuss patient safety include:

- the clinical risk group, which includes nursing and medical staff
- a health and safety committee, which has staff members on it
- the risk management committee, and
- the medicines management group.

All of these contribute to the overall quality assurance process.

A summary of the annual report and the strategic business plan 2008–2011 are available on the website.
We saw the clinical governance activity report (November 2013–January 2014). This gave a summary of:

- service developments
- submission of recent reports
- updates on recent audits
- an overview of risk management issues, and
- involvement in good practice, workforce development and research.

This report helped to give an overview of the groups and activities that monitor the quality of the hospice service.

We looked at the incident and accident folders for April 2013–September 2013. These records had been completed by staff for slips, trips and falls and other incidents. The records are collated and the type of accident and time it happened is monitored.

We saw the complaints log which showed the type of complaint and how long the response time should be. This helps to make sure that complaints are investigated and responded to within the timescales set.

We also looked at the complaints policy. This sets out a process for how complaints should be handled and responded to. This includes the option for patients or relatives to use the Healthcare Improvement Scotland complaints system.

A number of audits had been carried out. These included:

- a falls audit (April 2012–March 2013)
- draft documentation of consent audit using electronic patient care records (July 2013), and
- Liverpool Care Pathway and use of electronic documentation audit report (January 2014).

These audits provide valuable information about practices and help to identify areas for improvement.

We saw the annual clinical governance report (2012–2013) for NHS Greater Glasgow and Clyde rehabilitation and assessment directorate. This report gave details of activities that related to the NHS Quality Improvement Scotland Clinical Standards for Specialist Palliative Care (2002). We also saw details of clinical incidents, medication incidents, accidents and complaints.

Good information was available about the methods used to involve patients and carers, and gain their feedback. This included comments from surveys and consultations on the new hospice design. This showed that patients and relatives are involved in helping to develop the hospice service.

**Areas for improvement**

There had been two serious accidents in the last year at the hospice. We looked at the accident records and found no evidence of further investigation being carried out. We asked the management staff about this. They told us some verbal discussions had taken place but we did not see how this had been recorded as a post incident analysis and how any learning had led to action to prevent a recurrence. The service’s self-assessment makes reference to
a ‘root cause analysis’ template being available for detailed investigation of specific incidents, but we did not see evidence of this being used. The need for further investigation and analysis would be expected and records must be kept of this to inform future learning (see requirement 1).

The protecting vulnerable adults policy made no reference to the Adult Support and Protection (Scotland) Act 2007. The policy needs updating to reflect the content of this legislation and accompanying guidance. We noted that staff had received no training in recognising and reporting adult protection issues. This should be provided as a priority. All adult protection concerns must be notified to Healthcare Improvement Scotland (see requirement 2).

The audits viewed had been carried out as ‘one-off’ events and had not been repeated to show if improvements had been made. It was not clear if there was an audit programme for routine audits. This meant that checking of practice was carried out sporadically rather than routinely. Some areas of practice had known deficits, some of which are high risk, and so could benefit from regular routine audit using an easy to check system. This included:

- the completion of the patient care records to ensure that all of the essential information was recorded appropriately
- medication records for administration and reconciliation
- the use of incident/accident records, and
- infection control practices.

Therefore, we recommend that audit practices are reviewed to include an audit programme with defined frequencies (see recommendation d).

The hospice could consider publishing the results of audit activity more publically, for example on its website.

**Requirement 1 – Timescale: by 30 April 2014**

- The provider must have records that demonstrate follow-up investigation on serious incidents and accidents, to ensure learning and action to prevent or minimise recurrence of incidents and accidents.

**Requirement 2 – Timescale: by 30 September 2014**

- The provider must develop an adult support and protection policy with training for staff in recognising and referring adult protection concerns. This must be implemented and notification made to Healthcare Improvement Scotland of any incidents of allegations of abuse.

**Recommendation d**

- We recommend that The Prince & Princess of Wales Hospice should develop an audit programme with defined frequencies to monitor and improve key areas of practice including:
  - completing patient care records
  - medication records
  - follow-up to incidents and accidents, and
  - infection control.
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 Act, 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.

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that The Prince &amp; Princess of Wales Hospice should:</td>
</tr>
<tr>
<td>a complete a formal participation strategy and include methods of providing feedback on the results obtained from consultations. This would set out a clear process to follow when consulting with, or asking for feedback from, patients and their relatives.</td>
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</tbody>
</table>

National Care Standard for Hospice Care 2.1 – Advocacy, comments, concerns and complaint

<table>
<thead>
<tr>
<th>Quality Statement 1.5</th>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that The Prince &amp; Princess of Wales Hospice should:</td>
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<tr>
<td>b develop care plan records to be more reflective of individual preferences for care and ensure that care plans are produced and agreed to document care.</td>
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</table>

National Care Standard for Hospice Care 3.1 – Guidelines and legislation

<table>
<thead>
<tr>
<th>Quality Statement 2.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that The Prince &amp; Princess of Wales Hospice should:</td>
</tr>
<tr>
<td>c ensure that the policy and practice relating to the storage of patient’s personal belongings and valuables is reviewed.</td>
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</table>

National Care Standard for Hospice Care 3.1 – Guidelines and legislation
<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td><strong>The provider must:</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td><strong>Timescale</strong> – by 30 April 2014</td>
</tr>
<tr>
<td><strong>SSI 2011 No. 182 - Regulation 3(a)</strong></td>
</tr>
<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td><em>National Care Standard for Hospice Care 3.4 – Guidelines and legislation</em></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td><strong>Timescale</strong> – by 30 September 2014</td>
</tr>
<tr>
<td><strong>SSI 2011 No. 182 - Regulation 3(a)</strong></td>
</tr>
<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td><em>National Care Standard for Hospice Care 3.4 – Guidelines and legislation</em></td>
</tr>
</tbody>
</table>

**Recommendations**

We recommend that The Prince & Princess of Wales Hospice should:

- develop an audit programme with defined frequencies to monitor and improve key areas of practice including:
  - completing patient care records
  - medication records
  - follow-up to incidents and accidents, and
  - infection control.

*National Care Standard for Hospice Care 5.2 – Quality of care and treatment*
Appendix 2 – Inspection process

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection:** the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

```
6  excellent
5  very good
4  good
3  adequate
2  weak
1  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

How we inspect hospitals and services:
We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require 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.
Appendix 4 – Details of inspection

The inspection to The Prince & Princess of Wales Hospice was conducted on Monday 27 January and Tuesday 28 January 2014.

The inspection team consisted of the following members:

Sarah Gill
Inspector (Lead)

Gill Swapp
Inspector (Locum)
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at:

www.scotland.gov.uk
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.