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 Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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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

Ayrshire Hospice is a registered charity, based near the town centre of Ayr. It consists of a 20-bedded inpatient unit, a day hospice, and community support and advice services provided by specialist palliative care nurses. The hospice has a multidisciplinary team, who provide care and support for people over the age of 16 years, living in Ayrshire and Arran, who have incurable conditions. They also provide support for the families of those receiving care.

Accommodation in the inpatient unit consists of six single rooms with en-suite facilities, one double room and a number of multiple occupancy rooms.

The day hospice has a variety of rooms available for people who use the service. These include a lounge, physiotherapy gym, occupational therapy room, treatment rooms, alternative therapy rooms, family areas and meeting rooms.

The stated aims of the service include:

- to enhance the quality of remaining life for those who have advanced, progressive, incurable illness, and their families, and
- to enable high quality palliative care for all those patients in Ayrshire and Arran who need it, and their families.

The service was first registered with Healthcare Improvement Scotland on 1 April 2011. Before this time, the service had been regulated by The Care Commission.

We carried out an unannounced inspection to Ayrshire Hospice on Monday 28 and Tuesday 29 January 2013.

As the service had not been inspected during the previous 2 years, we assessed that it was appropriate for us to consider the quality of the service provided in relation to all five quality themes. We chose two quality statements from each quality theme, and have reported our findings on these statements in the main body of this report.

Before the inspection, the service completed a self-assessment. In this, it described what it thought the service did well, and where they had identified areas for making improvements. We found that the self-assessment was fully completed, and that the information was appropriate and relevant to the quality themes. The grades that the service had selected in the form were generally realistic, although we did not see evidence to support the grade that the service had selected for Quality Statement 5 of Quality of Care and Support.

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 Ayrshire Hospice.

During this inspection we spoke with:

- three people who used the service
- one relative
- six nurses
- four healthcare assistants
- the chief executive
• the clinical services director
• the quality manager
• the estates manager, and
• one volunteer.

We also contacted four external stakeholders to ask them for their views about the service. Two had responded to our request at the time of the report being written, and we have reflected their comments in our findings.

During this inspection, we examined a range of documentation including:

• information in the service’s self-assessment
• the hospice’s aims and objectives statement
• relevant policies and procedures
• five patient care records
• minutes of meetings
• audit results and action plans
• complaint records
• information leaflets, and
• equipment maintenance records.

We also inspected the physical environment of the service, and we observed practice and interactions when we visited different areas of the hospice.

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:** 6 - Excellent

We found that the service was excellent in the way it created opportunities for people to say what they thought of the service, and to be involved in influencing the way the service was provided and developed.

We noted that the service was provided in a clean, pleasant and well-maintained environment. The provider was in the process of redecorating and improving some parts of the hospice to maintain an excellent quality of environment.

The staff we spoke with were enthusiastic and caring, and motivated to providing a high quality of service. They were able to demonstrate to us that they knew the people who use the service, and their families, well. We saw that there were policies and systems in place to support and guide them in their work, and that they received a variety of training. Staff told us that they valued the support they received.

We looked at the systems that the provider had in place to monitor the quality of all aspects of the service, and we found that these were varied and extensive.
We received very positive feedback about the quality of care that people who used the service received. However, we found that staff needed to improve the way they planned care for people who use the service, to make it more individual and specific to what each person wanted or needed.

This inspection resulted in one requirement and two recommendations. The requirement is 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 requirement and recommendations.

The Ayrshire Hospice, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Ayrshire Hospice for their assistance during the inspection.
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 looked at the way the service gathered the views of people who used the service, their families, visitors, staff, volunteers, and other agencies with a professional interest in the service. We considered the opportunities that the service created for all of these people to influence the way the service was provided, and developed in the future. In this quality statement, we have described many of the ways in which the service does this. Much of this information will also be relevant to the first quality statement in each of the other quality themes.

The service had a website which provided a variety of information about the hospice and the service it provided. It also gave a contact email address, and invited people to send suggestions or queries.

The service also provided written information for people in a patient information booklet. This set out information about the service, what it provided, routines for inpatients, travel information for getting to the hospice, information about some of the policies the service has in place, and useful contact details.

We saw that the service had a complaints policy and procedure, and a summary of these was made available to patients and relatives in the complaints leaflet.

We found that the service regularly used questionnaires to ask people who use the service, and their families, for feedback about their experience of the service. We saw that the responses to these questionnaires had been collated and analysed. The majority of the responses that the service received were positive, and expressed a high level of satisfaction with the service provided. When we spoke with the clinical services director, she told us that it was often difficult for the service to get beyond the gratitude that people expressed, and to gather information that the service could use to make improvements. However, she told us that the service continued to look for ways to encourage constructive criticism as well as compliments.

When we spoke with staff, they demonstrated that they knew the needs and wishes of people who used the service and their families well. They were aware of what was important to them. Staff and volunteers were involved in supporting patients in a range of aspects of their lives beyond their medical care and treatment. For example, volunteers act as ‘personal shoppers’ for some inpatients who are unable to leave the hospice for periods of time to do their own shopping.

We saw evidence that there were a number of groups and committees that people with an interest in the service were able to take part in and contribute to. Some of these were regular and ongoing groups, while others had come together to carry out specific pieces of work. For example, there was a clinical governance committee, clinical effectiveness group, inpatient patient centred care project group, and a communication group. The service had employed an external facilitator to support some of the groups in the work they were doing. We looked at the minutes of the meetings for some of these groups. We saw that representation was
varied and that updates on progress of issues raised at the previous meeting were given at the start of the meeting. When we spoke with staff, they told us that they were involved in a number of these groups, and felt happy to contribute views and ideas.

The service had linked into NHS Ayrshire & Arran’s public partnership forum, to draw on the views and experiences of members of the public. However, it had found that the range of experiences was often too broad to be directly relevant to the service, and so was establishing its own public partner network.

The clinical services director told us that the staff had the opportunity to express their views of the service through the communication forum. This took place every 2 months and was attended by some of the directors of the service. This allowed the opportunity for those taking part to directly influence decisions made at strategic level.

We also asked staff how they felt they had the opportunity to influence the way the service was provided and developed. They told us that they were able to speak to line managers at one-to-one clinical supervision or group supervision sessions, and as part of their annual appraisal. They also said that senior managers attended handovers. They told us that a staff survey had been carried out last year using questionnaires and that feedback from the results of the survey had been made available on the service’s intranet system. Nursing staff met regularly to discuss nursing issues and offer peer support. Staff told us that any issues raised at these meetings would be fed back through the ward manager.

The service had recently started a drop-in cafe in the day hospice. This was open to the public and provided information as well as social opportunities. As well as printed leaflets and posters, staff were at times available to speak with people one-to-one, to answer general questions about the hospice, or to signpost people to other sources of help or guidance. The cafe was used by members of the local community, such as staff and residents from local care homes, as well as patients and visitors. The service had carried out an evaluation of the drop-in cafe, and had gathered suggestions from people about how they thought the cafe could be improved.

Last year, the service had bought an information trailer, and members of staff and volunteers had taken a ‘road show’ around Ayrshire and Arran, to provide information about the hospice to communities outside the main town.

Areas for improvement

The provider had already identified that the age range of the people who use or have contact with the service was changing, and that more young people and children now had contact with the hospice. We discussed with the chief executive and the clinical services director the need to regularly review the methods they use to gather people’s views to reflect that change, and any other changes which may occur in the service over time (see recommendation a).

We noted that the service’s complaints leaflet was not clear about the role of the regulator, Healthcare Improvement Scotland, in investigating complaints. The leaflet suggested that a complaint could be made to Healthcare Improvement Scotland only after the provider’s own complaints procedure had been exhausted. However, the legislation states that a complaint can be made to Healthcare Improvement Scotland at any time. We also asked the service to update the contact details for Healthcare Improvement Scotland in its leaflet, as these had recently changed. The chief executive and clinical services director agreed to make these changes.

■ No requirements.
Recommendation a

- We recommend that Ayrshire Hospice should continue to review the methods it uses to gather the views of people who use the service, their families, staff, volunteers, and other agencies with a professional interest in the service. The hospice should evaluate the methods it uses to ensure that they remain effective for the current client group, and adapts and develops them to meet changing needs, as the service and the client group changes.

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).

Grade awarded for this statement: 6 - Excellent

We saw that the service had a policy in place which gave staff guidance on gaining consent for care and treatment.

Staff we spoke with demonstrated a good awareness of issues relating to consent, in particular for those patients who lacked the capacity to give consent to some areas of their care and treatment. When we spoke with staff on the ward, they were able to identify for us the patients who had been assessed as lacking capacity.

We saw evidence from records that issues of consent and capacity were discussed as a routine part of the multidisciplinary team ward rounds.

The Adults with Incapacity (Scotland) Act 2000 sets out the rights of people who, because of illness or disability, are unable to make decisions in some areas of their lives. When we looked at patient care records, we saw evidence that staff were following the appropriate legal procedure for patients who lacked capacity to give consent. We saw that the correct form had been completed following an assessment of capacity.

We also saw in the patient care records that allied healthcare professionals, such as physiotherapists and occupational therapists, routinely obtained verbal consent before carrying out treatment.

Area(s) for improvement

The service should carry on the excellent practice already evidenced, by ensuring that staff remain informed about and continue to implement best practice in relation to obtaining consent.

- 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

In Quality Statement 0.1 of Quality of Information, we described the variety of opportunities that the service provided to help people to participate in assessing and improving the quality of the service. All of that information is also relevant here.

We spoke with three people using the service during our visit. They told us that they were kept well informed about their care and were involved in decisions that affected them. We also spoke with one relative, who expressed similar views. All three people gave us very positive feedback about their experience of the service and the care that it provided.

One stakeholder told us that, at meetings they attended, the focus was always ‘on service user wellbeing’.

Area for improvement

Person-centred care plans help staff to provide care consistently in a way that reflects the individual needs, wishes and circumstances of each person who uses the service. As we describe in Quality Statement 1.5 of Quality of Care and Support, we found that care plans were not developed in a way that was person-centred. Staff in the service need to improve the way they plan care. This will make sure that people who use the service are able to have a direct and demonstrable influence on the care and support they receive on a day to day basis. We have made a requirement about this in Quality Statement 1.5 of Quality of Care and Support (see requirement 1).

- 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: 4 - Good

We found that the service maintained records of care in two separate formats. The service used clinical records to record information gathered from, and about, care and support provided by different members of the multidisciplinary team. These records were used for both inpatients and outpatients. The service had a nursing profile for inpatients. This was intended to set out the assessments carried out to identify need, and to record the care planned and delivered to meet those needs during the person’s stay in the hospice.

We saw that staff used recognised assessment tools to help them to identify the needs of individuals during their stay in the hospice. For example, the service had recognised that
there was a high rate of falls amongst inpatients, and so had introduced a falls risk assessment tool to help staff identify those patients most at risk.

We saw, in both inpatient and outpatient records, that there was a range of information gathered about patients’ physical needs.

The majority of the records we saw had been signed, dated and, where appropriate, timed by the person completing the record. This was in line with best practice guidance in relation to record-keeping and relevant professional codes of practice.

We spoke with three patients during our visit. They gave us positive feedback about their experiences of the service. They said that staff had time to spend with them, and knew them and their needs well. One person said that their symptoms were managed well by staff. Comments from patients included:

- “Care is perfect”
- “Couldn’t do more for me”
- “Do everything I want”.

Areas for improvement

When we looked at care planning, we found that this was not done in a person-centred way, which recognised and addressed the specific and individual needs of each person who used the service. For example, we looked at the care plans for one patient who had been prescribed medication for distress and agitation. We found that there was nothing in the care plan to help staff understand what situations or events might cause the patient to become distressed, so that staff could try to avoid these arising. There was no guidance for staff on what might help to reassure or calm the patient. One member of staff had noted in another record of care that music helped, but this was not noted in the care plan, and there was no information about what kind of music the patient liked or found soothing. There was no guidance for staff about how the prescribed medication should be used to best effect, nor evaluation of whether or not its use was effective.

We also found that needs or risks identified through using assessment tools did not always result in appropriate care plans being developed.

When we looked at wound care records, we found that staff did not use size or recognised descriptors to give an accurate evaluation of the status of the wound and to allow assessment of progress.

While care records recorded the care that was being delivered on a daily basis, there was little evidence of evaluation of the effectiveness of that care.

We discussed all of this with the chief executive and clinical services manager, and with members of staff on the ward.

Staff were able to describe to us what they knew about individual needs of people who use the service and to demonstrate that they knew people who use the service and their families well. They showed a good awareness of what people wanted and needed. However, they accepted that the care plans did not record all of this information. This meant that not all staff had access to the same information to make sure that they were able to provide care consistently in a way which best met each patient’s needs.
The chief executive, clinical service manager and ward nursing staff all told us that the service had already identified that they needed to improve the quality of care planning. They had set up a project group whose aim was to ‘design and implement a service that supports and enables multidisciplinary, patient centred care in the in-patient unit’.

Part of the remit of this group was to review and improve the documentation used for care planning. The work of the group was ongoing and was supported by an external facilitator employed by the provider. Staff spoke positively about their involvement in the group and the support they were receiving.

The service was also in the process of switching to electronic care records, which it was hoped would facilitate the development of more person-centred care plans.

We were reassured from our observation of practice, from speaking with staff, and from the very positive feedback that we got from people who use the service, that the good standard of care being provided was not accurately reflected in the standard of record-keeping and care planning. We recognised that the service had already identified that improvements were necessary in the way it planned and recorded care, and was working towards these improvements. Our grading for this quality statement reflects all of this. However, we assessed that the service needed to make changes now to the way care was planned. They must make sure that all of the needs of each person who uses the service are accurately and comprehensively identified. This includes patients’ physical, psychological, spiritual and social needs. The service needs to be able to confidently demonstrate that care is of a consistently good standard. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: by 6 May 2013**

- The provider must ensure that patient care records set out clearly how all of the health, safety and welfare needs of people who use the service are to be met. To do so, the provider must:
  - review all nursing profiles and care plans to make sure that physical, social, emotional, spiritual and psychological needs are clearly identified for people who use the service, and care is planned in a way which is person-centred and which demonstrates how these needs are to be met
  - ensure that where risks are identified through the use of assessment tools, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks
  - ensure that care plans are evaluated to assess whether or not they are effectively addressing identified needs
  - ensure that care records are clear, accurate and unambiguous, and use recognised descriptors where these are available, and
  - implement systems to audit and monitor the quality of record-keeping and care planning in the service.

- 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: 6 - Excellent

As noted previously, the information in Quality Statement 0.1 of Quality of Information is also relevant here.

We asked for examples of how the views of staff, people who use the service, their families and other interested parties had been used to influence the environment in the hospice. The provider told us that people who use the service and visitors had been consulted on the new logos and colour scheme for the service.

Questions about the environment of the hospice were also included in the questionnaire for people who use the service and their families. Although the responses were overall very positive, the service continued to give people the opportunity to say what they thought of the physical environment of the service, and how it could be improved. One example of this was improved signage on the doors as a result of comments made by visitors.

Some of the groups and committees already noted have a role in assessing and influencing the hospice’s environment. Staff, people who use the service, families and professionals with an interest in the service have representation on many of these groups, and so are able to influence decisions that are made.

We could see that people who use the service and their families could choose how they used some of the areas of the hospice, for groups and meetings, or for quiet time with visitors.

We saw examples of artwork made by people who used the service displayed around the hospice.

Area for improvement

The service should continue the excellent work they already do to involve people in assessing and improving the quality of the environment.

- 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 that the environment in the hospice was clean, fresh, pleasantly decorated and in a good state of repair. Recent improvements had been made, and some areas had been redecorated and refurbished. There were plans to continue this redecoration in other areas of the day hospice.
There were a range of rooms and areas available to allow the delivery of the service to meet a variety of needs of people who use the service. These included:

- an occupational therapy room, used for arts, crafts and other activities
- a physiotherapy gym
- alternative therapy rooms, for example massage, reiki, or aromatherapy
- family rooms, including a sleepover room with en-suite facilities and small pantry
- quiet areas, and
- meeting rooms.

The service had recently opened a drop-in cafe, which was open to and used by the local community, as well as by people who use the service, families and staff.

Development was going on in the service to provide an area for a new family support service, and a multi disciplinary team room with improved computer access, which was attached to the inpatient unit.

When the Care Commission last inspected the service, it was noted that there was water damage to the ceilings in some areas. The clinical services director told us that structural repairs had now been carried out to the roof, to prevent further water getting in. ‘Running repairs’ had been carried out whenever internal water staining had occurred, but it was now hoped that these areas could be permanently repaired or redecorated.

We spoke with the estates manager, who was responsible for overseeing all aspects of repair and maintenance. He told us that he did an informal walk around the building each day, to assess where any repairs or maintenance were needed. He also carried out minor repairs, such as replacing light bulbs, during these walk rounds. He described the systems that the service had in place for staff to report faults and said that this worked well. He also told us that the service had an arrangement with NHS Ayrshire & Arran estates department to provide assistance in case of out-of-hours emergencies which directly affected patient care.

We looked at maintenance records for equipment used in the service. We saw evidence that the legally required tests and servicing had been carried out on moving and assisting equipment used in the service. We also saw evidence of other servicing and maintenance to ensure the safety and effectiveness of equipment used in the service, for example servicing of the gas boiler and checks of the emergency generator.

We were shown a copy of a recent, satisfactory environmental health inspection, which had positive comments about standards in the kitchen.

**Areas for improvement**

The chief executive and clinical services director told us that a review of the building and accommodation was planned, to look at ways in which the service could continue to improve in the future.

The service had also recognised that it had an increasingly younger client group, with greater involvement of families with young children, and that changes in the environment needed to take into account and reflect these changes.
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 information in Quality Statement 0.1 of Quality of Information about how people who use the service, staff, relatives and other agencies were encouraged and supported to become involved in influencing the way the service is provided and developed also applies here.

The service held a ‘Doors Open Day’ where information about staff recruitment and training was shared with visitors to the service.

Feedback from people who use the service and relatives included comments about the quality of the staff team. The majority of this feedback was very positive.

Involvement in various committees and working groups allowed relatives and other stakeholders the opportunity to influence staff practice in the service.

The clinical services director told us that they involved stakeholders in some aspects of their recruitment processes. For example, representatives from NHS Ayrshire & Arran sat on interview panels for some clinical posts, and volunteers, along with lecturers from a local college, were involved in the recruitment process for alternative therapists.

Areas for improvement
As discussed earlier, the service should continue the excellent work already ongoing to involve people in decisions, including those that influence the quality of staffing.

As an area for improvement, the service could consider how people who use the service and their relatives could be involved in areas such as the recruitment of staff. For example, we see evidence in some registered services of people compiling questions to be put to candidates at interview, or taking part in drawing up job descriptions. This allows the priorities of people who use the service and their families to be taken into account when employing new staff.

- 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 that staff had access to a range of policies to guide their practice. These were available through the service's intranet system, with paper copies being available in each clinical area of the hospice. There was a system in place to make sure that the paper copies were kept up to date.

The service had a dedicated education department, whose remit was to set up Scottish Vocational Qualifications (SVQ) training and encourage postgraduate learning. They also engaged with external agencies such as NHS Ayrshire & Arran and local care homes. Staff in the hospice had access to an on-site library.

We looked at staff training records. We could see that an extensive range of training was provided for staff and volunteers, including training that the service had identified as mandatory for all staff. Training was accessible in a variety of ways, including e-learning packages, in-house training sessions, lunchtime ‘lunch and learn’ sessions, and access to external training courses. The service had also been a recognised centre for SVQ training since 2008. Staff we spoke with told us that they were happy with the training that they received, and that they felt supported in meeting their training needs.

Some of the learning opportunities were also open to people outside the service. The service provided training for local GPs and staff in the local NHS board with a special interest in palliative care. It also provided more specific training for NHS community staff and care home staff, to allow them to provide care in a way which supported patients who chose to have end of life care in their own homes. One external stakeholder told us that colleagues gave positive feedback about the training that the service provided.

The education department had systems in place to manage the training that the service viewed as mandatory and to make sure that staff were up to date with this training. Mandatory training included infection control, moving and handling falls management, fire safety, and health and safety.

Some staff told us that the service had provided training which was specific to individual patient need, for example training in Parkinson’s disease.

We saw that the service took a multidisciplinary approach to training, with medical staff, allied healthcare professionals, nurses and care staff sharing training opportunities as appropriate to their role.

There was evidence that the service carried out assessments of staff competency in specific areas to make sure that learning was carried forward into practice.

The service had become a recognised centre for providing training in SVQs in Care, and planned to provide this training for their care staff.

A system of clinical supervision was in place for staff along with annual appraisal of performance. Training needs were identified as part of the annual appraisal process, and linked into each staff member's personal development plan.
Staff described to us the system in place to support staff returning from periods of absence. This ensured that staff were confident that their skills were up to date and provided updated training where this was seen to be necessary. A particular focus was placed on medication management when nurses were returning to work after a long period of absence.

The service also used its knowledge and resources to provide information and education to people who use the service, families, and members of the public, other professional bodies such as GPs or community nurses, and community groups such as staff in local care homes.

When we observed practice and spoke with staff, we saw that staff had a positive and enthusiastic approach to their work. Many of the staff had worked in the service for a long time, and there was a relatively stable and consistent staff team. Staff spoke of seeing continual improvement in the service, and of being encouraged with their learning and development. They spoke positively about their experience of the newly implemented system of clinical supervision.

**Area for improvement**

We discussed with the chief executive and the clinical services director the need to review the training provided for staff as the service and the client group changes, particularly as more children and young people come into contact with the service. The service needed to consider providing staff with up-to-date training on child protection, so that everyone working in the service has a clear understanding of their responsibilities and procedures for protecting children and reporting concerns.

- No requirements.

**Recommendation b**

- We recommend that Ayrshire Hospice should review the training programme to ensure that all staff in the service receive regular up-to-date training in child protection legislation, reporting procedures and policies in use in the service.

**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 information recorded in Quality Statement 0.1 of Quality of Information is also relevant here.

As we noted earlier, we saw evidence that relatives, staff, and other stakeholders had opportunities to take part in and contribute to groups and committees.

The chief executive told us that there had been a strategic review of the service in 2010, and that staff, volunteers and other parties with a professional interest in the service had been involved in that review. Some of the examples of the changes that resulted from the review included:

- an increased focus on governance at all levels
• a wider scope of services within the hospice
• changes to the way day services were provided, and
• a drop-in service which had led to better engagement with the community.

We contacted four external stakeholders as part of our inspection, all of whom had contact with the hospice in their professional role. Two people responded and gave positive feedback about the way the service provided information. They described being consulted and involved in decisions in a way that was appropriate to their role. One person said that the service’s communication was “first class” and that they were made to feel “a valuable contributor”. They also described to us the ways in which they were involved in discussions and decisions about the quality of the service provided. Another described their regular involvement in the hospice’s Board meetings, and described the service’s communication as “excellent”. They also said that the contact and dialogue with the senior management of the hospice helped to “maintain a patient and family focused approach to high quality and effective care”. This person also told us that they received positive feedback from colleagues who had contact with the service.

The chief executive told us that the service had connections with people in the local business community who acted as “ambassadors” for the service by speaking about the hospice at events about their business or interests. The hospice provided training for these ambassadors to make sure that the information they gave at these talks was consistent and accurately reflected what the service did.

We saw that information from some audits, such as the hand hygiene audit, was shared with staff, people who use the service and visitors to the service.

Information about the service’s priorities and plans for the future was available in the published strategy. The strategy, along with an annual overview which reviewed the previous year and gave information about funds, was available to the public on the service’s website.

**Area for improvement**
The service should continue the excellent work it already does to involve people in assessing and improving the quality of the service, and the way it is managed and developed.

■ 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: 6 - Excellent**
The service had a clinical governance department whose role was to oversee systems of clinical governance in the hospice. The clinical governance department reported to the clinical governance committee, which included representatives from external stakeholder groups.

We saw evidence that the service carried out a wide range of audits. We spoke with the quality manager who described to us her role in supporting staff to carry out audits and to analyse the information collected. She told us that staff were encouraged through their professional development plans to take part in audit and that it was viewed as an everyday
part of their work. Staff we spoke with confirmed the support and encouragement they received. When we looked at the outcomes of audits, we saw that action plans had been drawn up, and that these identified the people responsible for the improvement work and included target dates for completion.

The clinical services director told us that outcomes from audits were emailed to line managers, so that they could be shared with the staff team and discussed at team meetings. Information about the outcome of audits was also shared through the intranet, to which all staff have access.

We saw that the service used investigation forms to encourage staff to reflect on the causes of incidents and to identify actions or recommendations to prevent recurrence.

The service had received accreditation from other agencies which looked at aspects of quality assurance. Evidence of these accreditations was displayed at the entrance to the hospice.

**Areas for improvement**

We saw that the service was beginning to share information about the outcome of audits with people who use the service and visitors, by displaying information about hand hygiene audits in the inpatient unit. Sharing information in this way provides reassurance for patients and their visitors, and encourages comment and discussion. We were told that the service planned to share more information like this in the future.

We discussed with the chief executive and the clinical services director the benefits of being more proactive in seeking feedback from external stakeholders, such as local GPs, referring agencies in NHS boards and community nursing teams.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the 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.

### Quality Statement 0.1

**Recommendation**

We recommend that Ayrshire Hospice should:

1. continue to review the methods they use to gather the views of people who use the service, their families, staff, volunteers, and other agencies with a professional interest in the service. They should evaluate the methods they use to ensure that they remain effective for the current client group, and adapt and develop them to meet changing needs, as the service and the client group changes.

### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that patient care records set out clearly how all of the health, safety and welfare needs of people who use the service are to be met for each individual. In order to do so, the provider must:
   - review all nursing profiles and care plans to make sure that physical, social, emotional, spiritual and psychological needs are clearly identified for people who use the service, and care is planned in a way which is person-centred and which demonstrates how these needs are to be met
   - ensure that where risks are identified through the use of assessment tools, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks
   - ensure that care plans are evaluated to assess whether or not they are effectively addressing identified needs
   - ensure that care records are clear, accurate and unambiguous, and use recognised descriptors where these are available, and
   - implement systems to audit and monitor the quality of record keeping and care planning in the service.
Timescale – by 6 May 2013

*Regulation SSI 2011/182 Reg 4(1) a regulation regarding patient care records*

National Care Standards 2.3 and 2.7 – Assessing your Needs, and the Nursing and Midwifery Council “Record Keeping Guidance for Nurses and Midwives 2009

### Quality Statement 3.3

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<tr>
<th>Recommendation</th>
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<td>We recommend that Ayrshire Hospice should:</td>
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<td>b</td>
<td>review the training programme to ensure that all staff in the service receive regular up-to-date training in child protection legislation, reporting procedures and policies in use in the service.</td>
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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 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:

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<th>5</th>
<th>4</th>
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<th>2</th>
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<tbody>
<tr>
<td>excellent</td>
<td>very good</td>
<td>good</td>
<td>adequate</td>
<td>weak</td>
<td>unsatisfactory</td>
</tr>
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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

Before inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service to check for factual accuracy

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Ayrshire Hospice was conducted on Monday 28 and Tuesday 29 January 2013.

The inspection team consisted of the following members:

Katie Wood
Lead Inspector

Gareth Marr
Associate 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.
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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**Edinburgh Office**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

**Glasgow Office**
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

[www.healthcareimprovementscotland.org](http://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.