Unannounced Inspection Report: Independent Healthcare

Bethesda Hospice | Bethesda Nursing Home & Hospice | Stornoway
2–3 June 2014
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A summary of our inspection

About the service we inspected

Bethesda Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. Bethesda is a charitable organisation which provides specialist palliative care to people over the age of 18 years.

Bethesda Hospice is situated in a residential area near the centre of Stornoway, the main town of the Western Isles. The hospice is located within a wing of a larger building which provides longer term care to older people.

The organisation has recently changed from being a charitable trust to a Scottish Charitable Incorporated Organisation (SCIO). This means that there is a change of legal entity. We have asked them to submit a new registration application form.

People can use the hospice in the following ways.

- They can attend the day therapy/treatment room for specific appointments. This service is available depending on availability and needs of the patient.
- They can 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.

Bethesda Hospice states that their aim is to provide physical, psychological, social and spiritual care in a calm, peaceful and welcoming environment.

The hospice has a maximum of four inpatient beds; all are single rooms.

About our inspection

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.

Grades 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.

We carried out an unannounced inspection to Bethesda Hospice on Monday 2 and Tuesday 3 June 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. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.
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:** 4 - 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 Bethesda Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 17 July 2012.

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

- information leaflets about the services provided
- viewing the website
- four patient care records
- evidence files with various policies, procedures, minutes of meetings
- accident and incident records
- audits
- three staff files
- records verifying the professional registrations for staff, and
- training records.

We spoke with a number of people during the inspection, including:

- one patient in the inpatient unit
- one relative
- senior sister
- staff nurse
- healthcare assistant
- locum hospice doctor, and
- the hospice manager.
We inspected the following areas:

- the bedrooms
- the bathroom and shower room
- the lounge
- the medication storage area, and
- the sluice.

**What the service does well**

We noted areas where the service was performing well.

- The service provides a very high standard of care, treatment and support to the patients and relatives visiting the service.
- The service is well known and links with other local resources within the NHS as well as other charitable providers.
- There is a dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
- Bethesda Hospice continues to offer a high quality service which patients and relatives appreciated and commended.

**What the service could do better**

We did find that improvement is needed in the following areas.

- Record-keeping and content of care plans.
- Risk assessment for the use of bedrails.

This inspection resulted in three requirements and 12 recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Bethesda Nursing Home & Hospice, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Bethesda Hospice for their assistance during the inspection.
2 Progress since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 17 July 2012

Requirement

The provider must ensure that care plans are fully developed and used following assessment for tissue viability and nutrition for all people who use the service.

Action taken

There were still areas of patient need which were not fully recorded and care plans developed to set out how these needs were to be met. This requirement is reported under Quality Statement 1.5 in this report. This requirement is not met and is reworded and repeated in this report.

Requirement

The provider must ensure that staff are not employed unless a proper check has been carried out in accordance with the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

This requirement is reported under Quality Statement 3.2 in this report. This requirement has been met.

What the service has done to meet the recommendations we made at our last inspection 17 July 2012

Recommendation

We recommend that Bethesda Hospice should introduce an audit of recruitment files and care records to identify gaps and make improvements where needed.

Action taken

We found that although some audits had been introduced, these were not always effective. This recommendation is reported under Quality Statement 4.4. This recommendation is not met. We have made a further recommendation on this subject.
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.
A survey was the main method used to gather feedback about the quality of information provided by the service. The following question was included in the survey:

- ‘Are you satisfied with the amount and quality of information you received whilst in Bethesda?’

Of the 12 patients who took part in a recent survey in the service, 100% agreed with the question above.

Area for improvement
The other method of gathering feedback was staff using informal conversations with patients and relatives. However, this was often not recorded and so evidence of this was not kept.

The feedback gathered was very general and could benefit from being broken down to be more specific about the type of information. For example, specific leaflets, website or verbal information provided.

We could not see that views of patients and relatives resulted in changes to the information provided by the service. Asking more specific questions about the quality of the information provided and making changes in response to these views would ensure maximum involvement of patients and relatives.

- 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: 5 - Very good.
A range of leaflets were available providing information on the hospice services. These included:

- Bethesda Hospice information booklet
- information for visitors
- bereavement information leaflet, and
- therapy relaxation room.
The information was well written and available throughout the hospice and local community. The information booklet was available in Gaelic as well as English, which made the information more accessible to the local population.

It was possible for patients and relatives to visit the hospice at any time to help them to make up their mind if they wanted to use the service.

The information booklet included the:

- aims of the service
- criteria for admission
- contact details
- arrangements for visiting, and
- complaints details.

Helpful questions and answers to help patients and relatives know what to bring and expect once at the service were also included in the booklet.

The website gave an introduction about the service and some basic information. A DVD and a copy of a recent documentary about the hospice service were also available in the hospice.

**Area for improvement**

The website had only limited information about the service. Including leaflets and relevant policies for the public and professionals to view would improve this.

Although there was satisfaction with the level of information provided, no record of what information had been supplied to a patient was kept. The service could consider using a tracking sheet to make sure:

- patients always receive essential information, and
- desirable information is added, as needed.

This will help staff to see what information has been provided. Information about how to access records and policies such as resuscitation, recording your wishes and end-of-life care should be included (see recommendation a).

- No requirements

**Recommendation a**

- We recommend that the service should keep a record of information supplied to patients and relatives, and offer the chance to view policies on resuscitation decisions, statements about future treatment and end-of-life care.
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 some evidence of patients and relatives giving feedback on the quality of care and support provided.

A leaflet was available that set out the participation strategy for Bethesda Care Home and Hospice. This set out the ethos of the service in encouraging patients and relatives to get involved with decision-making within the organisation if at all possible.

Twelve patients and relatives completed a survey between March and May 2014. This survey was the main method used to gather feedback about the quality of care and support provided by the service. Appropriate questions about the quality of care and support included the following.

- Is patient choice considered?
- Is privacy and dignity maintained?
- Is there attention to detail?

Questions about the quality of meals were also included covering diet, choice and menu.

A suggestion box was available at the main entrance along with copies of the questionnaire.

The Bethesda newsletter was also displayed and helped keep patients and families informed of events going on at the hospice and care home.

Complaints information was available and this explained how a complaint could be made both within the service or using the Healthcare Improvement Scotland contact details.

Staff recognised the legal status of patients. We saw appropriate Adults with Incapacity Act documentation, related to the Adults with Incapacity Act, used for one patient who lost the capacity to express their views and make decisions. This meant that their interests could be protected as far as possible.

Area for improvement
The service’s participation strategy was more geared towards the care home residents than the patients of the hospice. The minutes of the patients and carers group showed fundraising and activities were discussed. Ways of gaining feedback and involving patients and representatives for more specific aspects of the hospice service could be explored. The methods of gathering feedback were limited to the questionnaire and this could be widened. For example, the service could consider recording informal feedback more formally and using representatives to consult in more detail on each of the five quality themes (see recommendation b).

We could not see evidence of actions taken in response to views expressed by patients and relatives across any of the five quality themes. Asking more specific questions and making changes in response to these views would ensure maximum involvement of patients and relatives. More explicit feedback on the results of surveys could be displayed using a 'you
said/we did’ type of format. This could be included in newsletters or on the website to show the public the actions taken, or that no actions were necessary due to complete satisfaction.

- No requirements.

**Recommendation b**

- We recommend that the service should consider ways of widening the methods of gaining feedback and involving patients and their representatives.

**Quality Statement 1.5**

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

**Grade awarded for this statement: 4 - Good**

We examined four patient care records. Medical staff carried out an in-depth assessment on admission. This included admission history, symptoms, social history and physical examination. From this, a medical plan was developed.

A separate nursing assessment was carried out and this resulted in a list of care plans to support the patient’s care needs. These set out the basic needs and actions to be taken by staff.

Nurses signed, dated and put the time of each entry in the progress notes. The progress notes were detailed and summarised the care for the patient on each shift.

Risk assessments were used for falls, nutrition and pressure sores. These tools indicated whether these issues were high, medium or low risk.

A patient and a relative gave us very positive comments about the care and support provided:

- ‘I’ve been fully involved in the discussions about my care. The way they treat you, it’s the kindness and how they consider the frailty of an older person.’
- ‘I can’t get over the care we were afforded, I couldn’t tell from the outside it’s only when you experience it on the inside that you can really understand.’

**Areas for improvement**

Although the care outcomes for patients were of a very high standard, we found areas of record-keeping and some areas of practice that must be improved.

In the section of the patient care record that medical staff completed, there were missing signatures and times against entries. This is an essential part of record-keeping and must be carried out (see requirement 1).

In all patient care records we looked at, some areas of patient need identified on medical or nursing assessments did not then link to a care plan. This meant there was no document to
agree the actions and preferences around these areas. For instance, assessments had identified patient need around:

- bowels
- loss of appetite
- depression, and
- pressure relief.

However, no care plans were developed for these specific needs. This must be set out clearly to ensure preferences, agreement and consistency of care (see requirement 2). This is a repeat requirement as similar issues were found in the last inspection in July 2012. The service must take action to improve record-keeping.

We noted two instances of bedrails being used without a bedrail risk assessment being carried out. In one of these instances, a patient fell twice after getting out of a bed with bedrails up. This should have resulted in a reassessment and possible removal of the rails with provision of a suitable alternative. Bedrails can be hazardous and must be assessed as safe before use (see requirement 3).

The separate nursing and medical assessments could be linked better to define an overall plan of care and support that can be clearly discussed and agreed with the patient. A patient/family meeting record was available, but often not used. This meeting record could be used to discuss and agree plans of care and the length of stay in the hospice (see recommendation c).

The falls risk assessment was not always used effectively. We saw that sometimes it was reassessed and sometimes not. A more effective use of the falls risk assessment and consideration of other falls prevention measures should be introduced. The manager told us that a link with a physiotherapist was being established and a falls link nurse would be looking at this subject in more depth (see recommendation d).

Do not attempt cardiopulmonary resuscitation (DNACPR) documentation relates to the emergency treatment given when a patient’s heart stops or they stop breathing. Sometimes medical staff will make a decision that they will not attempt to resuscitate a patient. This is because they are as sure as they can be that resuscitation will not benefit the patient.

We viewed four patient care records and of these two had DNACPR documentation missing. In one of these cases this was because the patient had been transferred to another hospital and the document had not been returned when the patient was readmitted. This is an important document to ensure that only interventions that benefit the patient are carried out. We also noted two DNACPR documents had no review timeframe stated and a senior clinician had not signed one. This meant it was unclear how long the decision was in place for, or if other people involved in the patient’s care would be told about the decision, on their discharge. The system for ensuring that DNACPR documents are checked on each admission, and regularly after admission, should be reviewed (see recommendation e).

The referral form contained useful headings to detail if the patient had a preferred place of care, preferred place of death, an advance directive (statement about their future wishes) and DNACPR status. However, these details were often not completed. The patient care records had a summary sheet for these important details, but this had no date and was not always kept up to date. This was important, as out-of-hours medical staff would use it to check the current status of a patient. If these details were known, no overall end-of-life care plan stated them. A section was available for ‘future wishes’. However, this was not generally
used. Although this is discussed informally, more explicit recording of preferences for end-of-life care should be carried out and be available if a patient transfers to other services. It should also be recorded if the patient does not wish to discuss their end-of-life wishes (see recommendation f).

An end-of-life checklist known as the Liverpool Care Pathway had recently been withdrawn. The service had just started to work with NHS Western Isles to pilot a new document called the ‘integrated care plan’ for the last days of life. We saw one completed pilot document. This gave a good record of:

- important decisions
- who had made the decisions, and
- communication with the family.

In another standard patient care record used at the end of life, it was not possible to evidence these important discussions and decisions in the same way. This means that there is a documentation gap which should be addressed. The service was aware of this and planned to continue with the pilot. Progress with this pilot will be checked at the next inspection.

**Requirement 1 – Timescale: by 1 August 2014**

- The provider must ensure that all entries made in patient care records contain the full date, time and name of the healthcare professional for each consultation or examination of the patient.

**Requirement 2 – Timescale: by 1 December 2014**

- The provider must ensure that patient’s health, safety and welfare needs, as assessed at the initial assessment and thereafter, are set out in a patient care record detailing how these are to be met. This is a repeat requirement.

**Requirement 3 – Timescale: by 1 October 2014**

- The provider must ensure that patients using bedrails only do so after a risk assessment has been completed.
  
  (a) This must take account of the type of bed in use, the risks to the patient of entrapment and of restraint.
  
  (b) Training and guidance must be made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so.
  
  (c) Alternatives must be considered and made available in keeping with restraint best practice guidance.

**Recommendation c**

- We recommend that the service should ensure that records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient.
Recommendation d

- We recommend that the service should review the use of the falls risk assessment to ensure that it is reassessed regularly and after any fall occurs and that suitable falls prevention measures are always considered.

Recommendation e

- We recommend that the service should review the system for checking DNACPR status on each admission, and regularly thereafter to ensure that the document is present and completed correctly.

Recommendation f

- We recommend that service should review patient care records so they include details on:
  
  (a) any advance statement  
  (b) end-of-life wishes, and  
  (c) preferred place of death and preferred place of care.

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 ‘questionnaire on quality for residents, patients, family and friends’ asks several questions about the quality of the hospice environment. It asks about the:

- maintenance of the building  
- maintenance of the furnishings and equipment  
- temperature control, and  
- tidiness of gardens.

The questionnaire asks the person completing it to rate each of the above, on a four-point scale, from ‘poor’ to ‘very good’. A space for free text, to allow the person completing it to make more detailed comments if they wish, is also included.

Feedback received about the hospice’s environment was very positive. Even so, the hospice tried to gather more questionnaires to identify where any improvements to the environment could be made.

Area for improvement

The areas reported under Quality Statement 1.1 are also relevant to this statement.

- No requirements.
- No recommendations.
Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 6 - Excellent

Bethesda Hospice is a purpose built four-bedded unit attached to a care home run by the same organisation. The hospice is at ground level with easy access into the building, including wheelchair access. There is car parking available near the entrance to the building. The reception area is welcoming and pleasant. A small kitchen is available for patients, if they are able, and their families to use.

The bedrooms are single rooms with en-suite toilet facilities. These give the patients and their visitors a high degree of privacy. Each room has individual controls for heating, lighting and ventilation; they also have a TV and Wi-Fi internet access. There is a good balance of furnishings that address the clinical needs of the hospice, while retaining a homely feel.

The hospice gardens are well tended and provide a pleasant view for patients. All four of the hospice bedrooms look out to the gardens and have access to a veranda.

As well as the four bedrooms, there is a ‘relaxation room’ with a reclining chair and an electric massage chair. This is available to support day-care patients for a variety of treatments and therapies, as required.

Hospice staff make the environment comfortable for patients, visitors and family, allowing people to stay in overnight accommodation if they wish. Toys are available, and children who visit are encouraged to play and use the hospice gardens when appropriate.

The standard of cleaning in the areas inspected was very good. The service has a team of housekeeping staff who work every day. A documented system is in place to support the management of cleaning. This is made up of:

- the areas to be cleaned during each shift
- instructions on what to clean in each area, and
- a regular audit to identify if there are any areas where cleaning standards have not been met.

There is a person at the hospice responsible for the gardens and maintaining equipment. Any general repairs required are noted in a maintenance log book. As these are dealt with, they are signed off as complete. A note is made in the maintenance log if an issue cannot be fixed on-site or repaired immediately. This lets colleagues know the progress of the repair. A range of regular checks are made to monitor health and safety arrangements. A number of maintenance agreements are also in place to cover specialist equipment, including:

- oxygen concentrators
- pressure relieving mattresses
- hoists and other lifting equipment
- the patient call system, and
- syringe drivers.
Talking about the environment, a patient told us, ‘You couldn’t get better, I’ve a comfortable bed and I get a good sleep.’

**Area for improvement**

We saw that the main corridor of the hospice wing is quite dark and shadows are cast in some areas. This makes it more difficult for patients to move around the hospice independently, especially if they have a diagnosis of dementia or visual impairment. The hospice should improve the lighting in the main corridor (see recommendation g).

The sluice room does not have a hand wash basin, so staff have to leave the sluice room to wash their hands after emptying bed pans and bottles. This is a significant infection control risk as the nearest hand washing facility is in the treatment room. The hospice should install a clinical hand wash basin in the sluice room that is compliant with current guidance from Health Facilities Scotland (SHTM 64). In addition, the existing clinical hand wash basins in the hospice are of a design that does not meet the current guidance. The hospice should develop a risk-based plan for the replacement of the clinical hand wash basins which takes into account the use of and location of the basin, its design and the plans for the overall development and refurbishment of the hospice (see recommendation h).

- No requirements.

**Recommendation g**

- We recommend that the service should improve lighting so the main corridor is brighter and free from shadows.

**Recommendation h**

- We recommend that the service should:
  1. provide a clinical hand washing sink in the sluice room
  2. identify all clinical hand wash basins and assess them based on current guidance, and
  3. clinical hand wash basins that are not compliant with current standards in line with a risk-based plan that takes into account the use of the basin, its design and the overall refurbishment plans for the hospice.

**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 ‘questionnaire on quality for residents, patients, family and friends’ asks for feedback about the quality of the staff’s:

- caring attitude
- professionalism, and
- explanation of procedures.

Feedback in the questionnaires about the quality of staff was positive.
Area for improvement
The areas reported under Quality Statement 1.1 are also relevant to this statement.

- No requirements.
- No recommendations.

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good
We looked at three staff files and saw that all of the relevant recruitment checks were present. This included:

- a completed application form
- two references
- protection of vulnerable groups checks, and
- a cross-check with a professional register (if relevant).

There was an induction workbook which was specific to the job role that the staff member was performing. We saw that these were present in the staff files and were completed over 3–4 months after the employee started.

Area for improvement
Pre-placement health clearances help make sure that clinical staff members are fit, physically and psychologically, to work in the independent healthcare sector. Before any staff member starts to work in an independent healthcare service, their vaccinations should be up to date to prevent transmission of communicable diseases.

Although Bethesda Hospice’s application form has a self-declaration of health, we could not see whether any other questions had been asked about staff members’ health, pre-placement health clearance and vaccination status. We discussed this with the manager. It was agreed that some discussion would take place to establish a suitable checklist for staff’s vaccination status to be used before staff began working at the service. Advice should be sought from an occupational health department and reference can be made to the NHS guidance on health clearance for healthcare workers (see recommendation i).

Recommendation i
- We recommend that the service should establish a pre-employment health clearance system to ensure the health and fitness of staff.
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: 5 - Very good
Staff we spoke with had good awareness of key policies and procedures. A library of resources was available to staff and they were encouraged to use it. The levels of qualification of staff had risen over recent years. The lead nurse completed a masters degree in palliative care, and other nurses had a variety of degrees or diplomas in palliative care. The service can now have one nurse each shift with an additional qualification, which is good practice.

There was also a high level of qualification among the healthcare assistants, with most having a Scottish Vocational Qualification in care.

A training plan was available for the year, which covered a wide range of topics. Recently, staff were provided with a full day of moving and handling training and other essential updates were planned on a rolling basis.

Staff could also access the online training modules LearnPro. Doctors and nurses were regularly using this.

A yearly appraisal system was in place and a new supervision system was just being introduced. This was not yet fully operational and so this will be checked at the next inspection.

Staff spoke highly of the close working relationships and good team work. Doctors and senior nurses supported junior staff with training needs. Informal learning sessions were provided if a patient was admitted with an unfamiliar condition.

Additional specialist support for staff was provided weekly from a specialist palliative care consultant based in Aberdeen, using teleconference. This link was often used to support learning and student nurses on placement to Bethesda Hospice attended sometimes.

A patient told us, ‘the staff introduce themselves at the start of each shift and I always know who’s looking after me. Sometimes I have to wait a short time if they’re helping someone else, but this is to be expected and depends what else they are doing.’

A relative told us, ‘the staff they make it so easy, it’s a place where the staff have been chosen to do this kind of work. It was everyone from the top to the domestic, they made us welcome. If I needed a quiet moment there was a place to go. They just made it much easier.’

Area for improvement
The staff team comprised of locum doctors and permanent nurses with referral to local NHS community resources for physiotherapy, occupational therapy and the local social work department. This meant that there was not a full multi-professional team available with dedicated sessional input. We did see that physiotherapy and the local chaplains had carried out some visits. However, access to allied health professionals would be clearer if sessional time was agreed. Aspects of the approach to specialist palliative care would be enhanced if a more multidisciplinary approach was available. This can help to:
• deal more effectively with patient and family needs
• help to achieve a patient’s preferred place of death, and
• contribute to the audit and development of the service (see recommendation j).

Although the training plan was very comprehensive, it was not easy to see who had attended what training. A training matrix could help management to view this more easily.

■ No requirements.

Recommendation j

■ We recommend that the service should agree sessional input from occupational therapy, pharmacist, physiotherapist and social worker in order to have access to a core multi-professional team.

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 service is using the ‘quality questionnaire for patients, carers, family and friends’ to gather feedback on the quality of management. The questionnaire asks for the following to be rated on a four point scale:

• the approachability of management
• how quickly enquiries are dealt with
• the openness of the service to suggestions, and
• whether telephone calls are answered promptly and politely.

This provides the service with information on how it can drive improvement, although the most recent feedback is overwhelmingly positive.

During the inspection, we spoke with a patient who told us they felt the service was open to comments and suggestions. They felt suggestions they had made were taken seriously and were comfortable that they could raise any issues they may have.

The service also has a patients and carers group, whose members are residents of the care home wing who are well enough to take part. This group gives members the chance to help plan activities in the hospice and care home, and fundraising events.

Area for improvement

The patients and carers group does not give hospice patients, or appropriate representatives, the chance to take part in, or comment on, developments to improve the quality of the service. The group also does not have input to the strategic direction of the hospice. The hospice is trialling a new integrated care pathway, developed with NHS Western Isles, for the last days and hours of life. This is an ideal opportunity to seek views of patients and their families or carers about new developments that will improve the quality of
the care provided by the hospice. This could lead to refinements to the document which improve the way it meets the needs of patients.

The hospice could extend the remit of the patient experience group so it can comment and provide feedback about management and quality-led developments, or look at other ways to enhance patient and carer involvement in this area.

The areas reported under Quality Statement 1.1 are also relevant to this statement.

- 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**

The provider is responsible for operating the hospice and a care home from the same premises. An integrated management and governance structure covers both the hospice and the care home. This allows the hospice to benefit from more formal arrangements than would be practical if it was a stand-alone hospice of a similar size.

The provider is registered with the Office of the Scottish Charity Regulator as a SCIO. The board of SCIO trustees has accountability for the operation of the hospice and there are a number of sub-groups:

- senior staff meeting
- health and safety group
- infection control group, and
- the patient experience group.

The health and safety, infection control, and patients and carers groups all report to the board of SCIO trustees through the senior staff meeting. These arrangements are new because the governance structure needed to be revised following the change to a SCIO. We will follow up the effectiveness of these arrangements at the next inspection.

We looked at the minutes and agenda for each of the groups and found that all departments were represented, that issues are raised, discussed and most of the time resolved.

We saw that the provider has an established programme of audits that includes the hospice. This covers topics such as:

- the patient care record,
- hand hygiene
- apron and glove changing practice
- blood transfusion, and
- medication records.
Each audit had been written up and included the findings along with conclusions and recommendations for improvement.

The provider had a comprehensive risk register in place. This covers both health and safety, and business risks. The review of the register and risk assessments takes place yearly. We saw evidence of the annual review during the inspection, as this takes place in June each year.

The provider keeps a record of all the accidents that have occurred in the hospice. The records are comprehensive and show that some investigation takes place after the incident. Findings from investigations are recorded in the accident log. The provider also uses a log for significant incidents as well as the accident reporting process. This allows circumstances to be noted when there is learning that can be shared across both the care home and the hospice. These usually relate to accidents, but not always. Near misses and significant positive events area also included.

**Area for improvement**

There was evidence that significant effort was put into the audit programme. However, it would be possible to get extra benefit from them. Currently, the audits are not very detailed and often not linked to a recognised standard. The hospice should review the audits it carries out and, where possible, link them to a published standard or indicator. For example, the audits could be linked to the following:

- Clinical Standards for Food, Fluid and Nutritional Care in Hospitals (NHS QIS 2003).
- Indicators for Palliative and End-Of-Life Care (Healthcare Improvement Scotland 2013).

Linking audits to standards and indicators will give a firm basis for developing an improvement action plan to address the findings of the audit. The actions plans should clearly state when actions should be completed and who is responsible for each action (see recommendation k).

While there was a good culture of reporting incidents and accidents, the response to them was not always robust. For example, the accident records showed that the same patient was involved in two almost identical accidents. These were treated as two separate incidents and there was no evidence of action taken following the first to reduce the risk of it happening again. The service should:

- make sure all accidents are investigated robustly
- make sure steps are taken after each accident to reduce the risk of it happening again, and
- if appropriate, use this to inform a review of the care plan for the patient involved (see recommendation l).

It is noted that the governance structures are new. However, reports from the sub-groups did not appear as standing items on the senior management team meeting. These could be added to make sure there is full oversight of the service.

- No requirements.
Recommendation k

- We recommend the service should review the current audits and make them more detailed and linked where possible to relevant published standards and indicators. Following an audit, a clear improvement action plan should be developed that shows when improvements will be made by and the person responsible for leading the work.

Recommendation l

- We recommend the service should thoroughly investigate all accidents and near misses and ensure that steps are taken to reduce the risk of a recurrence and where a patient is involved this should inform the review of the care plans.
Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 0.2

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

We recommend that the service should:

<table>
<thead>
<tr>
<th>a</th>
<th>Ensure information supplied to patients and relatives includes how they can access their records if they wish, and offers the chance to view policies on resuscitation decisions, statements about future treatment and end-of-life care (see page 9).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care – (Standard 1.4 – Informing and deciding & Standard 3.6 – Guidelines and legislation)

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

We recommend that the service should:

<table>
<thead>
<tr>
<th>b</th>
<th>We recommend that the service should consider ways of widening the methods of gaining feedback and involving patients and their representatives (see page 11).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care (Standard 21 – Advocacy, comments, concerns and complaints)
### Quality Statement 1.5

<table>
<thead>
<tr>
<th>Requirements</th>
<th>The provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ensure that all entries made in patient care records contain the full date, time and name of the healthcare professional for each consultation or examination of the patient (see page 13).</td>
</tr>
<tr>
<td></td>
<td>Timescale – by 1 August 2014</td>
</tr>
<tr>
<td></td>
<td><strong>SSI 2011 No. 182 - Regulation 4(2)(a)</strong>&lt;br&gt;<strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 2.7 – Assessing your needs)</td>
</tr>
<tr>
<td>2</td>
<td>that patient’s health, safety and welfare needs, as assessed at the initial assessment and thereafter, are set out in a patient care record detailing how these are to be met. This is a repeat requirement (see page 13).</td>
</tr>
<tr>
<td></td>
<td>Timescale – by 1 December 2014</td>
</tr>
<tr>
<td></td>
<td><strong>SSI 2011 No. 182 - Regulation 4(1)</strong>&lt;br&gt;<strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 2.7 – Assessing your needs)</td>
</tr>
<tr>
<td>3</td>
<td>ensure that patients using bedrails only do so after a risk assessment has been completed.</td>
</tr>
<tr>
<td></td>
<td>(a) This must take account of the type of bed in use, the risks to the patient of entrapment and of restraint.</td>
</tr>
<tr>
<td></td>
<td>(b) Training and guidance must be made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so.</td>
</tr>
<tr>
<td></td>
<td>(c) Alternatives must be considered and made available in keeping with restraint best practice guidance (see page 13).</td>
</tr>
<tr>
<td></td>
<td>Timescale – by 1 October 2014</td>
</tr>
<tr>
<td></td>
<td><strong>SSI 2011 No. 182 - Regulation 3(a)(b)(c)</strong>&lt;br&gt;<strong>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</strong></td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 2.7 – Assessing your needs)</td>
</tr>
</tbody>
</table>

### Recommendations

**We recommend that the service should:**

<p>|   | ensure that records show that proposed care, length of stay and plans of care have been fully discussed and agreed with the patient (see page 13). |
|   | National Care Standards – Hospice Care (Standard 2.2 – Assessing your needs) |</p>
<table>
<thead>
<tr>
<th><strong>d</strong></th>
<th>review the use of the falls risk assessment to ensure that it is reassessed regularly and after any fall occurs and that suitable falls prevention measures are always considered (see page 14).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>review the system for checking DNACPR status on each admission, and regularly thereafter to ensure that the document is present and completed correctly (see page 14).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.6 – Quality of care and treatment)</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland – Do not attempt cardiopulmonary resuscitation (DNACPR) Indicator July 2013</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>review patient care records so they include details on:</td>
</tr>
<tr>
<td></td>
<td>(a) any advance statement</td>
</tr>
<tr>
<td></td>
<td>(b) end-of-life wishes, and</td>
</tr>
<tr>
<td></td>
<td>(c) preferred place of death and preferred place of care (see page 14).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 22 – Around the time of death)</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland – Palliative and end of life indicators March 2013</td>
</tr>
</tbody>
</table>

**Quality Statement 2.2**

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

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>We recommend that the service should:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>g</strong></th>
<th>improves lighting so the main corridor is brighter and free from shadows (see page 16).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standards 4.2 and 4.5 – Premises)</td>
</tr>
</tbody>
</table>

| **h** | (a) provide clinical hand washing sink in the sluice room  
|       | (b) identify all clinical hand wash basins and assess them based on current guidance, and  
<table>
<thead>
<tr>
<th></th>
<th>(c) clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account the use of the basin, its design and the overall refurbishment plans for the hospice (see page 16).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.1 – Premises and Standard 7.3 – Infection control)</td>
</tr>
</tbody>
</table>
**Quality Statement 3.2**

**Requirements**

None

**Recommendation**

We recommend that the service should:

i  establish a pre-employment health clearance system to ensure the health and fitness of staff (see page 17).

National Care Standards – Hospice Care (Standard 6.6 – Staff)

---

**Quality Statement 3.3**

**Requirements**

None

**Recommendation**

We recommend that the service should:

j  agree sessional input from occupational therapy, pharmacist, physiotherapist and social worker in order to have access to a core multi-professional team (see page 19).

National Care Standards – Hospice Care (Standard 6.1 – Staff)

Clinical Standards Board for Scotland – Clinical Standards for Palliative Care 2002
<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td><strong>k</strong> review the current audits and make them more detailed and linked where possible to relevant published standards. Following an audit a clear improvement action plan should be developed that shows when improvements will be made by and the person responsible for leading the work (see page 22).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)</td>
</tr>
<tr>
<td><strong>l</strong> thoroughly investigate all accidents and near misses and ensure that steps are taken to reduce the risk of a recurrence and where a patient is involved this should inform the review of the care plans (see page 22).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 5.5 – Quality of care and treatment)</td>
</tr>
</tbody>
</table>
## Appendix 2 – Grading history

<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>
</tr>
</thead>
<tbody>
<tr>
<td>17/07/2012</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>6 - Excellent</td>
<td>4 - Good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>2-3/06/2014</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
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 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

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

Our contact details are:

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

Telephone: 0131 623 4300
Email: 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 5.

**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:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

- excellent
- very good
- good
- adequate
- weak
- 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: [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 5 – Inspection process

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](http://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

**Terms and explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
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
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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.