Unannounced Inspection Report: Independent Healthcare

St. Vincents Hospice | St. Vincents Hospice Ltd | Howwood
13 March 2012
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First published April 2012

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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’), 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 these standards, the Act gives us 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. You can, however, complain
directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@nhs.net
2 Summary of inspection

St. Vincents Hospice is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care. The hospice is a purpose built facility that provides palliative care for up to eight inpatients. The hospice has provided specialist palliative care for the people of Renfrewshire and the surrounding area for the past 24 years.

The hospice states that the aim of the service is “to achieve the best quality of life possible for patients and their families.” A multidisciplinary healthcare team provides support and care to individuals and families. The team includes nurses, doctors, social workers, members of the clergy and counsellors.

There is a day hospice service run by experienced palliative care nurses where up to 10 people can attend. This service provides people with holistic care and support with their illness. Complementary therapies are also offered. The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness.

There is a team of trained volunteer staff who support St. Vincents Hospice in various activities such as fundraising, gardening, driving and serving in the hospice’s shops and coffee room.

We carried out an unannounced inspection to St. Vincents Hospice on Tuesday 13 March 2012.

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting St. Vincents Hospice can be found in Appendix 4.

Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 4 - Good

In this inspection, evidence was gathered from several sources. This included:

- accidents and incidents
- audits
- complaints
- health care records
- health and safety maintenance records
- information leaflets
- relevant sections of policies and procedures
- risk assessments
• public liability certificate
• surveys, and
• self-assessment documentation.

We had discussions with a variety of people including:

• the chief executive
• the clinical services manager
• community staff
• registered nurses
• a doctor
• carers
• domestic staff
• a chef
• a social worker, and
• people who use the service.

During the inspection, we observed how the hospice staff cared for people who use the service. We also reviewed the hospital environment. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

We inspected the following areas:

• a sample of bedrooms
• the day hospice area
• communal areas such as sitting rooms
• nurses’ offices
• bathrooms
• toilets
• sluice area
• laundry
• treatment room, and
• staff facilities.

The inspection team spoke informally to three people who use the service. Everyone spoke very positively about their individual care and personal experience of attending the hospice. They told us:

• ‘It has been a very positive experience’
• ‘I cannot thank them enough for the dedication they have for their work. There is time to talk about your worries’
• ‘staff are very efficient and hard working’
• ‘the place is very clean and tidy’
‘it is much better than I expected’
‘everyone is very kind. They know me as a person’
‘the rooms are very comfortable’, and
‘the staff are very attentive’.

Overall, we found evidence at St. Vincents Hospice that:

- people who use the service are provided with individual palliative care within a structured model of care, treatment and support
- people were being consulted about the development of the service
- people and their relatives are supported by a dedicated multidisciplinary healthcare team to make choices about their care
- there are very good multidisciplinary recording systems in place to support this, and
- dedicated care and attention is given to people, with particular emphasis on dignity, respect, care, comfort and family support.

We found that improvements are required in some areas, which include:

- review and improve the format of the satisfaction questionnaires
- auditing of care documentation, and
- improvement of areas in relation to health and safety.

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

The provider, St. Vincent’s Hospice Ltd, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at St. Vincents Hospice for their assistance during the inspection.
3   Key findings

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: 5 - Very good
We found very good evidence that people who use the service and their families participate in assessing and improving the quality of care and support provided by the service.

There were a variety of leaflets available which clearly explained what services were available and what to expect. We found good information on the hospice website about the services offered. We were told patients had been involved in reviewing the information leaflets and, as a result of comments made, more information had been added. For example, information about alcohol and the smoking policy.

People who used the service were encouraged to give their views through questionnaires. These were reviewed and action points identified. For example, hand wipes for patients were now available as a result of comments made.

We were told that there had recently been a very positive evaluation of the community nursing service. We found that the service was listening and responding to what people wanted and, as a result of comments, a booklet was being produced explaining how to access the service at the weekend.

Focus groups were held and we saw that they explored a variety of different topics including food, cleanliness, transport and activities.

Staff spoke about the importance of involving people in making decisions about their care and commenting on their experience of the service offered. We saw that patients were involved in discussing their care and this was recorded in their care documentation.

People we spoke with talked positively about feeling involved in the planning of their care and that they were given good information about their treatment.

The service has a newsletter which updates people on what is happening in the hospice, including upcoming fundraising events to support the work of the hospice.

We saw a suggestion box in the hospice reception area. This was accessible to people who use the service, their relatives and friends. Staff said the boxes were checked regularly.

There was a complaints policy and people spoken with who used the service said they had no complaints, but if they had any they would feel comfortable to raise them.

Areas for improvement
St. Vincents Hospice should continue to maintain commitment to developing services to meet the needs and wishes of people using its services.
We discussed with the service about reviewing the format of the questionnaires to make them easier to follow and complete. It was agreed that this would be looked at.

- No requirements.
- No recommendations.

**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 reviewed people’s healthcare records during the inspection. We found that the documentation was comprehensive and easy to follow and gave a clear picture of individual care needs. A multi-professional approach was used to record care needs.

Staff told us that the multi-professional approach was beneficial as it ensured that people received continuity of care as there was a single record for people accessing a range of services such as care at home and inpatient admissions. We saw that the record provided an accurate history of a patient’s complete journey of care.

We saw evidence in the care records that people who use the service had input into their plan of care. The healthcare records showed that information had been gathered from people before their admission on their healthcare needs and throughout their stay in the hospice.

A comprehensive health assessment is carried out and recorded for each person. We found that the records gave accurate up-to-date records of individualised care. We saw a range of essential baseline assessments were made such as pain assessment to inform the plan of care. These assessments were reviewed and updated as necessary.

We saw admission and discharge checklists were in place to ensure good communication with all team members. We were told that the documentation was audited and action plans developed. Staff told us training days were organised on record-keeping, which staff were required to attend.

**Areas for improvement**
While we found that the overall standard of record-keeping was very good, we found that some entries were not timed or signed by the healthcare professional making the entry. There was also no area for a signature in some of the healthcare assessments. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: by 31 May 2012**
- The provider must ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.

This is to ensure that each person who uses the service has an up-to-date healthcare record which confirms the date, time and outcome of all
consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

- No recommendations.

**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: 5 - Very good**
Statements at quality statement 1.1 are also relevant.

We saw that patient and carer surveys specifically asked about whether people felt facilities were satisfactory. People were also asked to comment on the cleanliness of the hospice. These comments were followed up by staff.

We were told that weekly environmental infection control audits were carried out by a volunteer who had used the service.

The hospice has asked people who use the service to help redesign the quiet room.

The hospice has started a 3 year project developing a ‘garden of life and hope’ within the grounds. The inspection team was advised that there are plans to consult with people who use the service about what they would like to see included in the garden.

**Areas for improvement**
St. Vincents Hospice should continue to maintain its commitment to developing services to meet the needs and wishes of those using its services.

- 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: 3 - Adequate**
The hospice has been purpose built with individual facilities for each person to have their own room with en-suite facilities. The rooms are spacious and designed to allow ease of use of equipment such as hoists. The en-suite facilities contain a wet room. Bathing facilities were also available.

Facilities are available for families to stay with relatives in four of the rooms. We were told that families appreciated this, particularly relatives who did not live close by. There were also areas for people who use the service and families to relax such as the lounges, chapel and the Barn Tea Room. We found that the tea room was used by people who use the service, relatives and the community. We were told that it was a welcome retreat for those who use the service.
There was good disabled access for people who use the service and staff members.

The day unit was well presented and welcoming to users of the service. There was access to an outdoor decking and seating area overlooking the gardens.

We saw that the service had identified that there were issues with health and safety management on the premises. A health and safety advisor has recently carried out a risk assessment of the premises at their instigation. As a result of this, an action plan has been developed which was submitted following the completion of our inspection.

**Areas for improvement**

During the inspection, we noted the following.

- Windows in the hospice above 2 metres from the ground were not fitted with window restrictors.
- Actions taken against the findings of the legionella risk assessment had not been recorded.
- Actions taken against the findings of the fire risk assessment had not been formally documented at the time of the inspection. However, we did note that improvement work has been undertaken in the premises in relation to fire safety.
- The condition of the carpeted flooring in the reception area and other areas is poor and was not being managed effectively at the time of the inspection.
- Staff members advised that they had not received training in working at height when using step ladders.

Whilst it is acknowledged that an action plan has been developed with timescales to address the above issues, we require reassurance that these issues have been resolved. A requirement is made (see requirement 2).

**Requirement 2 – Timescale: by 31 May 2012**

- The provider must ensure that they make proper provision for the health, welfare and safety of staff and people who use the service by ensuring that the issues in their health and safety action plan are addressed within the timescales identified.

  This is to ensure that the premises are fit to provide an independent healthcare service.

- No recommendations.

**Quality Statement 2.4**

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

**Grade awarded for this statement: 5 - Very good**

All accommodation was found to be clean and in a good state of repair at the time of the inspection.
We found very good evidence that the hospice is adhering to standard infection control practices.

The hospice uses the NHS Greater Glasgow and Clyde standard operating procedure for near patient equipment to audit cleanliness in the unit on a weekly basis.

Hand hygiene audits are being undertaken in the inpatient unit where there was a compliance of 100% recorded for January 2012 and February 2012. Hand wash facilities are available in all accommodation and there are also hand wash facilities available in the corridor area of the unit. Alcohol hand gel was available for use upon the entrance and all accommodation in the unit. Signage directing staff and visitors to the unit to use the hand gel was also present.

Results of hand hygiene audits and the patient equipment cleanliness audits are displayed on the wall for information.

The inspection team spoke with staff about infection control procedures.

- We were told about the correct sharps management procedure that would be followed in the event of a sharps injury.
- We were advised that staff had a sufficient number of uniforms available if one became contaminated. Staff members have dedicated male and female changing facilities within the hospice.
- Staff who undertake cleaning duties were able to tell us about the correct colour coding system for infection control which should be used for cleaning within the inpatient unit. Colour coded mops and poles are used to reduce the risk of cross contamination.
- Corridor areas within the inpatient unit were found to be carpeted. We were told that corridor areas in the unit are shampooed and cleaned every 6 months or sooner if there is visible contamination.
- The hospice uses the NHS Greater Glasgow and Clyde laundry policy. We were advised of the correct procedure for handling soiled or contaminated linen to reduce the risk of infection or cross contamination within the unit.

All relatives or carers of people who use the service are provided with an information leaflet on the handling of used or contaminated linen at home.

A number of information posters for staff members about making the correct glove choice were available in the sluice.

We saw evidence that there is sufficient colour coded personal protective equipment, including disposable aprons, gloves, face masks and visors.

Every month a water management company removes the shower heads to disinfect them.
The domestic assistant advised that they had received training in a number of topic areas, including hand hygiene, infection control, personal protective equipment, slips, trips and falls, and electrical equipment safety.

Areas for improvement
We saw the patient information notice board containing hand hygiene and patient equipment cleanliness audit results was not easily accessible. We spoke with the service about the location of the notice before and they agreed to review and improve its location.

We were advised that the programme of training for domestic and maintenance staff did not include all topics as detailed in the training record card.

We were advised that all water outlets are flushed daily by domestic staff. We found no records to demonstrate this.

■ No requirements.

Recommendation a
■ We recommend that St. Vincents Hospice should review the training programme for domestic and maintenance staff and include all topics as detailed in the training record card.

Recommendation b
■ We recommend that St. Vincents Hospice should keep records to demonstrate that all water outlets are flushed daily.
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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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.

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<thead>
<tr>
<th>Quality Statement 1.1</th>
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<tr>
<td>Requirements</td>
<td>None</td>
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<td>Recommendations</td>
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<th>Quality Statement 1.5</th>
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<tr>
<td>Requirement</td>
<td>The provider must:</td>
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<tr>
<td></td>
<td>1. ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.</td>
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<td>This is to ensure that each person who uses the service has an up-to-date healthcare record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.</td>
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<td>Timescale – by 31 May 2012</td>
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<td><strong>SSI 2011 No. 182 - Regulation 4(2)</strong></td>
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<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td>National Care Standard 2.7 – Assessing your needs (Hospice Care)</td>
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<tr>
<td>Recommendations</td>
<td>None</td>
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### Quality Statement 2.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 2.2

**Requirement**

The provider must:

2. ensure that they make proper provision for the health, welfare and safety of staff and people who use the service by ensuring that the issues in their health and safety action plan are addressed within the timescales identified.

This is to ensure that the premises are fit to provide an independent healthcare service.

**Timescale** – by 31 May 2012

SSI 2011 No. 182 - Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard 3 – Guidelines and legislation (Hospice Care)

**Recommendations**

None

### Quality Statement 2.4

**Requirements**

The provider must:

None

**Recommendations**

We recommend that St. Vincents Hospice should:

a. review the training programme for domestic and maintenance staff and include all topics as detailed in the training record card.

b. keep records to demonstrate that all water outlets are flushed daily.
Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting 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 6 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.
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 the Healthcare Improvement Scotland, our inspections and methodology can be found at [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 3 – Inspection process flow chart

1. Prior to inspection visit
   - Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

2. During inspection visit
   - Self-assessment submission is reviewed to inform and prepare for on-site inspections
     - Arrive at service
     - Inspections of areas
     - Discussions with senior staff and/or operational staff and patients
     - Feedback with service

3. Further inspection of service areas of significant concern identified

4. After inspection visit(s)
   - Draft report produced and sent to service
   - Report published
   - Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to St. Vincents Hospice was conducted on Tuesday 13 March 2012.

The inspection team consisted of the following members:

Allison Wilson
Lead Inspector

Beryl Hogg
Locum Inspector
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

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.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.

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Elliott House
8-10 Hillside Crescent
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Phone: 0141 225 6999

www.healthcareimprovementscotland.org

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