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

The hospice has a maximum of eight inpatient beds with single en-suite rooms and a day service for a maximum of 10 people, three days a week.

The team of staff includes:

• nurses and auxiliaries
• palliative care consultants, specialty doctor, with additional on-call support from a GP clinical assistant
• physiotherapist
• occupational therapist
• social worker
• patient and family support team
• complementary therapy team, and
• access to members of the clergy.

The day hospice service is run by an experienced palliative care nurse where up to 10 people can attend. This service provides people with holistic care and support with their illness. Complementary therapies are also offered.

The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness.

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

The hospice states that the aim of the service is ‘to achieve the best quality of life possible for patients and their families.’
About our inspection visit

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

We carried out an unannounced inspection to St. Vincent’s Hospice on Monday 24 and Tuesday 25 February 2014.

The inspection team was made up of two inspectors: Sarah Gill and Kevin Freeman-Ferguson.

We assessed the service against five Quality Themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards for Hospice Care.

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

- **Quality Theme 0 – Quality of information:** 5 - Very good
- **Quality Theme 1 – Quality of care and support:** 5 - Very good
- **Quality Theme 2 – Quality of environment:** 5 - Very good
- **Quality Theme 3 – Quality of staffing:** 5 - Very good
- **Quality Theme 4 – Quality of management and leadership:** 5 - Very Good

The grading history for St. Vincent’s Hospice can be found in Appendix 2 and more information on grading can be found on page 24.

Grades for this service may 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.

Before the inspection, we reviewed information held about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 13 March 2012.

We also considered the Regulatory Support Assessment (RSA). We use this assessment to decide the level of intensity and frequency of inspections. This service was assessed as a low intensity inspection.

During the inspection visit, we gathered information from a variety of sources. This included:

- information leaflets about the services provided
- viewing the website
- sampling four patient care records
- viewing evidence files with various policies, procedures, minutes of meetings
- accident and incident records
- maintenance checks
- audits
- sampling three staff files
• checking systems for registration verification, and
• training records.

We spoke with a number of people during the inspection, including:
• three patients and one relative in the inpatient ward
• three patients in the day hospice service
• Director of Care
• Chief Executive
• specialist palliative care consultant
• inpatient unit manager
• staff nurse
• two nurse auxiliaries
• clinical effectiveness facilitator, and
• practice education facilitator.

We walked around the premises and inspected the following areas:
• inpatient ward, toilets and bathrooms
• lounges
• ward kitchen
• day hospice service – lounge area, and
• consulting rooms.

What the service does well
• The service provides a very high standard of care, treatment and support to the patients and relatives visiting the service.
• The service was well known and linked with other local resources within the NHS as well as other charitable providers.
• There was a dedicated and caring team of staff who were focused on providing care and comfort to all patients and relatives.
• St. Vincent’s Hospice continues to offer a high quality service which was appreciated and commended by patients and relatives.

What the service could do better
This inspection resulted in one requirement and four recommendations (see Appendix 1). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

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

We would like to thank all staff at St. Vincent’s Hospice for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 13 March 2012

Requirement

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

Action taken

We checked four patient care records and all entries were signed, dated and the time was recorded. This requirement is met.

Requirement

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

Action taken

We checked maintenance and health and safety records and found them to be satisfactory. This requirement is met.

What the service has done to meet the recommendations we made at our last inspection 13 March 2012

Recommendation

We recommend that St. Vincent’s Hospice should review the training programme for domestic and maintenance staff to include all topics as detailed in the training record.

Action taken

We checked training plans and these were found to be satisfactory.

Recommendation

We recommend that St. Vincent’s should keep records to demonstrate that all water outlets are flushed daily.

Action taken

We were satisfied with the actions taken.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

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

The patient and family survey, carried out in December 2013, asked questions about the sufficiency of the information provided. All of the respondents had confirmed that they had received sufficient information about the services provided.

A review of the inpatient unit leaflet had taken place in 2013 and this involved a small group of patients. The group provided comments on a draft of the new leaflet and as a direct result changes were made to the content in the sections about transport and mealtimes. This demonstrates that the opinions of patients are valued and action is taken as a result.

Area for improvement

The current style of the patient and family survey is limited to questions with yes and no answers. This allows patients and families to feed back on the service, but does not give any scope to rate the quality of the information. Patients could be asked to:

- grade the quality of information when completing the questionnaire, and
- provide specific feedback on the content and style of information within the website and leaflets.

This would give the hospice more detailed feedback and allow them to incorporate the views of a wider range of patients in the routine reviews of information.

■ No requirements.

■ No recommendations.
Quality Statement 0.2

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

Grade awarded for this statement: 6 - Excellent

St. Vincent's Hospice provided a range of leaflets covering the services they provide and other related subjects. For example:

- inpatient unit information booklet
- ways to get involved
- hospice newsletter, and
- a copy of the 2012 - 2013 annual report.

The leaflets were well written and provided clear information for patients and their relatives. The leaflets describing the services on offer were also available on the website. This made them accessible to the public and professionals who may be considering the appropriateness of the service for referral.

The leaflets can be made available in other languages or in audio format on request.

Staff told us that information leaflets relevant to a patient’s illness or circumstances were also provided following their initial assessment. We saw that patient care records included entries recording which leaflets had been provided.

We spoke with six patients who were using the hospice services and all of them said that they had been given excellent information about the service.

Information was well displayed at reception using a flat screen, with events information and a leaflet rack with a selection of leaflets for people to take away.

A prospective patient was visiting the service on the first day of our inspection. This opportunity allows people to see if they like the service and can help them to decide if the service is appropriate for them.

We saw helpful and clear information displayed on the notice board and in the patients’ rooms. This information detailed how to make a comment or complaint and how to access records if they wished.

Area for improvement

The information on the website could be made more accessible by introducing compatibility with a read aloud facility and other accessibility devices. Also, changing the background and font colours could improve accessibility. These could help people with disabilities to use the website.

- No requirements.
- No recommendations.
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.

Grade awarded for this statement: 5 - Very good
We found that there was clear evidence that the views of patients and relatives were being sought on a regular basis by using a variety of methods:

- questionnaires
- suggestion box, and
- comments book.

The hospice had an open philosophy which focused on involving patients and relatives in all decision-making. Staff and patients confirmed this and told us there was full involvement in deciding about changes to medical treatments and care plans.

The questionnaires in use asked about the chance to discuss plans of care and the choice of meals and snacks. Only one comment had been made about the lack of availability of fresh fruit and action had been taken following this. The way the staff responded to this comment shows there is a proactive approach to acting on the views expressed by patients.

Area for improvement
The hospice had recognised in its self-assessment that the development of a participation policy should take place. Work on this was at an early stage and should be progressed to increase the variety of participation methods used in the service. For example, informal feedback gained by staff could be recorded more formally. The use of computer surveys to provide feedback could also be considered (see recommendation a).

The results of feedback could also be displayed more publically using notice boards or the website to show any actions taken.

- No requirements.

Recommendation a

- St. Vincent's Hospice should develop a participation policy to formalise methods of gaining feedback on the quality of information, care, staff and service developments.
Quality Statement 1.5

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

Grade awarded for this statement: 5 - Very good

We examined four patient care records, one from the day hospice service and three from the inpatient ward. The patient care records contained an integrated record used by all of the hospice departments. This included the clinical nurse specialists, day hospice service and the inpatient ward. Staff told us this was helpful as they could refer back to the different assessments carried out. There were detailed assessments carried out by medical staff at the point of admission to the ward. All of the entries in the patient care records were signed, with the date and time recorded.

Care plans were kept in a folder in patients’ rooms. These were pre-printed and set out how specific care needs would be met in relation to personal hygiene, skin care and help with using the toilet. Additional care plans were added as the patient’s needs changed.

A new audit of patient care records had just been introduced. This was helping to monitor the quality of record-keeping.

We asked six patients if they felt involved and fully consulted about the care and treatment options. All of them strongly agreed that this was the case.

A comprehensive falls risk assessment was reviewed at least weekly. This covered a wide range of indicators which could contribute to falls. The number of falls was being monitored and input had been provided from specialists in the falls team to try to reduce falls numbers further.

We spoke with six patients during our inspection visit and received many positive comments about the quality of care and support. Comments from patients in the inpatient ward include:

- ‘Everything's first class!' ‘It’s wonderful, the caring, they do so much, nothing’s a bother, it’s the kindness.’
- ‘Great care – can’t fault it, eating better here, they pamper you – top marks.’
- ‘It’s marvellous – they couldn’t do any more. You get good dinners and family can come when they like to visit. They’ve helped with my breathing and they explain things well. I’m more relaxed here. The highest points from me.’

Comments from patients in the day hospice service include:

- ‘It's brilliant – best thing that happened, they feed you and it’s a day out. We go on trips, they ask you what you want to do. We do exercises, it’s helping to keep me fit and I get rieki. Can’t rate them high enough.’
- ‘I like the chat, the physio and the exercises help me, they can’t do enough. One of the best things is the trips out. It’s excellent care.’
- ‘It’s been very good a great experience, they try to cater for me and adapt things, they do well. I enjoy the trips out, it’s great for me and helps my wife too.'
Area for improvement
The patient care records examined could be improved by recording information more clearly. For example:

- when and in what circumstances family or friends should be contacted
- legal status – power of attorney or guardianship
- end of life wishes, including preferred place of care and preferred place of death, and
- consider separating significant conversations from the main progress notes (see recommendation b).

The hospice has decided to stop using the use of the Liverpool Care Pathway (LCP). This documentation can be used as a checklist to ensure that important aspects of care are not missed in the last days or hours of life. No new documentation had been introduced to replace the LCP and the patient care record was being used to try to record these details. There was no indication that care was not being carried out to a very high standard. However, the lack of policy and guidance has the potential for confusion of staff. Best practice would be to have clear end of life care plans as set out in the Scottish Government interim guidance on care in the last days and hours of life (see recommendation c).

Staff were aware of the need to record agreements to care plans and a change in the care record was planned to reflect this more clearly.

The care plans produced were pre-printed and therefore generic in style. A move towards a more person-centred style of care planning that details care preferences would be good practice.

St. Vincent’s Hospice is planning to introduce electronic patient care records. This was in the early stages and training was planned for staff to facilitate the introduction.

Recommendation b
- St. Vincent’s Hospice should ensure that clearer records are developed on when to contact relatives or friends, end of life wishes (including preferred place of death) and that records audits check these points.

Recommendation c
- St. Vincent’s Hospice should ensure that there is clarity for staff in the documentation and practices around the time of death. This should include a review of policy and procedure, with training if needed for staff.
Quality Theme 2 – Quality of environment

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

Grade awarded for this statement: 5 - Very good
The views of patients about the quality of the environment were captured as part of the patient and visitor survey, carried out in December 2013. The survey asked if patients felt safe and secure while they were using the service. All of the respondents to the survey agreed that they did feel safe and secure.

A number of areas in the hospice will be or have been refurbished. We saw good evidence to support that the views of patients and families had been sought in the redecoration of the reception. The living room associated with the ward was planned for refurbishment soon. We saw a poster on the door of this room asking for suggestion on what facilities should be provided in the room and how it should be decorated. Similar processes were used to seek views on the plans for refurbishing the quiet room and the therapy room. It is planned that patients and their families, as well as the wider community, will be consulted on the development of a community garden in the grounds of the hospice.

Area for improvement
As with consultation on information, the patient and family survey could be designed to allow patients and their families to:

- comment on the quality of the environment, and
- provide specific feedback on aspects of the environment they feel are particularly good and any areas they feel could be improved.

This would give the hospice more detailed feedback and allow them to incorporate the views of a wider range of patients in the routine refurbishment and reviews of the environment in and around the hospice.

■ 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: 5 - Very good
The service provides very good accommodation and facilities. It was clear that this was meeting the needs of patients and their families.

The hospice has eight en-suite bedrooms, four of which have a stay-over area for families to use. The stay-over areas can be separated from the patient’s bedroom and have separate access. All of the patient bedrooms have a television, air conditioning and a nurse call system. All of the en-suite facilities have a level floor shower with a toilet and hand wash basin. Consideration has been given to the furnishings in the patient bedrooms. Domestic
style furniture has been used and clinical fixtures and fittings have only been used where necessary.

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

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception. This helped the security of the building.

The hospice has considered the needs of wheelchair users and provided electric opening doors and good access to the front of the building and to the terrace area at the rear.

We asked patients what they thought of the environment and facilities and some comments were made as follows:

- ‘There’s pretty good accessibility of the building, it seems OK.’
- ‘I’ve got a great bed – very comfy, the buzzers always to hand, I’ve used the shower and it was very good but I usually have a bath at home. The wee sitting rooms nice and we had a wee party in it last week.’
- ‘My son’s been staying over and he says the drop down bed’s comfy, it’s been a great facility to have.’

**Areas for improvement**

The service has recognised that an increasing number of people using the service also have a diagnosis of dementia alongside their life-limiting condition. When the current inpatient ward was built, the design did not take into consideration the needs of people with dementia. The service is now working with experts in the field of dementia to make the inpatient ward more dementia friendly. The service should continue with this work to make the unit more accessible.

The bath was out of use and the bathroom was not designed for ease of access. This meant that there was a lack of choice for patients. The manager told us there was a plan to improve this (see recommendation d).

**Recommendation d**

- St. Vincent’s Hospice should improve the bathing facilities to ensure that these can be used by patients.

**Quality Theme 3 – Quality of staffing**

**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: 5 - Very good**

The information provided in Quality Statement 1.1 is also relevant here.

We found that the opinions of the people who use the service and their relatives were being sought on a regular basis.
Area for improvement

More specific feedback could be asked for in relation to the quality of staffing.

- 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

Staff told us about the induction process and the very supportive work environment. All of the staff consulted during the inspection were very enthusiastic about their work and seemed to be a highly motivated group.

There were some staff who had worked for the service for many years and the staff turnover was low. This helped to have a consistent and experienced staff group.

We checked five staff files and found that the expected recruitment checks had been carried out. There was evidence of:

- application forms
- references being checked
- membership of the protection of vulnerable groups (PVG) scheme or appropriate Disclosure Scotland checks
- registration with professional bodies, for example, Nursing and Midwifery Council (NMC) being verified using the online checking system, and
- copies of certificates of qualifications.

An annual training plan was in place for all grades of staff. This included two mandatory training days each year. There was also a yearly medication management update. This training was carried out on a shared basis with the three hospices within the area. Multidisciplinary reflective practice sessions are held very fortnight. These allow the staff an opportunity to reflect on practice and share learning with colleagues and also cascade learning from external training events to colleagues.

Some staff recently had training in relation to the care of people with dementia and there were plans to develop this training further.

Staff confirmed that there was a regular appraisal and one to one meeting to discuss their progress in meeting training and development goals. This was happening every 3–6 months. Arrangements for supervision and appraisal of the medical staff were in place with NHS Greater Glasgow and Clyde.

We were told that training was completed either online or face to face. There was a staff training matrix. This documentation meant that there was an overview of who had attended what topics of training. This helped to track if refresher or update sessions were needed. We asked staff if they were aware of what to do if they saw poor practice and all stated that they would report this. This showed an awareness of the need to protect vulnerable adults.
There was a notice in bedrooms of who the named nurse was. Nurses introduced themselves on each shift. The inpatient ward is very small and so patients were able to see staff easily.

We heard very positive comments from patients that we spoke with during the inspection. Some comments as follows:

- ‘Can’t get any better staff.’
- ‘Excellent staff.’
- ‘Lovely staff – can’t fault them.’
- ‘The staff are fine – they go out of their way to help. I didn’t think it was going to be as nice as this.’
- ‘They’re wee angels.’

Area for improvement
Consideration could be given to the need for more structured staff support. Clinical supervision meetings were available, but were not generally taken up by staff. The dependency of patients and occupancy of the hospice had risen in recent months and this was recognised as being stressful for staff.

■ No requirements.
■ No recommendations.

Quality Theme 4 – Quality of management and leadership

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: 5 - Very good
The information provided in Quality Statement 1.1 is also relevant here.

We found that the opinions of the people who use the service and their relatives were being sought on a regular basis. In particular, there has been extensive consultation with all stakeholders about the new strategy that is being developed for the hospice.

■ No requirements.
■ No recommendations.
Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 – Very good

We found that the service’s performance was very good in relation to the quality assurance systems we saw. There was regular review and critical analysis made of the areas monitored.

The hospice has a clinical governance committee that meets every 3 months. Clinical governance is the term used to describe the systems in place to ensure the service is accountable for the:

- safety
- quality, and
- effectiveness of clinical care delivered to people who use the service.

This system allows the hospice to have lines of reporting in place to monitor and improve the services to patients and relatives.

There were four groups involving clinical staff and directors of the hospice. These were for:

- clinical effectiveness
- medicine management
- risk management, and
- education and training.

We were told that both clinical incident and drug incident review groups meet monthly. These groups allow staff to discuss the incidents and then feed any learning from the incidents in to the relevant governance sub-group.

The hospice has joined with two other services in the area to hold a joint drugs and therapeutics group. This allows for joint working and consistency of practice across the four services involved.

A member of staff is responsible for audit within the hospice. We saw an overarching plan for audit which gave an overview of the types and frequency of specific subject areas being audited and tracked progress. We saw very good evidence that audits are:

- covering a wide range of subjects
- followed up with action plans, and
- followed up with repeat audits to demonstrate improvements.
In particular, we looked at:

- the infection prevention and control audit
- the patient and family support questionnaire
- the end of life care records audit, and
- the falls audit.

We discussed these in detail to understand the progress that was being made and how these were leading to improvement.

**Areas for Improvement**

The policy for adult protection covered recruitment but did not detail the response to be made to allegations of harm. This needs to be developed so that staff are clear about what to report, how to report it and who to refer it to. This must be set out clearly in a policy procedure and with training for staff (see requirement 1).

**Requirement 1 – Timescale: by 25 May 2014**

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

During the inspection, we noted that there were some policies that required review. The service has recognised this and the need for an ongoing system to ensure that policies are reviewed within the required timescale.
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 1.1

<table>
<thead>
<tr>
<th>Requirement</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that St. Vincent’s Hospice should:</td>
</tr>
<tr>
<td>a</td>
<td>develop a participation policy to formalise methods of gaining feedback on the quality of information, care, staff and service developments.</td>
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National Care Standards for Hospice Care – Standard 21 – Expressing your views

### Quality Statement 1.5

<table>
<thead>
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<tr>
<td>Recommendations</td>
<td>We recommend that St. Vincent’s Hospice should:</td>
</tr>
<tr>
<td>b</td>
<td>ensure that clearer records are developed on when to contact relatives or friends, end of life wishes (including preferred place of death) and that records audits check these points.</td>
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</tbody>
</table>

National Care Standards for Hospice Care – Standards 22.1 and 22.2 - Around the time of death

| c | ensure that there is clarity for staff in the documentation and practices around the time of death. This should include a review of policy and procedure, with training if needed for staff. |

National Care Standards for Hospice Care – Standard 22 - Around the time of death.
## Quality Statement 2.2

**Requirement**

None

**Recommendation**

We recommend that St. Vincent’s Hospice should:

| d | improve the bathing facilities to ensure that these can be used by patients. |

National Care Standards for Hospice Care – Standard 4.6 - Premises

## Quality Statement 4.4

**Requirement**

The provider must:

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<th>The provider must:</th>
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Timescale – **by 25 May 2014**

Regulation 3(a) - The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard 3 – Guidelines and legislation

**Recommendation**

None
Appendix 2 – Grading history for St. Vincent’s Hospice

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of leadership and management</th>
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<td>13/03/2012</td>
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<td>Not assessed</td>
<td>Good</td>
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Please see Appendix 4 for a full explanation of the quality theme grades.
Appendix 3 – 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 4 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](http://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: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

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 Appendix 4.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/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 the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

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

Before inspection
The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.
We review the self-assessment submission to help inform and prepare for on-site inspections.

During inspection
We arrive at the service and undertake physical inspection.
We have discussions with senior staff and/or operational staff, people who use the service and their carers.
We give feedback to the service’s senior staff.
We undertake further inspection of services if significant concern is identified.

After inspection
We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org
We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 6 – Terms we use in this report

**provider**  A provider is an individual, partnership or business that delivers a regulated healthcare service.

**service**  A service is the place where health care is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.
We can also provide this information:

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