Unannounced Follow-up Inspection Report: Independent Healthcare

St Vincent’s Hospice
St Vincent’s Hospice Limited

28 November 2017
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1  A summary of our inspection

About the service we inspected

St Vincent’s Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. St Vincent's Hospice is a charitable organisation which provides specialist palliative care to people within Renfrewshire and parts of Ayrshire over the age of 18 years. People can use the hospice in a number of ways. They can:

- visit the day care service or outpatients clinic
- receive visits from specialist nurses to their home (through the clinical nurse specialist team), or
- be admitted to the hospice inpatient unit.

All services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness.

Previous inspection

We previously inspected St Vincent’s Hospice on 7 and 8 June 2017. That inspection resulted in four requirements and nine recommendations. As a result of that inspection, St Vincent’s Hospice Limited (the provider), produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx)

About our follow-up inspection

We carried out an unannounced follow-up inspection to St Vincent's Hospice on Tuesday 28 November 2017.

The inspection team was made up of two inspectors.

This follow-up inspection is our assessment of the progress the service has made in addressing the requirements and recommendations from the last inspection. This report should be read along with the June 2017 inspection report.

We have not regraded the service as a result of this follow-up inspection as the focus was limited to the action taken as a result of the requirements. Grades may still 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.

The grading history for St Vincent’s Hospice can be found on our website.
We noted that a significant amount of work had been carried out to address the requirements and recommendations made at our previous inspection:

- one requirement has been met
- three requirements have been carried forward with a revised timescale for completion
- six recommendations and have been met, and
- three recommendations have been carried forward.

St Vincent’s Hospice Limited, the provider, must continue to address the remaining three requirements and three recommendations, and make the necessary improvements as a matter of priority.

We would like to thank all staff at St Vincent’s Hospice for their assistance during the follow-up inspection.
2 Progress since our last inspection

What the provider has done to meet the four requirements we made at our last inspection on 7 and 8 June 2017

Quality Theme 0 – Quality of information

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.

Recommendation

We recommend that the service should revise the patient information leaflet and information pack to ensure that it contains information that is important to patients, relatives and carers. This information should be presented in a format that is clear and easy to understand.

Action taken

The service was reviewing the patient information leaflet and information pack along with two volunteer members of the hospice community voice team. Once received, these documents will be updated. This recommendation is not met will be carried forward.

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Recommendation

We recommend that the service should ensure that consent documentation is completed in full for every patient.

Action taken

The hospice had reviewed the procedures for obtaining and recording patient consent. During our inspection, five patients were receiving care. We reviewed all five patient care records and found that documentation of consent was satisfactory. For example, discussions between patients, carers and medical staff regarding consent to treatment for anticipatory care was documented in all of the patient healthcare records. This recommendation is met.
Quality Theme 1 – Quality of care and support

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.

Recommendation
We recommend that the service should update the complaints policy, and all public facing documentation, to include the correct name, address, contact telephone number and email address of Healthcare Improvement Scotland. The documentation should also detail that we can accept complaints at any time from a complainant.

Action taken
The service’s complaints policy and public-facing documentation had been reviewed and included the correct Healthcare Improvement Scotland contact details. This recommendation is met.

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.

Requirement
The provider must ensure that a patient care record is used to record how the patient’s health, safety and welfare needs are being met. In order to achieve this, they must:

(a) ensure that all aspects of patient care are assessed, reviewed and recorded in as much detail as necessary
(b) care plans must be completed in a timely manner
(c) care plans must include the patient’s name, hospice number, date of birth and signature of the person completing the assessment or action.
(d) discussions with the patient, relative or link professional must be documented
(e) assessment tools used to record specific aspects of care including falls risk and pressure ulcers must provide accurate information of the patient’s condition, treatment and any equipment required to assist in meeting the patient’s needs.

Action taken
The service’s timescale for completion for this requirement was immediately.

During our inspection, we found evidence of how each patient’s needs were assessed on admission and thereafter. A designated person had been appointed to lead on the management of pressure area care in the hospice. An audit programme had been introduced to monitor compliance with Healthcare Improvement Scotland’s standards for pressure area care. The ward manager carried out regular patient care record checks to make sure patient care had been recorded.
All patients in the service had care plans to support:

- continence
- mobility
- nutrition
- pressure care, and
- skin care.

These care plans recorded a summary of assessment and interventions. Other care plans in some patient care records noted information about patient equipment needed and involvement with other people, such as a physiotherapist.

In one patient care record, we saw that the risk of the patient developing a pressure sore had increased and that cream had been applied to their pressure areas. While this had been recorded in the patient’s pressure area care plan, the information was not very detailed. Had this been recorded in more detail, nurses may have inspected the patient’s pressure areas more often. The senior management team agreed to continue to help staff develop their documentation of patient care.

Interventions set out in care plans, including those pressure relief were completed in a timely manner. For example, less mobile patients were re-positioned or helped to relieve their pressure frequently.

Patient details were recorded in each patient care record. Staff signatures were also recorded to support any assessment or care intervention.

Discussions between staff and patients about care with patients or carers could be noted in sections of patient care records. In all five records we reviewed, completed documentation was included that showed that patients or carers were aware of the care plan. Two families we spoke with confirmed they were included in discussions about care and the documentation of care.

Falls risk assessments were completed at least weekly. **This requirement is met.**

**Requirement**

*The provider must review the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016 and implement any improvements identified from the review.*

**Action taken**

The service’s timescale for completion for this requirement was 1 September 2017.

The provider had reviewed the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016. An improvement action plan had been developed as a result. While the majority of improvement work identified had been carried out, some still had to be completed.

The clinical effectiveness facilitator was responsible for reviewing the policy for the management of pressure sores in the hospice. We saw that more information about the prevention, assessment and treatment of pressure sores had been added to the
hospice’s recently revised pressure ulcer policy. In developing this policy, the service identified that staff required additional training to support their knowledge of pressure ulcers. All staff had attended training for the management of pressure ulcers. The senior management team explained that further staff development would be required to make sure improvement and consistency in the management of pressure ulcers. The hospice planned to change from written paper records to an electronic record system to help achieve greater consistency of the documentation of patient care. **This requirement is not met** and will be carried forward with a revised timescale of 1 July 2018.

**Quality Theme 2 – Quality of environment**

**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).

**Requirement**

The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review.

**Action taken**

The service’s timescale for completion for this requirement was 1 October 2017.

The provider had reviewed the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. An improvement action plan had been developed after this review. Although the majority of identified improvement work had been carried out, some actions were still incomplete. **This requirement is not met** and will be carried forward with a revised timescale of 1 July 2018.

**Recommendation**

We recommend that the service should complete a review of itself against the Vale of Leven Hospital Inquiry Report and implement any improvements identified from the review.

**Action taken**

The provider had reviewed the service against the Vale of Leven Hospital Inquiry Report. Improvement work identified from the review had been included in the healthcare associated infection action plan. **This recommendation is met.**
Recommendation

We recommend that the service should follow the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage, linen and personal protective equipment.

Action taken

We saw that staff complied with the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage, linen and personal protective equipment. This recommendation is met.

Recommendation

We recommend that the service should implement a system to manage the risks associated with the use of invasive devices.

Action taken

The service had developed an invasive devices procedure. The service had adopted NHS Greater Glasgow and Clyde’s adult vascular access policy. No patients had vascular access devices in place at the time of the inspection. Staff were able to show us evidence of the new peripheral vascular catheter bundle and catheter care bundle they would use. However, the new documentation had not been formally rolled out. This recommendation is not met and will be carried forward.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Recommendation

We recommend that the service should update the recruitment checklist to include the Disclosure Scotland record number and the date the certificate was received.

Action taken

We saw that the recruitment checklist had been updated to include the Disclosure Scotland record number and the date the certificate was received. This recommendation is met.
Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Recommendation
We recommend that the service should finalise the draft learning and development strategy, dated 3 May 2013. We recommend that the service should finalise the draft statutory and mandatory core training for staff, dated 3 November 2015.

Action taken
The service had reviewed its learning and development strategy. An appropriate framework was in place to support the assessment and evaluation of staff knowledge and skills. The service had also reviewed and developed the statutory and mandatory core training programme for staff, and it planned to include the framework as an appendix in the programme. Additional learning opportunities for staff were in line with specific categories, such as:

- management and leadership
- personal individual development
- role development, and
- specialised palliative care.

The service’s new framework outlined all statutory and mandatory training. Although the new framework had been finalised in November 2017, it had not yet been fully implemented at the time of our inspection. This recommendation is not met and will be carried forward.

Quality Theme 4 – Quality of management and leadership

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.

Requirement
The provider must develop and implement a suitable quality assurance programme that identifies any areas for improvement, actions and outcomes.

Action taken
The service’s timescale for completion for this requirement was 22 September 2017.

The provider completed a review of the quality assurance programme and identified a number of areas for improvement. The terms of reference, reporting structure and process for all governance groups had been reviewed and agreed. A board assurance framework had been developed to inform the service’s corporate risk register and clinical audit programme. However, this had not been implemented at the time of our inspection. The service was recruiting a quality improvement
practitioner to drive forward this improvement work. **This requirement is not met** and will be carried forward with a revised timescale of 1 July 2018.
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.

Requirements and recommendations carried forward from our 7–8 June 2017 inspection

<table>
<thead>
<tr>
<th>The provider must:</th>
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<tbody>
<tr>
<td>review the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016 and implement any improvements identified from the review (see page 8).</td>
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<tr>
<td>Timescale – by 1 July 2018</td>
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<tr>
<td><strong>Regulation 12 (a)(c)(e)</strong></td>
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<tr>
<td><strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
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<tr>
<td>review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review (see page 9).</td>
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<tr>
<td>Timescale – by 1 July 2018</td>
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<tr>
<td><strong>Regulation 4 – 1(a)</strong></td>
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<tr>
<td><strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
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<tr>
<td>National Care Standards – Hospice Care (Standard 7 – Infection Control)</td>
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<tr>
<td>develop and implement a suitable quality assurance programme that identifies any areas for improvement, actions and outcomes (see page 11).</td>
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<tr>
<td>Timescale – by 1 July 2018</td>
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<tr>
<td><strong>Regulation 13 – 1, 2 (a)(b)(c)</strong></td>
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<tr>
<td><strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
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We recommend that the service should:

<table>
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<td>revise the patient information leaflet and information pack to ensure that it contains information that is important to patients, relatives and carers. This information should be presented in a format that is clear and easy to understand (see page 6).</td>
<td>National Care Standards – Hospice Care (Standard 2 – Assessing your needs)</td>
</tr>
<tr>
<td>implement a system to manage the risks associated with the use of invasive devices (see page 10).</td>
<td>National Care Standards – Hospice Care (Standard 7 – Infection control)</td>
</tr>
<tr>
<td>finalise the draft learning and development strategy, dated 3 May 2013. We recommend that the service should finalise the draft statutory and mandatory core training for staff, dated 3 November 2015 (see page 11).</td>
<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
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Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

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 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- 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. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. 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.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on 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 hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and 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:** comments.his@nhs.net
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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www.healthcareimprovementscotland.org

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