Unannounced Inspection Report: Independent Healthcare

ACCORD Hospice | ACCORD Hospice | Paisley
26–27 October 2015
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1 A summary of our inspection

About the service we inspected

ACCORD Hospice is registered with Healthcare Improvement Scotland as a voluntary hospice. ACCORD Hospice is a charitable organisation which provides specialist palliative care to people within Renfrewshire and East Renfrewshire 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 can be admitted to the hospice inpatient unit.

All 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 nine inpatient beds, with four single and two shared rooms, and a day care service for a maximum of 15 people, 4 days a week.

The team of staff includes:

- nurses and auxiliaries
- palliative care consultants
- a specialty doctor
- clinical assistant doctors
- on-call GP team
- physiotherapists
- occupational therapists
- a social worker
- patient and family support team
- a lymphoedema specialist nurse
- complementary therapy team, and
- access to members of the clergy team.

The day care service is managed by a team leader. The service provides a holistic approach to care, focusing on independence, rehabilitation, enablement and empowerment. There is also access to a complementary therapist and hairdresser.

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

The team of trained volunteer staff provides assistance with various duties throughout the organisation, including fundraising and working within the shops and the hospice.

A resource centre is situated in the grounds of the Royal Alexandra Hospital in Paisley. This provides information about palliative care and the services the hospice offers to members of the public and professionals.

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

**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 ACCORD Hospice on Monday 26 and Tuesday 27 October 2015.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against all 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:** 6 - Excellent  
**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 ACCORD 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  
- the previous inspection report of 10–11 February 2014, and  
- the service’s website.

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

- information leaflets  
- staff files  
- volunteer files  
- electronic patient care record system (Crosscare)  
- electronic patient care records on the system
• paper patient care records, and
• maintenance records.

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

• patients (three in the day care service and three in the inpatient unit)
• the chief executive officer
• the clinical services manager
• the clinical education facilitator
• the education officer
• the clinical administration lead
• the charge nurse
• staff nurses
• healthcare assistants
• the physiotherapist
• the pharmacist
• the specialty doctor
• the facilities manager
• housekeeping staff
• the senior cook
• the day therapy unit leader, and
• the infection control co-ordinator.

We visited the following areas:

• inpatient unit, toilets and bathrooms
• lounges and dining room
• ward kitchen
• day care service - lounge area, craft/activity area
• consulting rooms
• laundry
• cleaning cupboards, and
• the equipment store and decontamination room.

What the service did well

• The service had excellent systems for managing patient information. Information was well organised and secure and staff were clearly knowledgeable about their responsibilities on maintaining patient confidentiality.
• The service had a highly motivated and well trained workforce. There was a thorough and proactive approach to training, particularly for developing palliative care skills. Regular sessions for reflecting on practice were greatly valued by staff.
What the service could do better

- The service should ensure medicines reconciliation is carried out as soon as possible after the patient is admitted and that this is clearly recorded on the electronic patient care record system.
- The service should update its policies and procedures for infection prevention and control.
- Clinical hand wash sinks that are not compliant with current national guidance should be risk assessed for use and upgraded as part of any refurbishment plan.

This inspection resulted in six recommendations (see Appendix 1 for a full list).

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

What the service had done to meet the five recommendations we made at our last inspection on 10–11 February 2014

Recommendation

We recommend that the service should complete and implement a formal participation strategy. The strategy should include a range of methods of obtaining feedback from patients.

Action taken

We saw evidence that the service had continued to develop its participation strategy. A policy had been developed and an action plan produced which included a wide range of methods of obtaining feedback from patients, carers and other stakeholders. This is reported further under Quality Statement 1.1. This recommendation is met.

Recommendation

We recommend that the service should ensure that clear records are kept on end of life wishes and preferred place of death and that this is taken account of as far as possible.

Action taken

The service had implemented an electronic patient care record system. This clearly recorded end of life wishes and preferred place of death. At the time of the inspection, we saw this information detailed in several patient care records. We also saw that such wishes and preferences were taken account of where possible. This recommendation is met.

Recommendation

We recommend that the service should ensure that a regular audit is carried out of the patient care record to check that entries include the time of the consultation, next of kin details are correct and include if they wish to be contacted during the night.

Action taken

Following the last inspection in February 2014, the service had carried out two audits focusing on aspects of patient care records. One audit took place in May 2014 looking at patient care records relating to patients’ last days of life and other aspects of record-keeping. Another audit on paper clinical record-keeping took place in August 2014. As the service then moved to electronic record-keeping, no further audits of paper records were appropriate. Of the patient care records inspected, we saw that all entries included consultation times, next of kin details and if they wanted to be contacted during the night. Once the electronic patient care record system is further embedded, an audit of the use of the system will be carried out. This recommendation is met.
Recommendation

*We recommend that the service 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.*

Action taken

The service had implemented an electronic patient care record system. This system incorporates clear documentation and steps for staff to follow to guide practice around the time of death. This begins with recording multidisciplinary discussion to details of ongoing care to verification of death. Training was ongoing with staff on the use of electronic patient care record system and specific training on the procedures to follow around the time of death. This is reported further under Quality Statement 3.3. **This recommendation is met.**

Recommendation

*We recommend that the service should ensure that a suitable hand wash sink is provided in the sluice of the ward area.*

Action taken

The service had now installed a suitable hand wash sink in the sluice area. **This recommendation is met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent
The service had introduced an electronic system for its patient care records. The service was gradually transferring all patient care paperwork over to this new system for more efficient recording and sharing of information between staff caring for the patient.

During the inspection, we saw that the electronic system had a specific section on consent to care and treatment. The system recorded:

- that the management plan had been discussed with patient
- that the patient had agreed to the management plan
- if patient did not agree, what was refused
- consent to speak with other care professionals about the patient’s care, and
- consent to speak with the patient’s family about their care.

There was also a free text area for staff to record any other relevant information about the care of the patient.

Patients told us they felt fully involved in discussions about their care and treatment and the options available to them.

Of the electronic patient care records we looked at, each one had recorded patient consent to care and treatment.

- No requirements.
- No recommendations.

Quality Statement 0.4
We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 6 - Excellent
The service’s information technology, data protection and confidentiality policy clearly explained what each section meant and the staff responsibilities relating to each topic.

The chief executive officer was the service’s Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.
We saw the service’s certificate of registration with the Information Commissioner’s Office dated to August 2016. The Data Protection Act 1998 requires services that process personal information to register with the Information Commissioner’s Office.

Protecting patient information was covered in mandatory information governance training. We saw the detail of a specific session called ‘Think Privacy’. This explained why privacy was important and included an exercise where staff considered the data they held on patients. At the time of the inspection, we were told that staff will also be undertaking an online module on information governance. Additional information for staff on data protection and confidentiality was incorporated into the staff handbook. It was also incorporated in the ‘statement of main terms of employment’ document held in staff files which staff signed to say they had read and accepted.

When we spoke with staff, they knew about the policy and were clearly knowledgeable about their responsibilities on maintaining patient confidentiality.

The service had an access to, storage and destruction of medical records policy which was clearly being followed. Accord Hospice also used NHS Greater Glasgow and Clyde’s personal health records management policy to guide its practice.

The system for electronic patient care records provided a high level of security. Every member of staff had their own password to access the system and their access to patient information was determined by their role. The service had arranged comprehensive training for staff and was in the process of delivering this training at the time of the inspection.

Once immediate access was not required for a patient’s record, the system archived patient records securely.

We saw that paper files on patients were kept in a locked trolley on the ward. Any daily handover documents were shredded each day. Arrangements for archiving paper files were robust and highly organised. The service had a large, locked room specifically for this purpose.

The service had a contract with a local storage company for archiving older files that still needed to be kept. When files were due for destruction, they were brought back to the service and another company shredded the information on site.

We saw the processes for gaining patient consent to the sharing of information. Consent to sharing information with family members and with other healthcare professionals was built into the electronic patient care record system. Consent to sharing information with complementary therapists and for the use of photos and videos to be used, for example for teaching or research purposes, was kept in paper documentation.

■ 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 saw evidence that the service had continued to develop its participation strategy. A policy had been developed and an action plan produced which included a wide range of methods of obtaining feedback from patients, carers and other stakeholders. We saw that staff were using guidance from external sources of expertise, for example the Scottish Health Council's Participation Toolkit.

A detailed patient experience survey had been carried out in November 2014. This information was collected in a digital format using a tablet device. Patients could either complete the survey themselves or be helped by staff not involved in the patient’s care. A written hard copy was also available, but the electronic version proved popular. Areas covered in the survey included information, environment, and care and support. Results were fed back to the audit and clinical effectiveness group. Actions had been carried out as a result of patients’ comments. This included new, clearer staff name badges and a hot drinks machine in the inpatient lounge. Further work was being carried out to make sure all patients’ feedback was acted on. Staff planned to carry out this survey again next year. They were also in the process of rolling out a patient experience questionnaire about the physiotherapists and occupational therapists.

The service carried out a review of its community nurse specialist service earlier this year. This included a patient experience survey and surveys for other stakeholders, including GP and district nurses. This information will allow the service to develop an action plan to improve service delivery.

Leaflets were available that asked for comments and suggestions about the service. These were kept in patient and visitor areas with a collection box for responses.

We saw several very good examples of participation during the inspection.

- The service had developed a new participation leaflet for patients, carers and the wider community to encourage participation. This was also highlighted in its 6-monthly patient newsletter.
- Patient focus groups had contributed to the development of a new draft information leaflet.
- Patients and carers had been involved in choosing the new colour scheme for the bedding, curtains and furniture.
- All of the hospice forums involved members of the public and carers.
- The new electronic patient care records had an area to fill in to make sure patients had been involved in planning their care. All patient care records we looked at had been filled in. All patients we spoke with said they had been fully involved in planning their care.
Areas for improvement
The service had just recently undergone a rebranding process. This involved updating its website. This had held back the launch of the new participation leaflet as the service wished to have the leaflet in an electronic format on the new website as well as in paper format. The service could consider how to take this forward more quickly if the process for updating the website takes longer than anticipated.

Posters to display results and actions taken as a result of responses received from questionnaires were under development at the time of the inspection, but had not been completed. The service could consider how to take this forward in a timely manner in relation to when the questionnaires were received. This would ensure the posters remained relevant and up to date.

- No requirements.
- No recommendations.

Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good
A governance structure was in place for medicines. The hospice had a service level agreement with NHS Greater Glasgow and Clyde and worked jointly with two other hospices in the Clyde area. We saw minutes of 3-monthly joint drugs and therapeutics meetings, local drugs and therapeutics meetings, and monthly medication incident meetings. We saw evidence that outcomes from these meetings were reported to the service’s clinical governance group. The service had a clinical pharmacist and a pharmacy technician, as well as an accountable officer for controlled drugs. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers.

We saw that a review of the existing medicine management policy was under way. We spoke with nursing staff who were able to discuss the processes for ordering, storage, administration and safe disposal of medicines. We also spoke with the clinical pharmacist and a doctor who were able to discuss the processes for medicines reconciliation. The Scottish Government’s national definition of medicines reconciliation describes it as the process that the healthcare team undertakes to ensure the list of medications the patient is taking is exactly the same as the list their GP, community pharmacist and hospital team have. Any discrepancies, changes, deletions or additions are documented resulting in a complete list of medicines.

The clinical pharmacist had an overview of the prescribing practices and checked prescriptions to make sure medicines had been prescribed appropriately.

We looked at five prescription sheets during the inspection. We found that all the prescriptions had:

- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
• the route of administration identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been fully completed.

We saw that nursing staff had annual medicines update days, as well as specific training on intrathecal administration (delivering medication into the spinal cord) and how to operate syringe drivers. Link nurses for these areas were able to provide support to staff if required. Small training sets for specific subjects were provided by the pharmacist, doctors or education facilitator. Staff we spoke with were happy with the amount of training and education provided. For example, they said:

• ‘Any medications incidents are thoroughly investigated and lessons learned fed back to staff.’

Staff were able to show us the process for reporting and managing any medication errors through the medication incidents meeting.

Nursing staff were carrying out some audits, for example checking where sections in medication documentation were being left blank, and the number and nature of any interruptions to staff when they are giving patients their medication. The clinical pharmacist was able to tell us about the thromboprophylaxis and antimicrobial audits undertaken in the past. These audits were complete and were in the process of being written up.

Patients we spoke with had discussions with their consultant and said they were fully informed about the medications they were taking and why.

• ‘Doctors are very good at explaining things.’

The service uses the NHS Greater Glasgow and Clyde patient medication guide on discharge to help patients organise and understand the medicines they need to take. This document is updated if there are any changes to their medication when they are discharged from the service.

**Areas for improvement**

The service had recently moved over to an electronic patient care record system which includes a section to record medicines reconciliation. When we checked the patient care records on the electronic system, we noted that not all of them had medicines reconciliation and some had been filled in 5 days after admission. The process for recording medications reconciliation should be improved (see recommendation a).

While new staff undergo an induction process with an induction package, there were no specific competencies for drug administration. The service should develop drug administration competencies for new staff with a period of observed practice. It is good practice to periodically observe staff practice when administering medication to ensure they are doing so safely (see recommendations b and c).

■ No requirements.

**Recommendation a**

■ We recommend that the service should improve the use of the electronic system for recording medicines reconciliation.
Recommendation b

- We recommend that the service should develop drug administration competencies for new staff with a period of observed practice.

Recommendation c

- We recommend that the service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Quality Theme 2 – Quality of environment

**Quality Statement 2.3**
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

**Grade awarded for this statement: 6 - Excellent**
We saw that the service had comprehensive systems in place to manage its clinical and non-clinical equipment.

We spoke with the facilities manager who showed us service records for non-clinical equipment, including equipment serviced by outside contractors. They showed us the process for reporting and recording issues with equipment and how that was dealt with on a daily basis. All staff we spoke with knew how to report issues with equipment. A timetable was in place to make sure checks were carried out routinely. This included servicing security systems, fire systems and annual water testing. The records we reviewed demonstrated that equipment servicing was up to date.

The clinical services manager showed us the service records for clinical equipment and how the maintenance was managed. Nursing staff showed us how routine safety checks of equipment were carried out. We carried out spot checks on a sample of equipment. This included patient lifting equipment, a blood glucose monitor and a vital observations monitor. We saw that they were serviced and checked. We also noted that nurse call bells were checked during patient admission.

The service had recently invested in eight new profiling beds to improve patient comfort and safety. The service was beginning the process of combining both clinical and non-clinical equipment into one asset register. This would allow asset tagging to take place. This is a system to mark equipment to allow easy identification and tracking for maintenance and repair.

- No requirements.
- No recommendations.
Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The charge nurse was the identified lead for infection control and they chaired the infection control group. This group met every 3 months and oversaw infection prevention and control across the service.

We looked at minutes from the infection control group and noted that discussion included:

- policies and procedures
- audit
- education, and
- risk management.

We saw that action plans were agreed at meetings. We saw evidence that issues raised for action were followed through with progress documented. Reports from the infection control group were discussed at the overarching clinical governance group. Audits, actions and outcomes were progressed through the audit and clinical effectiveness programme.

There were three cleanliness champions whose role was to promote safe practice and promote a safe environment.

Staff carry out mandatory infection prevention and control training through online modules. Staff confirmed that they were aware of policies and procedures for infection prevention and control.

We saw that the hospice was clean. A detailed domestic cleaning schedule was in place and housekeeping staff confirmed their responsibilities for following the schedule and signing off completed tasks. We saw that each area had cleaning schedules. A system was in place to make sure that bedrooms received a thorough clean when a patient occupying the room had an identified infection.

We looked at the kitchen and saw that this was clean. Records for food safety and cleaning regimes were current.

Staff told us about processes in place to separate and wash soiled laundry.

The hospice had adopted NHS Greater Glasgow and Clyde’s policies and procedures for infection prevention and control. Other resources available for staff included Health Protection Scotland’s National Infection Prevention and Control Manual (2015).

Contracts were in place for waste and sharps disposal.

Infection prevention and control audits were used to ensure standards were maintained. These included an environmental audit carried out every year that reviewed all areas of the hospice. We saw a hand hygiene audit had been carried out in September 2015 on the use
of alcohol-based hand rub. This was used to identify areas where placement of alcohol-based hand rub required to be improved.

Alcohol-based hand rubs were available outside all patient rooms and at the entrance to patient areas. Information on best practice for hand hygiene was displayed throughout the building.

Spills management equipment was provided for cleaning up blood and bodily fluids. We noted there was ample provision of personal protective equipment for staff (such as aprons and gloves).

A staff flu vaccine immunisation programme was in place.

**Areas for improvement**

We noted that the service did not have clinical hand wash sinks that were compliant with current guidance (see recommendation d).

We saw that hard copies of the infection prevention and control policies and procedures were updated every January. We noted that some policies had been updated by NHS Greater Glasgow and Clyde this year in response to the new Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (February 2015). The team at ACCORD Hospice told us they had read these standards and felt there was no significant changes to practice required. Therefore, their existing policy will not be updated until January 2016 as scheduled (see recommendation e).

Observation of staff hand hygiene practice was carried out every year as part of the environmental audit. The service could consider increasing the frequency of monitoring of hand hygiene practice.

- No requirements.

**Recommendation d**

- We recommend that the service should review and assess clinical hand wash sinks based on current national guidance. The clinical hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design.

**Recommendation e**

- We recommend that the service should update policies and procedures for infection prevention and control to ensure up-to-date policies are available for staff.
Quality Theme 3 – Quality of staffing

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
The service had a stable workforce with a low staff turnover. The majority of staff we spoke with were long-serving, many with around 20 years of service. The service had recently recruited a human resource officer to support the recruitment process.

The service had a comprehensive safe recruitment policy which included information on:

- pre-selection
- shortlisting candidates
- interview process
- after the interview, and
- induction.

We looked at four staff files and two volunteer files, as well as other personnel information folders and documentation. Each staff file was in an individual pocket folder which incorporated a pre-printed recruitment checklist on the front. We found the organisational recruitment processes had been followed and pre-employment checks had been carried out. There was evidence of:

- application forms
- references being checked
- health checks
- membership of the Protection of Vulnerable Groups (PVG) scheme
- registration with professional bodies, for example Nursing and Midwifery Council (NMC) and General Medical Council (GMC) being verified using the online checking system, and
- copies of certificates of qualifications.

The volunteer files had the appropriate checks and included their record of training. We also noted up-to-date information on the current volunteers and their roles.

We saw the process that the clinical services manager followed when making the annual checks for staff with professional registrations. We noted that the dates for when revalidation was due for nursing staff were now being collated as part of this process.

All staff took part in an induction programme. We saw checklists for specific roles included administration, facilities, health and safety, manual handling, hand hygiene and clinical waste.

We also looked in detail at the specific induction programme on palliative care for new staff nurses that had been implemented within the past 18 months (see Quality Statement 3.3 for more information).
Induction information was held separately in different departments. We were told that discussions were taking place about plans to formalise the ability to have a clear and immediate overview of staff progressing through their induction programme.

**Area for improvement**

We also noted that the safe recruitment policy stated that records of the interview are retained for 9 months. Not all staff files inspected contained the service’s interview and selection process documentation. There was also some information held in the files that should have been kept elsewhere or may no longer need to be kept (see recommendation f).

The contents of each pocket folder did not follow any particular order. Staff files could follow a set order for ease of locating specific items, for example begin with application form then interview and selection process, followed by references.

- No requirements.

**Recommendation f**

- We recommend that the service should review the content of staff files to ensure there is consistent use and retention of documentation to record the interview and selection process and to ensure personal information is not being kept unnecessarily.

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**Quality Statement 3.3**

**We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

**Grade awarded for this statement: 6 - Excellent**

We saw there was a thorough and proactive approach to meeting the training needs of staff, particularly for developing palliative care skills.

The service had recently introduced a framework describing the competencies required for each staff group. This framework covered the following ‘six core dimensions of practice’:

- communication
- personal and professional development
- health and safety
- service improvement
- quality, and
- management and leadership.

Staff had a ‘personal development review and plan’ aligned to the framework and this, coupled with appraisal, helped the clinical effectiveness facilitator to plan and match training to needs. The personal development review and plan listed statutory topics such as:

- equality, diversity and human rights
- fire safety
- health, safety and welfare/risk management
- infection prevention and control, and
• moving and handling theory.

Mandatory topics were applicable to each staff role and topics included:

• basic life support
• blood transfusion
• communication skills
• conflict resolution and managing challenging behaviour
• food hygiene, and
• safeguarding adults and children.

New staff nurses undertake a specific induction on palliative care. This was delivered in six modules over 6 months, with time to reflect on the learning built in between each session. The modules were:

• introduction to palliative care
• care of the person who is dying
• developing my communication skills
• holistic assessment and discharge planning
• symptom management, and
• spiritual care and self care.

The service also had registered nurses who were Nursing and Midwifery Council mentors for the student nurse placements. We saw specific Nursing and Midwifery Council mentor update training on staff’s personal development review and plan. A revalidation awareness session had already taken place and the service was proactively offering support with this.

The service held regular sessions for all staff involved in the care of patients to be able to reflect on their practice. Staff told us they greatly valued these sessions. We saw posters promoting these and saw that a session was taking place during the inspection.

Overall, we found that staff were well qualified, highly motivated and spoke very highly of the training in the hospice and of the opportunities to attend external training and development events. All felt that staffing levels were good. They felt well supported and were able to work flexibly. Comments included:

• ‘It’s a nice atmosphere to work in.’
• ‘We support one another.’
• ‘I really enjoy working here.’

Patients told us they felt there were enough staff on duty to meet their needs. They said of their care:

• ‘I feel cared for.’
• ‘I couldn’t get better care day or night.’
• ‘I am confident in what they say is correct.’
• ‘Couldn’t be better.’
The education officer was carrying out a significant piece of outreach work with two local care homes to promote ‘Namaste Care’. This is a palliative care approach designed to improve the quality of life for people with advanced dementia. This work had been very carefully planned, delivered and evaluated by the service to ensure the sustainability of this approach.

We saw the education and training subcommittee’s annual report to the clinical governance group. This included information on supporting staff to use online modules, communication skills training and the manual handling ‘passport’.

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

**Quality Statement 4.2**

*We involve our workforce in determining the direction and future objectives of the service.*

**Grade awarded for this statement: 6 - Excellent**

The service’s management team ensured good quality communication and engagement with staff in a number of ways. This included:

- staff meetings
- staff away days
- focus groups
- a staff survey, and
- comments and suggestions forms.

New initiatives within the hospice involved consultation with staff. We saw examples of this in relation to a service review of the referral and assessment procedures called ‘matching care to needs’.

The implementation of the electronic patient care record system involved extensive consultation with staff.

Staff we spoke with told us that they were encouraged to fully participate in all aspects of service developments. Staff described management as accessible and approachable. Suggestions for improvement from staff were encouraged and staff told us they felt confident in making suggestions for improvement.

Many staff had worked with the service for some years and reported positively on the training opportunities. Staff told us they felt invested in and there were staff who had been promoted through the service. A recent review of job descriptions had involved staff and the rebranding exercise also included staff input.

Staff were encouraged to be involved in all aspects of clinical governance. This included audits and developing ‘champions’ for various aspects of the service.
Reflective practice sessions were established for staff to provide a forum for reflecting on practice and to provide additional support.

A healthy hospice forum invited staff to take part in health initiatives.

The ACCORD Hospice strategy 2020 makes a clear commitment to involving and valuing staff in service development.

- 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**

Before the inspection, the service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completes this self-assessment each year. It gives a measure of how the service has assessed itself against the quality themes and National Care Standards. We found the ACCORD Hospice self-assessment was comprehensive and contained very good information. We used this to inform the inspection.

The service had very good systems to assure the quality of the service. These included:

- audits
- surveys
- complaints
- accident and incident reporting, and
- risk register.

A clinical governance structure was in place and included the following committees:

- clinical governance
- risk management
- drugs and therapeutics
- education and training
- audit and clinical effectiveness, and
- infection prevention and control.

We saw an audit and clinical effectiveness programme that detailed audit outcomes, action and progress.

The clinical governance group met every 3 months. We saw that all subgroups provided a report for discussion at this meeting. We also looked at minutes from the audit and clinical effectiveness subcommittee.
We saw there was discussion on all aspects of the audit and clinical effectiveness action plan including:

- audits
- allied health professional service evaluation
- review of patient satisfaction questionnaires
- therapy outcomes, and
- risk management.

Accidents and incidents were analysed and reviewed for trends and actions. A risk register was regularly reviewed, and risks identified were discussed and added, where appropriate.

The service had also participated in national quality initiatives, including the national hospice patient safety benchmarking project. This project was organised through Help the Hospices which allowed the service to benchmark against other services in relation to four quality indicators: falls, hospital acquired pressure areas, medication incidents and bed occupancy levels. Results had been very positive.

There was a clear procedure for patients to make complaints. Patients we spoke with generally confirmed they were aware of how to complain. Any complaints or concerns raised were then reported through the clinical governance structure.

A suggestions box was also available to gather more feedback from patients and staff.

The service showed a clear commitment to continuous improvement. Recent initiatives included the purchasing of eight profiling beds, recliner chairs, two baths and hoists.

A service review had been carried out called ‘matching need to care’. The referral and assessment process had been reviewed to ensure that patients’ care was reflective of their individual needs.

A review of the clinical governance structure had seen the proposed merger of two groups: clinical effectiveness, and education and training. The new group will become the quality and practice development group and will respond to issues raised by other subgroups about clinical care. It will also set annual priorities for audit and education.

The service had reviewed its clinical governance reporting to reflect national strategy using the following areas:

- clinical effectiveness
- patient safety, and
- patient experience.

These areas will be used to report on quality activities in the service in terms of assessment, improvement and assurance.

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

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

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

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

<table>
<thead>
<tr>
<th>Quality Statement 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></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>a improve the use of the electronic system for recording medicines reconciliation (see page 14).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 8 – Medicines)</td>
</tr>
<tr>
<td>b develop drug administration competencies for new staff with a period of observed practice (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
</tr>
<tr>
<td>c carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
</tr>
</tbody>
</table>
### Quality Statement 2.4

**Requirements**

None

**Recommendations**

We recommend that the service should:

<p>| | |</p>
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<tr>
<td><strong>d</strong></td>
<td>review and assess clinical hand wash sinks based on current national guidance. The clinical hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design (see page 17).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 7 – Infection control)

| **e** | update policies and procedures for infection prevention and control to ensure up-to-date policies are available for staff (see page 17). |

National Care Standards – Hospice Care (Standard 7 – Infection control)

### Quality Statement 3.2

**Requirements**

None

**Recommendation**

We recommend that the service should:

| **f** | review the content of staff files to ensure there is consistent use and retention of documentation to record the interview and selection process and to ensure personal information is not being kept unnecessarily (see page 19). |

National Care Standards – Hospice Care (Standard 6 – Staff)
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 management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/03/2012</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>Not assessed</td>
<td>Not assessed</td>
</tr>
<tr>
<td>10–11/02/2014</td>
<td>5 - Very good</td>
<td>5 - Very 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:** comments.his@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:

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: [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 flow chart

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertake 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 – Details of inspection

The inspection to ACCORD Hospice was conducted on Monday 26 and Tuesday 27 October 2015.

The inspection team was made up of the following members:

Julie Miller  
Inspector (Lead)

Winifred McLure  
Inspector

Karen Malloch  
Inspector

Stella Macpherson  
Public Partner
**Appendix 7 – Terms we use in this report**

**Terms and explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></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.

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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, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.