Unannounced Inspection Report: Independent Healthcare

Strathcarron Hospice | Strathcarron Hospice | Denny
20 – 21 September 2016
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1 A summary of our inspection

About the service we inspected

Strathcarron Hospice is an independent hospice providing hospice care. The service is provided by Strathcarron Hospice, a charitable organisation and is situated on the outskirts of Denny. All of the services offered by the hospice work together to meet the palliative care needs of people with progressive, life-limiting illness. The aim of the service is to sustain, develop and deliver a full range of quality services. Strathcarron Hospice’s vision is to: ‘Provide specialist palliative care services and expert end of life care for the people of Forth Valley, Cumbernauld and Kilsyth, and promote the delivery of palliative care across this area.’

The hospice provides specialist palliative care for up to 24 adults over the age of 16 in its inpatient ward. Up to 20 people can attend the day service. The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness. A multidisciplinary team of staff and volunteers provide care in the service.

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 Strathcarron Hospice on Tuesday 20 and Wednesday 21 September 2016.

The inspection team was made up of two 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.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 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: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: 6 - Excellent

The grading history for Strathcarron Hospice and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.
What the service did well
Staff made sure patients and visitors were given information about the service and how patient information was shared with other professionals when appropriate. Patients and carers had lots of opportunities to participate in assessing and improving the quality of care in the service. Staff and volunteers worked in partnership with patients and carers to identify what the hospice did well and where any improvements could be made. Patients and carers were treated with dignity and respect and staff felt their colleagues and senior management team valued them.

The environment was clean, tidy and well presented. Staff made best use of the space available to them. The gardens were also well kept.

What the service could do better
Patient and carer feedback could be displayed more clearly, such as in a ‘you said, we did’ display board. This would show patients and visitors how their feedback is acted on and helps to improve the service.

This inspection resulted in one requirement and one recommendation. The requirement is 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.

Strathcarron Hospice, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

What the provider had done to meet the requirements we made at our last inspection on 25 and 26 February 2015

Requirement

The provider must implement a risk assessment for the use of bedrails. To do this the provider must:

(a) take account of the type of bed(s) in use, the risks to the patient of entrapment and restraint
(b) ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and
(c) ensure alternatives are considered and made available in keeping with restraint best practice guidance.

Action taken

Staff completed appropriate risk assessments for each patient on admission and thereafter. Patients prone to falls were assessed more often and staff managed risks appropriately. Staff also carried out a risk assessment of bedrails to make sure they were safe to use. Where possible, staff asked permission from patients before attaching bedrails to the patient’s bed. Staff guidance was available. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 25 and 26 February 2015

Recommendation

We recommend that the service should develop procedures to support the different methods patients and families can provide feedback on hospice services.

Action taken

The service had an ‘expert voices’ group who engaged with patients, carers, staff and the wider community. The group was made up of patients, carers, and staff from the service. The group planned to review the hospice’s participation strategy and had already asked patients and carers about the quality of the hospice’s information. The group were in the early stages of making improvements to the range of leaflets available. This recommendation is met.

Recommendation

We recommend that the service should ensure that the full medical history, address of next of kin, discussion about length of stay and consent to care plans is recorded.

Action taken

Staff completed all the necessary documentation for this recommendation. The patient’s next of kin and contact details were also recorded. This recommendation is met.
Recommendation

We recommend that the service should ensure that the name of any power of attorney is recorded clearly and proof of this legal status is confirmed.

Action taken

The power of attorney and legal status was recorded in the patient’s electronic record. This recommendation is met.

Recommendation

We recommend that the service should develop a clearer record of assessment and outcomes of assessment in relation to hydration and nutrition, particularly for end of life care.

Action taken

The staff used an appropriate care plan to assess and record how each patient’s hydration and nutrition was managed. Additional information was documented in the patient’s end of life care plan. This recommendation is met.

Recommendation

We recommend that the service should develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service.

Action taken

The senior management team had developed quality assurance processes to make sure audits were carried out where necessary, particularly in monitoring the quality of record-keeping and care planning. Staff were familiar with the electronic systems used to keep information about how each patient’s needs were met. This recommendation is met.

Recommendation

We recommend that the service should establish and record patient preferences for single or shared rooms. This will give the patients choice when possible.

Action taken

All patients were asked about their preference for single or shared room on admission. Patients and relatives were advised that single rooms were limited and may not always be available. The service planned to redesign the hospice. This recommendation is met.

Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The 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 wider plan for the maintenance and upgrade of the hospice facilities.

Action taken

This is reported under Quality Statement 2.4. This recommendation is not met (see recommendation a).
Recommendation

We recommend that the service should develop a plan to reduce the availability of the multi-bedded rooms and increase the choice of single rooms.

Action taken

The hospice made best use of the single rooms they had to accommodate the patients and their family’s needs. Future plans to extend the hospice would increase the number of single patient rooms. This recommendation is met.

Recommendation

We recommend that the service should review clinical governance structures to ensure that clinical incidents are not missed and user involvement is monitored and reported on.

Action taken

The clinical governance team met every 3 months, or more often if needed, to review information from audits and incidents in the service. Action plans with timescales were implemented to measure the service’s safety, quality and effectiveness. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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 chief executive was the Caldicott guardian. A Caldicott guardian is a senior person responsible for protecting patient information confidentiality and helping share information appropriately.

Staff we spoke with knew their role and responsibilities around confidentiality. Staff had completed information governance training online and signed a confidentiality agreement when starting employment in the service.

The service had up-to-date policies for access to patient records, confidentiality and data protection.

Patients and carers were given leaflets explaining patient rights and how their information was managed. The service also produced a newsletter every 3 months with patient and carer feedback and information about service developments, fundraising events and staff leaving.

The electronic patient care records system was secure and password-protected. Patients’ paper care records were held securely in clinical areas. Procedures for scanning, storing and archiving patients’ paper files were secure and organised.

Staff discussed patient information in the ward room with the door closed at the beginning of each shift, which promoted confidentiality. We observed staff discussing information with relatives in quiet rooms, which reduced the risk of others overhearing the discussion.

■ 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
The hospice valued opinions of people who used the service. Patients, carers and staff participated in service review and development in a variety of ways.

The service had recently started an ‘expert voices’ group made up of patients, carers and staff. This group had held some informal meetings and had group discussions and chats with other patients, carers and stakeholders about quality of care in the service. It had asked for feedback about how the service could be improved. The group’s chairperson told us that
feedback suggested the information leaflets could be improved. Based on this feedback, the group had started to review and update the service’s patient information leaflets.

Staff and volunteers wanted to show how patients and carers views were important to them and asked permission from patients to film what it was like in the hospice. This film recorded patient experiences over 4 years and was available on DVD.

Staff told us the website could provide more information about the hospice and how people could share their experiences with others. An expert had been contracted to review and develop the website.

Throughout the inspection, we heard staff and volunteers asking patients for their views while promoting dignity, respect and choice. Patients told us they were included in planning their care and deciding what they did through their day. Comments included:

- ‘Everyone helps; catering staff will even make a toastie if not able to eat a meal.’
- ‘A wonderful place to be, service, hospitality and staff are 100%.’

**Area for improvement**

Although staff and volunteers gathered opinions from patients and carers, feedback could have been better displayed in the hospice. This would help patients and visitors see why feedback was important and what changes the hospice had made to support patient views and choices. We also discussed that it may be useful to show how money raised through fundraising activities was used. The senior management team agreed to consider this.

- No requirements.
- No recommendations.

**Quality Statement 1.4**

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

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

The service had robust systems in place to make sure risks associated with medication administration were minimised. The hospice medication policy and guidelines were regularly reviewed to make sure the information was up to date. Staff asked the hospice pharmacist for additional guidance when required.

Patients were assessed on admission to make sure their medication was suitable. Medical staff liaised with patients, families and nursing staff before prescribing appropriate treatments and pain relief. Patients were encouraged to bring their own medication into the service so it could be used.

Staff had developed a system of documenting administered and prescribed medications which recorded extra information about a patient’s medication history. The system meant that any changes to patient medication were highlighted early and quickly reported to pharmacy. This minimised risks associated with medication management. It also helped to assess what a patient’s care and treatment should have been, allowing care plans to be more person-
centred and accurate. The five patient records we inspected had appropriately recorded all medication prescribed and administered.

Staff were encouraged to report any incidents quickly so action could be taken on time. Incidents were discussed sensitively with staff and reflective learning was encouraged. A tracking system was used to document incidents. The medication management and clinical governance team reviewed the system regularly to make sure risks were identified early and actions were taken to improve.

New staff completed training during their induction to refresh their knowledge of palliative and end of life care, treatment and administration of medication documentation processes. The pharmacist regularly observed staff practice to make sure nursing staff administered medication appropriately. The pharmacists completed regular training updates and teaching sessions to keep their knowledge and skills up to date. They also worked in other acute sectors when possible. This helped them keep up to date with any changes in practice.

- No requirements.
- No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very good

The hospice had 11 single en-suite rooms and three multiple-bedded rooms in ward areas. Various sitting rooms, including a large conservatory and rooms with facilities for visiting children are available in the service. The hospice grounds are beautifully landscaped. Car parking facilities are available at the front and rear of the hospice.

Experienced palliative care staff offered a range of complementary therapies, counselling and bereavement support services and a place of worship. This service provided holistic care and support with illness.

The environment was clean, tidy and well presented.

We saw servicing and maintenance contracts in place, including for electrical safety, fire, gas and water.

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as beds, hoists and lifts. We saw evidence of servicing reports and repair and maintenance actions taken.

Staff described the procedure to report maintenance issues to the facilities team. The team acknowledged a backlog of outstanding maintenance work for the service, which they were working to resolve.

The provider completed a feasibility plan for the future development of the service. This included the redesign of the existing hospice building to include single en-suite rooms.

- 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 service’s infection control lead contacted NHS Forth Valley for infection prevention and control advice when required.

The service had reviewed the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and developed an infection prevention and control improvement work programme for 2016–2017. The infection control group met every 3 months and reported to the clinical governance group.

Standard infection prevention and control audits were carried out in line with Health Protection Scotland’s National Infection Prevention and Control Manual. Associated action plans were completed.

We saw generally good compliance with standard infection prevention and control precautions, including good hand hygiene practices and waste management.

With a few exceptions, the standard of environmental cleanliness and the cleanliness of patient equipment was good. We discussed these with the nurse in charge of the ward at the time of the inspection and they were rectified immediately.

**Areas for improvement**

We reviewed the on-site laundry procedures. The service could not verify the time and temperature requirements for thermal disinfection, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (see requirement 1).

We previously required the service to identify and upgrade its non-compliant clinical hand wash basins in a planned programme of work in line with current guidance. Although the clinical hand wash basins had been upgraded, they did not comply with the requirements of Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.

The service had recently completed a feasibility study for its future development. This would include redeveloping the existing accommodation to provide more single rooms with en-suite facilities. The service had a risk assessment in place for the identified non-compliant sinks. The service should review the risk assessment to make sure adequate control measures remain in place until the sinks can be upgraded as part of its redevelopment project (see recommendation a).

**Requirement 1 – Timescale: by 31 January 2017**

- The provider must ensure compliance with the requirements of Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen.
Recommendation a

- We recommend that the service should review and update its risk assessment for non-compliant clinical hand wash basins to ensure that adequate control measures are in place.

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: 6 - Excellent
The service had recruitment and induction policies in place for staff and volunteers.

We reviewed four staff files. All required checks had been completed, including background checks and references.

The service had completed all retrospective Protecting Vulnerable Groups (PVG) background checks for all relevant staff. The service carried out a monthly professional registration check for all relevant staff. This identified when employees were due to renew their registration and whether any conditions of practice were placed on that person.

The service’s human resources manager described staff’s induction. This included a hospice induction, health and safety induction and departmental induction. Hospice inductions were carried out every 2 months.

Staff we spoke with said they were supported in their induction and were able to complete mandatory training timely. Staff were also encouraged to speak to their mentor about additional learning which they felt would support their roles. Mentors and managers sought training for staff where possible

- No requirements.
- No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 6 - Excellent
Leadership in the service was excellent. The senior management team valued and respected the workforce and this had a positive impact on the service’s culture. Patients said all staff were respectful, which made their experience better. The staff were included in evaluations and improvements of the service. All staff were encouraged to attend the yearly staff event to discuss the service’s quality of care and plan new goals for the next year. The senior management team listened to staff and were keen to work with them to develop the service.

Staff told us they respected the leadership in the service and were motivated to develop their own leadership skills. We were told the management team were approachable. Staff's
concerns or ideas were listened to, considered and acted on where possible, such as providing more parking spaces and replacement staff facilities.

Staff were invited to apply for promotion and supported to develop their skills for a post. The ward manager was completing a leadership programme and other staff were doing project work to support their skills and outcomes for people using the service.

■ No requirements.
■ No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes, which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 6 - Excellent
The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completed this self-assessment each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

We saw evidence of excellent audit activity and processes. Staff and the senior management team assessed the service using best practice frameworks. The service assessed outcomes for patient care, the environment and quality of staffing in line with the appropriate standards. The key areas for development set out in its service development plan were:

- community development and promoting stronger links with the ‘hospice at home’ service
- developing its workforce, and
- improving participation through the expert voices group.

We saw evidence that staff and volunteers were working to meet the goals in the service development plan. The service aimed to improve and encouraged support from service users and stakeholders.

The clinical governance team met regularly to assess health and safety in the service. Data we saw showed that its risk rating was lower than average compared to other hospices in the United Kingdom. Staff and the senior management team led initiatives to promote further research and awareness of palliative care and treatments.

The hospice relied on charity and was committed to fundraising. It worked in partnership with service users and the wider community to raise awareness of its work. Patients we spoke with were very positive about the quality of care they received in the service. Comments included:

- ‘I really don't know what they could do better.’
- ‘Excellent in all ways including the staff and the peaceful setting.’

■ 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.

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<thead>
<tr>
<th>Quality Statement 2.4</th>
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<tr>
<td><strong>Requirement</strong></td>
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<td>The provider must:</td>
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<td>1 ensure compliance with the requirements of Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen (see page 12).</td>
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<td>Timescale – by 31 January 2017</td>
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<td>Regulation3(d)(i)</td>
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<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<td>National Care Standards – Hospice Care (Standard 7 – Infection control).</td>
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| **Recommendation**    |
| We recommend that the service should: |
| a review and update its risk assessment for non-compliant clinical hand wash basins to ensure that adequate control measures are in place (see page 13). |
| National Care Standards – Hospice Care (Standard 7 – Infection control) |
Appendix 2 – 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
We can also provide this information:

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