Announced Inspection Report: Independent Healthcare

Accord Hospice | Accord Hospice | Paisley
8 March 2012
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’), 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. However, if you remain unhappy following their response, please contact us. You can complaint
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

Accord Hospice is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care to people within Renfrewshire over the age of 18 years. The hospice is a purpose-built facility that provides care for up to eight inpatients using a multidisciplinary approach. The team of healthcare staff includes:

- nurses
- palliative care consultants, speciality doctor, clinical assistant doctors & on-call GP team
- physiotherapists
- occupational therapists
- social worker
- patient & family support team
- lymphoedema specialist nurse
- complimentary therapy team
- access to members of the clergy team

There is a day therapy unit, managed by a team leader with an occupational therapy background. The service is run over a four-day period catering for up to 15 patients each day. The service provides a holistic approach to care focusing on independence, rehabilitation, enablement and empowerment. There is also access to a complimentary therapist and hairdresser.

A team of clinical nurse specialists provide symptom management, information and support to people at home.

There is a team of trained volunteer staff who provide assistance with various duties throughout the organisation, including fundraising and working within the shops and hospice.

The philosophy of care states ‘Accord Hospice is an independent charity giving free medical and nursing care to those in Renfrewshire whose illness is causing physical pain and emotional stress and for whom curative treatment may no longer be appropriate. Our aim is to relieve pain, to ease suffering, to restore dignity to our patients and to respond to the needs of the whole family in a partnership of care.’

We carried out an announced inspection to Accord Hospice on Thursday 8 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 and a public partner. 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 Accord 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: 6 - Excellent

In this inspection, evidence was gathered from various sources. This included the relevant sections of records and other documents including:

- audits
- accidents and incidents
- complaints
- infection control manual
- information leaflets
- health and safety maintenance records
- medicine records
- public liability certificate
- policies and procedures
- risk assessments
- self-assessment documentation, and
- surveys.

We had discussions with a variety of people, including:

- the chief executive
- clinical services manager
- community staff
- registered nurses
- healthcare assistants
- domestic staff
- cook
- social worker, and
- six people who use the service.

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

We inspected the following areas:

- the day therapy unit
- the inpatient unit
- patients’ and relatives’ lounges
- patient resource areas, and
- the nurses’ office.
The inspection team spoke informally to six people who use the service. Everyone spoke very positively about their individual care and personal experience of attending the hospice. They told us:

- ‘the staff are very caring’
- ‘the day therapy unit is fresh, airy and clean’
- ‘the food is good’
- ‘we feel confident to approach staff with any concerns’
- ‘we feel involved in our care’
- ‘family members are involved’
- ‘I am encouraged to eat my lunch’
- ‘the staff seem aware of my needs even before I know I need it’, and
- ‘the staff make sure I have taken my tablets at the correct time’.

Overall, we found evidence at Accord Hospice that:

- people who use the service are provided with individual palliative care within a structured model of care, treatment and support
- people are supported by a committed and motivated multidisciplinary healthcare team to make choices about their care
- people are being consulted about the development of the service
- there are excellent medicine management systems in place, and
- committed care and attention is given to people, with particular emphasis on dignity, respect and family support.

We found that improvements should be considered in two areas, which include:

- looking at ways to capture informal comments about the service, and
- reviewing and improving the format of the satisfaction questionnaires.

This inspection resulted in no requirements or recommendations. When requirements are made, they are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

This inspection report and grades are our assessment of how the service is performing in the areas we examined during this inspection.

We would like to thank all staff at Accord 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.

The wide range of services offered have developed through people having a say in how they use the service. We confirmed this by speaking with people who use the service. We were told that the way care and support is offered and carried out has been developed through listening to what people want. For example:

- there was flexibility about the kinds of care offered, with people encouraged and supported to discuss where they wished to be cared
- people who wished to be cared for at home could be helped to do so
- those who needed extra help could use the day service
- the hospice provides outpatient clinics to support symptom control and wellbeing, and
- people who require 24-hour care are treated on an in-patient basis.

Staff spoke about the importance of involving people who use the service in their care and day to day life. People we spoke with confirmed that they felt involved in their own care.

We were told that the day service has been reorganised in response to what people who use the service want. The focus is now more about health education, rehabilitation and maintaining independence.

A variety of information leaflets are available that clearly explain what services are available and what to expect when you are in the hospice. We also found good information on the hospice website about the services offered.

Patient surveys were carried out in the hospice. For example, there had been a very positive evaluation of the complimentary therapy service.

There was a suggestion box in the hospice corridor. 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 we spoke with said they had no complaints, but if they had any they would feel comfortable to raise them.

A memory book has been provided in response to relatives wishing to return to the hospice to remember their family member.
The hospice recently held a service of remembrance in Paisley. Staff took the opportunity to speak to people about their experience of the service. We were told that very positive feedback had been given.

We were told that the hospice is keen to inform people in the community about the work of the hospice and there are plans to make a DVD. People who use the service will be involved in this.

Areas for improvement

Accord Hospice should continue to maintain their commitment to developing services to meet the needs and wishes of those using its services.

Staff told us that people who use the service often prefer to give informal verbal feedback to staff, rather than filling in a form. The service has identified the need to find a way of capturing informal feedback given by service users. This should be taken forward.

We also discussed with staff the need to review the format of service user questionnaires to make them easier to follow and complete. It was agreed that this will be taken forward.

- No requirements.
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 6 - Excellent

We found excellent systems in place to support the safe ordering, storage, administration and disposal of medicines. We saw there were very good systems in place for ordering people's medicines. We saw that medicines were stored safely and securely.

We looked at people’s prescription sheets. We found that they were all completed correctly. All prescriptions were legible and had been signed and dated by the prescribing doctor. Great care was taken to ensure legibility. The prescriptions identified the dose of the medicine as well as the frequency and method of administering, for example by mouth or injection. We saw that a member of nursing staff appropriately signed for all routine medication. All medication which was prescribed to be given on an 'as required' basis, for example pain relief, had been signed correctly. Details were also recorded about the effectiveness of the medication.

We were told that the pharmacist checks individual medicines and prescriptions. They make sure all prescriptions are completed correctly and also check that different medicines can be used safely together.
We looked at the management of controlled drugs. These are specific medicines that need to be recorded and signed for by two members of nursing staff. These were being recorded correctly and daily stock checks carried out.

We were informed that staff check medications which people have brought with them to the hospice. The staff also make sure that medication which people take home on discharge have been properly prescribed.

Staff confirmed that they had regular training updates and we saw that up-to-date reference documents were available to ensure staff knowledge about medicines is up to date.

A medicines management policy is in place. This policy is the result of joint working with two other hospices and is reviewed and updated every two years or as required.

A member of staff takes on the role of accountable officer for medicines. This person has responsibility for an overview of medicine systems and plays a leading role in developing this aspect of care.

There were audit systems in place and clear reporting systems for any medicines’ errors. The staff we spoke to were clear about the reporting systems. Medicines’ errors or incidents are reported, reviewed and any necessary action considered about how to address any areas of concern.

We were told that some people who use the service wanted more information about their medicines than others did. Staff spent time making sure that people who use the service understood and were comfortable with the medicines they were prescribed.

**Area for improvement**
Accord Hospice should continue to maintain the excellent standard of medicines management which was demonstrated during this inspection.

■ No requirements.

■ 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
Some of the ways for people to participate (as described under Quality Statement 1.1) also help people who use the service to participate in assessing and improving the quality of the hospice environment.

We saw that patient and carer satisfaction surveys specifically asked how facilities could be improved for people who use the service. We saw evidence that the hospice responds to comments about the environment by people who use it. For example, the reception area has been refurbished as a direct result of comments and suggestions received from people who use the service and volunteers who support the hospice.

We were informed that, as a direct result of comments from people attending the education unit, an air conditioning system has now being successfully installed in the lecture theatre.

Areas of the hospice have been assessed for infection control and people who use the service are involved in this.

Groups from the community with special needs in relation to mobility can now use all of the hospice facilities. The hospice responded to this identified need and is now fully compliant with disabled access.

Area for improvement
Accord Hospice should continue to maintain their commitment to developing services to meet the needs and wishes of people using its services.

- No requirements.
- 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: 6 - Excellent
The hospice has a range of policies and practices to ensure infection prevention and control. There was evidence that these documents were kept up to date. The managers at the hospice have recently introduced new infection control policies and have sought advice from NHS Greater Glasgow and Clyde during the implementation process.

During our announced inspection, we walked around the hospice and found all areas were clean and well maintained. People who used the service supported our findings.
We spoke with staff and viewed documents and minutes of meetings about infection control. We found that the hospice had clearly defined responsibilities, accountability and reporting structures for infection control.

Staff working as ‘cleanliness champions’ are involved in ensuring compliance with infection control policies and procedures and carrying out staff training. We were informed they had recently updated staff on hand hygiene. New equipment for dispensing liquid soap and alcohol gel was being tested in toilets and clinical areas.

Staff receive mandatory infection control training. Additionally, online training modules in infection control related topics are available.

Staff we spoke with were aware of their role in cleaning equipment. They described how this was recorded and how concerns about cleanliness and maintenance were reported.

We found staff being encouraged to be put forward ideas to improve infection control. For example, as a result of a staff suggestion, pull cords for bathroom lights had been fitted with a plastic covering to enable easier cleaning.

Equipment was clean, well maintained and appropriately stored.

We saw that personal protective equipment, such as aprons and gloves, were readily available and being used by staff.

Risk assessments were carried out on equipment and five commodes had recently been replaced as a result of this.

Waste management was in line with current legislation and we found this area was regularly monitored and equipment upgraded as required.

Staff were being updated on the control of spillages and decontamination of all clinical equipment. Staff spoken with were aware of the procedures to follow.

**Area for improvement**

Accord Hospice should continue to maintain the excellent performance in infection control which was demonstrated during this inspection.

- 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 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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<th>Quality Statement 1.1</th>
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<td>Requirements</td>
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## Quality Statement 2.4

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<td>Recommendations</td>
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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:

[Image of a table with grades: excellent, very good, good, adequate, weak, 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.

### Appendix 3 – Inspection process flow chart

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<tr>
<th>Prior to inspection visit</th>
<th>Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland</th>
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<tr>
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<td>Self-assessment submission is reviewed to inform and prepare for on-site inspections</td>
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<td>During inspection visit</td>
<td>Arrive at service</td>
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<td></td>
<td>Inspections of areas</td>
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<td></td>
<td>Discussions with senior staff and/or operational staff and patients</td>
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<td></td>
<td>Feedback with service</td>
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<td></td>
<td>Further inspection of service areas of significant concern identified</td>
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<tr>
<td>After inspection visit(s)</td>
<td>Draft report produced and sent to service</td>
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<tr>
<td></td>
<td>Report published</td>
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<td></td>
<td>Follow-up activity to ensure improvement actions are completed</td>
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Appendix 4 – Details of inspection

The inspection to Accord Hospice was conducted on Thursday 8 March 2012.

The inspection team consisted of the following members:

**Anna Brown**  
Lead Inspector

**Beryl Hogg**  
Locum Inspector

**Margeurite Robertson**  
Public Partner
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.

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.