Announced Inspection Report: Independent Healthcare

St. Margaret of Scotland Hospice | St. Margaret of Scotland Hospice, Company Limited | Clydebank
14 November 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.
Contents

1  Background  4

2  Summary of inspection  6

3  Key findings  8

Appendix 1 – Requirements and recommendations  15
Appendix 2 – Inspection process  18
Appendix 3 – Inspection process flow chart  20
Appendix 4 – Details of inspection  21
Appendix 5 – The National Care Standards  22
1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. You can, however, complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

St. Margaret of Scotland Hospice, Clydebank is set in a quiet residential area close to local amenities. The grounds and building are accessible for people who have mobility problems. The garden area is well maintained, pleasant and has seating areas.
There is car parking at the front and rear of the premises.

The hospice provides care for adults with life-limiting conditions that require assessment and management of complex symptoms and specialist care. This is provided by a specialist multi-professional team.

The hospice provides 30 specialist palliative care places on St. Joseph ward and 28 continuing care of older people beds in the Mary Aikenhead Centre. There is an outpatient clinic and the Edwina Bradley Day Hospice which cares for up to 10 people Monday to Friday.

The hospice has a number of single and shared bedrooms. There are quiet lounge areas, a prayer room, spa, snoozelen, therapy rooms, and accommodation available for families. Staff and people who use the service have access to a hydrotherapy pool, sauna and steam room. There is also a garden room restaurant for people who use the service, families and staff.

The hospice has a mission statement and core values of the Sisters of Charity. There is a philosophy of care and aims of care which include ‘to improve the quality of life and allow rehabilitation within the limits imposed by the patient’s illness’.

We carried out an announced inspection to St. Margaret of Scotland Hospice on Wednesday 14 November 2012.

We assessed the service against five Quality Themes related to the National Care Standards and inspected the following areas:

- bedrooms in St. Joseph ward
- the restaurant
- swimming pool
- therapy rooms
- Edwina Bradley Day Hospice
- communal lounges
- education centre
- chapel, and
- staff facilities.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting St. Margaret of Scotland Hospice can be found in Appendix 4.
Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 6 - Excellent
Quality Theme 1 – Quality of care and support: 6 - Excellent
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 people who used St. Margaret of Scotland Hospice were very complimentary about the service provided. People who used the service were encouraged to raise any issues so that staff could make improvements. People who used the service and their families were involved in identifying care needs and how they would like their care to be given. Staff were motivated and spoke with pride and passion about working in the hospice. The hospice was very pleasant, comfortable and well maintained both inside and out.

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at St. Margaret of Scotland Hospice for their assistance during the inspection.
3 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
Information relevant to this statement can be found in Quality Theme 1, Statement 1.1 of this report.

■ 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
The hospice has excellent systems in place to provide information to people to decide whether the service can meet their individual needs.

There is a website which is easy to search and shows pictures of the exterior and interior of the hospice. Contact information about the service is easy to find on the website. Information on events and open days are highlighted and encourages the public to be involved. Staff told us that members of the local community attend these events and that these are useful ways of raising awareness of the work of the hospice.

There are numerous information leaflets throughout the hospice which are easy to read and give key information to tell people what to expect. These can also be downloaded from the website. The leaflet for the St. Joseph ward tells people about:

• who manages the service
• what they should bring on admission
• the services offered visiting times, and
• how to raise concerns if they are unhappy with the service.

Information for referral to the community palliative care team sets out how people can access the specialist care, what they can expect and details how to make comments or raise complaints.

People are encouraged to give their views on the quality of the website and information leaflets through focus groups or satisfaction questionnaires. The service’s self-assessment informed us that changes can be made quickly to leaflets and the website as in-house facilities are available.
The hospice delivers training events and study days for community nursing staff and this raises their awareness of the facilities of the hospice. They, in turn, can guide people who may benefit from the service to relevant information and help them to decide whether the service would be suitable for them.

- 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

There were many ways in which people who use the service and their carers could participate in assessing and improving the quality of the care and support provided by the hospice. The views and experiences of people who used the service were central to all of the audits carried out, the meetings held and training of staff.

One audit highlighted that some people were unaware of the quiet room. This was addressed and check sheets were included in each person’s file to show that they had been orientated to the hospice. Results from audits are fed back to all staff. Any improvements needed are included in training and development sessions. The website encourages people to give their views on the hospice and to be involved. Further information about the website can be seen in Quality Theme 0, Statement 0.2 of this report.

Complaint information is easy to access, whether through the website or in the service. Leaflets encourage people to give their comments and let them know that they can put things right if the service knows about any issues.

Complaint information tells people how they can raise issues with the service and if they wish they could go directly to Healthcare Improvement Scotland, the regulatory body.

We received a few responses in our questionnaires from people who stated that they were unaware of the hospice policy or the regulatory body policy for complaints. However, the hospice complaints policy is clearly displayed at the main reception.

We spoke with people using the service at inspection and they told us that they could raise any issue they wished. Comments included:

- “You would never need to complain.”
- “Everything is done perfectly.”

Senior management team meet face to face with people who use the service and their families and representatives. This gives people the chance to raise issues, concerns or worries as they arise. Staff handover meetings take place at the beginning of each shift, attended by a member of the senior management team. Any
issues that have been brought to light can be discussed and staff can implement actions for improvement.

Satisfaction questionnaires received by us showed that people felt included and involved. Comments included:

- “Feel like I am one of the team, supportive of family members as well.”
- “I can honestly say that all of the answers in these questions are true.”

- 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 emotion, social and spiritual needs at all times.

Grade awarded for this statement: 6 - Excellent

The service’s self-assessment told us how people were involved in their care planning.

We looked at two examples of care records. The files were well set out, with a contents page for ease of reading.

Referral information was used to begin the process of assessment. Assessment takes into account the needs and wishes of the person using the service. A family tree and/or a social contact diagram are completed to show the key people in the person's life.

Comprehensive physical, social and emotional assessments are carried out. These include assessments of pain, skin care problems or nutritional needs. Care plans are in place where a need is identified. These are compiled taking into account the wishes of the person using the service. The care given is evaluated at each staff handover meeting and at each contact with the person. When changes are made this is clear and easy to follow. All entries are signed and dated by the staff.

Discussion and involvement with family members is recorded. Family members are involved significantly in the care of their relative. If the person using the service is able, they sign to agree to this. We spoke with a family who told us that they are kept up to date and involved in the care of their relative.

We spoke with people who use the service and they told us that they could decide how they wished to spend their day. One person using the service told us that they were given choices regarding their care and treatment in the hospice. They became unwell at the Edwina Bradley Day Hospice and were then admitted to St. Joseph ward after staff gave explanations of the choices available to them. This was positive for the person using the service as the hospice had assessments and care plans for the individual. This allowed care to be delivered, as an inpatient, with an understanding of the needs and wishes of the person using the service.
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
Information relevant to this statement can be found in Quality Theme 1, Statement 1.1 of this report.

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 looked at St. Joseph ward, the Edwina Bradley Day Hospice, restaurant, communal lounges and other facilities in the hospice. We walked around the garden area. All of the areas looked clean, fresh, spacious and well maintained. Furnishings and fabrics were inviting and gave an overall impression of quality.

The hospice is suitably designed with access for people who are affected by mobility problems. The garden area is pleasant and it is easy to have quiet space when sitting outdoors.

There are a variety of quiet rooms that are used by families and patients. These are comfortable and furnished to a high standard.

There is a chapel of rest which was beautifully set out where families can be together and spend time with their relative.

The Edwina Bradley Day Hospice is light and spacious and is a pleasant area for people to sit and talk. Quiet rooms are available for people to attend therapy.

The hospice has a swimming pool area with sauna and spa. Staff gave examples of how they had supported people to enjoy the facilities.

We visited some people in shared rooms in the ward. The wards are spacious, comfortable and well maintained. Call bells are in reach and people who use the service told us how they contact staff.
There is a range of equipment throughout the hospice. Equipment is used to keep people who use the service safe and to minimise risks. For example, hoist facilities are in place. Comprehensive checks and audits are carried out of the premises and equipment. For example, weekly checks of all lights are carried out and signed as completed. There is a 3-monthly audit of electric beds and suction machines. Each piece of equipment has an identity number and the date of checking is in place with the staff signature stating when completed.

The hospice told us that it frequently asks people if there are any improvements that could be made to the environment. Additionally, suggestion boxes are in place for people to give views. Examples of the responses include:

- “Couldn’t get better in a hotel, my large family are able to visit in comfort.”
- “The whole place is beautiful inside and out.”

Comments we received during the inspection echoed these views. People said to us:

- "It is just like a hotel."
- “It is really lovely. I can do what I want.”

■ No requirements.

■ No recommendations.

**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**

Information relevant to this statement can be found in Quality Theme 1, Statement 1.1 of this report.

■ 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 we spoke with were very committed to the work of the hospice. Everyone was proud of their association with the hospice. Volunteers are valued and have access to training events and induction to the hospice.
Pre-employment checks and ongoing checks are made for staff working in the service. This includes making sure that staff are continuously registered with their own regulatory body. All staff, including volunteers, have disclosure checks in place regardless of their length of service.

The staff induction programme shares the values and mission statement of the hospice. We saw very positive interaction between staff members, people who use the service and their families. There is a strong sense of teamwork and we were given a good example from a person who used the Edwina Bradley Day Hospice being transferred to the ward. Information was shared between staff, and the views and wishes of the person using the service taken into account.

Multi disciplinary team meetings help staff members take a holistic view of care and share experience and knowledge. We spoke with one student working on placement in the hospice. They described a positive learning experience and told us that care was very person-centred. This had raised their awareness of the need for all disciplines to be part of care.

There was a range of policies in place which are all in date and include the date for the next review. These include adult support and protection, staff uniform policy and infection control.

There is a well used library and education department where staff can access best practice information. Our findings in Quality Theme 1, Statement 1.5 of this report about accurate and up-to-date care records showed that assessments are carried out using validated assessment tools and best practice in care is implemented.

Education is part of the strategic plan for 2011-2013. There are different types of training sessions which include clinical tutorials and palliative care modules and palliative care sessions. Links have been made with the NHS Greater Glasgow and Clyde practice development team to access training in specific topics for staff, for example taking blood and giving medicines.

Staff appraisals are competency based and these help to identify individual staff training needs.

We were informed that short tutorial sessions are held to link with community nursing staff. These ‘lunch and learn’ sessions have been developed in consultation with district nurses with the aim of fostering good relationships and sharing understanding and learning. This is beneficial for people who use the Edwina Bradley Day Hospice as their care will be shared with the nurses in the community. The self-assessment told us that this model has also been introduced by other professional groups working in or with the hospice.

People expressed their views of staff in our satisfaction questionnaires. Comments included:

- “I have never felt so cared for in my life. I feel special and loved very much, staff are just superb.”
- “Couldn’t ask for better, we can’t speak highly enough of the care and compassion shown.”
- “Staff are totally dedicated to their patients. Physical and emotional well being has been met in an exceptional way.”
Positive views were also given to us on the day of inspection. People using the service said to us:

- “See when I was asked to come here I did not want to, but as soon as I walked in the door, I loved it.”
- “Staff always speak and everything is done right.”

■ No requirements.
■ No recommendations.

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
Information relevant to this statement can be found in Quality Theme 1, Statement 1.1 of this report.

■ 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
We have stated in other quality themes and statements of this report that people who use the service are at the heart of all the hospice’s work. We saw examples of how the findings of audits had been used to make improvements.

The clinical governance group meetings include a variety of staff disciplines. This helps all staff groups to understand how they contribute to the overall experience of people who use the hospice.

Accident and incident records were kept and notifications were made to us as requested.

A complaints log was kept despite there being no complaints raised to the service.

■ 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 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.

<table>
<thead>
<tr>
<th>Quality Statement 0.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
### Quality Statement 1.5

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
</tr>
</tbody>
</table>

### Quality Statement 2.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
</tr>
</tbody>
</table>

### Quality Statement 2.2

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
</tr>
</tbody>
</table>

### Quality Statement 3.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
</tr>
</tbody>
</table>

### Quality Statement 3.3

| Requirements    | None |
### Quality Statement 4.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

### Quality Statement 4.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td>None</td>
</tr>
</tbody>
</table>
Appendix 2 – Inspection process

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

First, each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

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

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

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

We do not give one overall grade for an inspection.
**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 3 – Inspection process flow chart
Appendix 4 – Details of inspection

The inspection to St. Margaret of Scotland Hospice, Clydebank was conducted on Wednesday 14 November 2012.

The inspection team consisted of the following members:

Janet Smith
Lead Inspector

Gareth Marr
Regional Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge
Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk
We can also provide this information:

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

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

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.