Unannounced Inspection Report: Independent Healthcare

St Vincent’s Hospice
St Vincent’s Hospice Limited

7–8 June 2017
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1 A summary of our inspection

About the service we inspected

St Vincent’s Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. St Vincent’s Hospice is a charitable organisation which provides specialist palliative care to people within Renfrewshire and parts of Ayrshire over the age of 18 years.

People can use the hospice in a number of ways. They can:

- visit the day care service or outpatients clinic
- receive visits from specialist nurses to their home (through the clinical nurse specialist team), or
- be admitted to the hospice inpatient unit.

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

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 St Vincent’s Hospice on Wednesday 7 and Thursday 8 June 2017.

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: 4 – Good**
Quality Statement 0.2 – service information: 4 – Good
Quality Statement 0.3 – consent to care and treatment: 4 – Good

**Quality Theme 1 – Quality of care and support: 2 – Weak**
Quality Statement 1.1 – participation: 4 – Good
Quality Statement 1.5 – care records: 2 – Weak

**Quality Theme 2 – Quality of environment: 4 – Good**
Quality Statement 2.3 – clinical and non-clinical equipment: 6 – Excellent
Quality Statement 2.4 – infection prevention and control: 4 – Good

**Quality Theme 3 – Quality of staffing: 4 – Good**
Quality Statement 3.2 – recruitment and induction: 5 – Very Good
Quality Statement 3.3 – workforce: 4 – Good

**Quality Theme 4 – Quality of management and leadership: 3 – Adequate**
Quality Statement 4.3 – leadership values: 4 – Good
Quality Statement 4.4 – quality assurance: 3 – Adequate

The grading history for St Vincent’s Hospice and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

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**
Servicing and maintenance contracts were in place for all clinical and non-clinical equipment including housekeeping, kitchen, laundry, beds, hoists and pumps. Servicing and maintenance contracts were also in place for fire, water, gas and electrical safety.

We reviewed five staff files and found that all recruitment checks had been completed, including background checks, references and professional registration checks. The majority of staff had completed the mandatory LearnPro training modules and fire safety training.

**What the service could do better**
The provider must improve the quality of documentation for all aspects of patient care. This will ensure that an accurate record is kept of how each patient's needs are assessed and managed in the hospice.

The provider must develop a suitable programme of audit to ensure an evaluation of the service is carried out and to identify and action any areas for improvement. This will strengthen clinical governance and will ensure an overview of the service’s performance.

This inspection resulted in four requirements and nine 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.

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

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

What the service had done to meet the recommendations we made at our last inspection on 29 and 30 September 2015

Recommendation

We recommend that the service should ensure that the new documentation is implemented on when to contact relatives or friends, and recording patients’ end of life wishes (including preferred place of death) and that regular audits of patient care records check these points.

Action taken

New documentation had been implemented to allow staff to record information about the patient’s understanding of their illness, prognosis and the hospice resuscitation policy. The documentation included a section about confidentiality and whether consent had been given for information to be shared with relatives or carers. Each patient’s preferred place of death was recorded in their medical notes. We reviewed two records of deceased patients and saw that this documentation had been completed in full. This recommendation is met.

Recommendation

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

Action taken

We were told that the clinical manager carried out periodic observations of staff while they administered medication. Both nurses that we spoke to during the inspection said they had been observed by the clinical manager within the last 3 months. This recommendation is met.

Recommendation

We recommend that the service should carry out a regular programme of medicines management audits as a tool to ensure patients are receiving the best quality of care.

Action taken

The service had developed its audit processes in relation to medicines management. This recommendation is met.

Recommendation

We recommend that the service should make sure that nurse call bells are included on a regular checklist to ensure they are in good working order.

Action taken

We saw that nurse call bells were checked regularly to ensure that they are in good working order. This recommendation is met.
Recommendation

We recommend that the service should review its incident and accident forms to ensure they are able to record full, trackable information and actions in relation to any incidents and accidents that occur.

Action taken

The service had developed and implemented a suitable system to record all accidents and incidents. Staff advised their manager of any accidents or incidents and recorded the information using a suitable form. We saw an audit of all accidents and incidents for the service. This recommendation is met.

Recommendation

We recommend that the service should develop and implement a robust audit programme with clear timescales for completion and action.

Action taken

The service had not implemented a suitable audit programme. This recommendation is not met. A requirement has been made within Quality Statement 4.4.

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 reviewed its policies and procedures in relation to expected and after death documentation. All qualified nursing and medical staff were aware of best practice and legislation about recording patient deaths. Staff had also attended development sessions to ensure they were aware of their roles in relation to completing appropriate documentation when death was expected and after the patient had died. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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: 4 – Good
St Vincent’s Hospice provided information to patients in a variety of ways such as leaflets, information packs and through the service’s website. The patient information leaflet included information about visiting times and mealtimes. Every patient room had a patient information pack that contained a collection of all the patient information leaflets available in the hospice.

The website was easy to access and provided information about the services provided by the hospice. We saw a link to the previous inspection report from Healthcare Improvement Scotland was also available on the service’s website.

Patients told us that they had received information about the hospice from their local medical staff or knew of the hospice as they lived nearby.

Areas for improvement
The patient information leaflet could be revised to include the practical information that is important to patients, relatives and carers. For example, travel information, food, drink, laundering and accommodation options. The patient information pack was very difficult to read. It contained copies of all the information leaflets that were available in the hospice. This could be revised to include a summary of the key information and in a format that is easy to read and understand (see recommendation a).

Patient testimonials were available on the website. These should be dated to demonstrate that they are revised and up to date. We will follow this up at future inspections.

■ No requirements.

Recommendation a

■ We recommend that the service should revise the patient information leaflet and information pack to ensure that it contains information that is important to patients, relatives and carers. This information should be presented in a format that is clear and easy to understand.

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: 4 – Good
The hospice had appropriate systems in place to ensure staff adhered to best practice in relation to sharing information with patients and their relatives and documenting informed consent. The hospice consent policy was adapted from the NHS Greater Glasgow and Clyde consent policy. This policy was reviewed regularly to ensure the information continued to reflect best practice.

A record of consent form was found in all of the five patient records we reviewed. Clinical staff met with patients to discuss and document the patients understanding of their condition and treatment. The consent form also included a section for the clinician to record any other relevant individuals that information could be shared with. Consent was obtained from other relevant individuals if the patients did not have capacity to consent; this supported the Adults with Incapacity (Scotland) Act 2000.

All of the patients received a welcome booklet that included a short summary about consent.

**Area for improvement**

Two of the consent forms we reviewed had not been signed by the clinician (see recommendation b).

- No requirements.

**Recommendation b**

- The hospice should ensure that consent documentation is completed in full for every patient.

**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: 4 – Good**

The service had developed a participation policy and had various methods of gathering feedback from patients. This included verbal feedback, feedback forms and comment cards.

A patient survey had recently been completed. Feedback provided by patients, relatives and carers over the last 3 months was displayed and staff had responded to comments.

Information about how to make a complaint was available on the patient information board on the ward, in the reception area of the hospice, in the patient information pack and on the website.

Upcoming fundraising events and the work of volunteers were advertised on social media and the website.

**Areas for improvement**
Not all patients told us that they knew how to provide feedback or make a complaint about the service.

The complaints policy and all public facing documentation should be revised to include the correct name, address, contact telephone number and email address of Healthcare improvement Scotland and that we can accept complaints at any time from a complainant (see recommendation c).

The complaints policy referred to an information leaflet called ‘how to complain’, but we did not see any evidence of this leaflet throughout the service.

The service could consider sharing information about fundraising events and the work of volunteers in the service. This would help celebrate the work of volunteers, fundraisers and the community spirit involved in providing the service.

The hospice community voice team had been established for 18 months. The service should further develop ways that the team and other members of the public, volunteers and previous patients are consulted in the development of the hospice. This may include the review of some policies and procedures or the introduction of new features to the hospice.

■ No requirements.

Recommendation c

■ We recommend that the service should update the complaints policy, and all public facing documentation, to include the correct name, address, contact telephone number and email address of Healthcare Improvement Scotland. The documentation should also detail that we can accept complaints at any time from a complainant.

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: 2 – Weak

The hospice had an appropriate admission pack and an array of care plans that provided a suitable framework for documenting patient care. We observed staff caring for patients attentively and the patients we spoke to said they were happy with the quality of the care they received.

Six patients were being cared for in the hospice at the time of our inspection. We reviewed five records of patient care. All of the patients had three folders, each containing information about their medical history, nursing care, multidisciplinary patient records and medication.

A standard admission pack was available for nursing staff to record information about the services that patients received at home. The admission pack also provided opportunities for staff to record assessments of each patient’s needs. This included
care plans relating to hydration, pressure area care, nutrition, catheter and bowel care.

**Areas for improvement**

Of the five patient care records we reviewed, we found each record to be lacking in important information relating to patient care.

We saw insufficient information about how nursing staff were managing a pressure ulcer for one patient. On reviewing the patient care records we did not see any record of:

- if the patient was admitted with the ulcer or if it developed in the hospice
- the grade, size and position of the pressure ulcer
- any dressing of the ulcer or an indication that a dressing was required. Staff told us they were regularly moving the patient to relieve pressure – this was not recorded consistently
- what equipment should be used to minimise risks in relation to the movement and transfer of the patient, and
- any discussions that had taken place with the patient, relatives or carers about the pressure ulcer.

Staff were uncertain of the care required and gave different opinions in relation to the grading of the pressure ulcer. Pressure ulcers are graded to determine the severity, which in turn forms the assessment and care plan. We were unable to assess if the patients pressure area care was being managed effectively because of the lack of information in the patient care record.

We were also unable to assess if this patient’s needs were being met in relation to hydration or elimination, due to the lack of care planning and documentation relating to their catheter and bowel care.

We reviewed four other care plans and found incomplete sections in all records of care. The patient’s name and date of birth were missing from three of the care plans and one of the consent forms. In all of the five care plans we reviewed, we found the section about the support patients received at home had not been completed. We spoke to two of the patients who were able to tell us what support they had at home. This was not documented in the patient assessment.

Although the staff had completed daily falls risk assessment for all patients, we found that information recorded about the support patients required to mobilise was lacking detail.

We discussed our concerns with the senior management team on the first day of our inspection. On the second day, we reviewed the same patient’s care record to check that improvements had been made. Staff told us that the patient had developed further pressures ulcers. Although a pressure area care plan had been put in place, we continued to find discrepancies in relation to the patient’s oral assessment and record of movement and positioning documentation.

The senior management team advised us that the hospice would be moving to electronic recording of patient care. Whilst the electronic system may provide a better
framework for staff to document patient care, immediate improvements must be made (see requirement 1).

We saw no evidence that the service had reviewed itself against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcer Standards 2016. All healthcare services in Scotland must comply with the standards (see requirement 2).

Following our inspection, we wrote to the service to ask them to provide us with an action plan to address the concerns we raised. The service submitted an action plan to us on 27 June 2017. It detailed how the service were going to address our concerns and included the following.

- Pressure area care education sessions would be provided to all nursing staff in the inpatient unit.
- Daily checks of all patient care plans will be completed to ensure that records are completed as required. This will ensure that any deficiencies are identified and rectified as soon as possible.
- Monthly audits of all clinical documentation of four patient case notes. The results of these audits will be reported on a monthly basis at the clinical risk management meeting and disseminated to staff through the departmental clinical manager in attendance.

We were satisfied that the action plan, when implemented, should address our concerns.

**Requirement 1 – Timescale: Immediate**

- The provider must ensure that a patient care record is used to record how patients’ health, safety and welfare needs are being met. In order to achieve this:
  1. all aspects of patient care must be assessed, reviewed and recorded in as much detail as necessary
  2. care plans must be completed in a timely manner
  3. care plans must include the patient’s name, hospice number and signature of the person completing the assessment or action
  4. discussions with the patient, relative or link professional must be documented, and
  5. assessment tools used to record specific aspects of care including falls risk and pressure ulcers must provide accurate information of the patient’s condition, treatment and any equipment required to assist in meeting the patient’s needs.

**Requirement 2 – Timescale: 1 September 2017**

- The provider must review the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016 and implement any improvements identified from the review.

- No recommendations.

**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

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment including housekeeping, kitchen, laundry, beds, hoists and pumps. Servicing and maintenance contracts were also in place for fire, water, gas and electrical safety. Where deficiencies were noted, action was taken to rectify any issues.

A maintenance reporting system was in place. Staff report requests through two maintenance books or by email. These requests are prioritised and actioned appropriately.

The maintenance department is looking to introduce an electronic maintenance reporting system. We will follow this up at future inspections.

Health and safety matters are discussed at quarterly facilities governance meetings. Standing agenda items include health and safety audits, fire safety audits, planned preventative maintenance schedule, risks and non-clinical accident reports.

The maintenance team have weekly meetings to discuss work priorities. The team manager attends the monthly operational management team meeting and monthly senior management team meetings to discuss health and safety matters.

- 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: 4 – Good

A service level agreement was in place with NHS Greater Glasgow and Clyde’s public health team to provide infection prevention and control advice and support. An infection prevention and control lead had been appointed to the hospice.

We saw information leaflets about hand hygiene and washing clothes at home available to patients, relatives and carers. Further information about infection prevention and control topics such as MRSA and Clostridium Difficile infections was available when required.

We saw that the hospice had adopted NHS Greater Glasgow and Clyde’s infection prevention and control policies and procedures. We saw evidence of an annual environmental audit that took place in April 2017 and achieved a score of 97%. Monthly hand hygiene audits took place with the last audit achieving 100%. The results of the latest hand hygiene audit were displayed on the information board at the entrance to the ward.
Staff compliance with standard infection control precautions was generally good, including sharps and waste management. We saw that alcohol-based hand rub was available at the entrance to the ward and each patient room and the environment and patient equipment was clean.

Housekeeping staff were able to describe the procedures that they follow to clean the environment. Cleaning schedules were easy to follow and record-keeping was good.

Several members of the nursing and housekeeping staff had completed the cleanliness champion programme.

Appropriate controls were in place to manage the risks from legionella bacteria in the service’s water supply. A legionella risk assessment was in place. The last assessment had been completed in May 2017 and the service was awaiting the report.

All patients told us that they thought the hospice was very clean and that all the staff cleaned their hands appropriately.

**Areas for improvement**

The service had not reviewed itself against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. All healthcare services in Scotland must comply with the standards (see requirement 3).

The service had not reviewed itself against the recommendations made in the Vale of Leven Hospital Inquiry Report (see recommendation d).

Although staff compliance with standard infection control precautions was generally good, we saw that the following improvements could be made.

- We saw a good supply of personal protective equipment in the service, such as disposable gloves and aprons. These were stored in plastic drawers outside each patient room. These should be wall mounted to allow ease of access to staff and to reduce the risk of cross infection.
- A prepared, un lidsed bottle of chlorine releasing disinfectant and detergent was available for use in the sluice. This should be marked with the date and concentration of the solution and replaced each 24-hour period.
- We saw that towels and pillow cases were laundered by the service at a temperature of 60°C. This is not in line with Health Protection Scotland’s national infection prevention and control manual for the thermal disinfection of linen (see recommendation e).

We asked staff how they manage patients with peripheral vascular catheters (PVCs). We were told that the service did not have a procedure in place to manage the risks associated with the use of invasive devices (see recommendation f).

We saw that the corridor was carpeted. This should be upgraded with a more suitable floor covering as part of any planned refurbishment of the hospice. This should be risk assessed and upgraded as part of any planned refurbishment of the hospice. We will follow this up at future inspections.

**Requirement 3 – Timescale: by 1 October 2017**
The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review.

**Recommendation d**

- We recommend that the service should complete a review of itself against the Vale of Leven Hospital Inquiry Report and implement any improvements identified from the review.

**Recommendation e**

- We recommend that the service should follow the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage, linen and personal protective equipment.

**Recommendation f**

- We recommend that the service should implement a system to manage the risks associated with the use of invasive devices.

**Quality Theme 3 – Quality of staffing**

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<th>Quality Statement 3.2</th>
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<td>We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.</td>
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**Grade awarded for this statement: 5 – Very good**

We reviewed five staff files and found that all recruitment checks had been completed, including background checks, references and professional registration checks.

A monthly check of professional registrations is completed and recorded. This is to check that staff are registered with a license to practise. The date for the revalidation of nurses is also recorded.

New staff completed an induction programme. The programme was designed to help them settle in, understand their role and build working relationships. We saw two examples of a completed induction programme that included a list of training needed, who would deliver it and the timescale for completion. Mandatory induction training had been completed by the majority of staff. This included topics such as fire safety and health and safety training. A mix of face-to-face training and LearnPro modules were also available. A human resources report dated May 2017, stated that 98% of staff have completed the mandatory LearnPro training modules and 95% have completed the mandatory fire safety training.
Areas for improvement

The recruitment checklist did not include a record of an individual’s Disclosure Scotland record number and the date the certificate was received (see recommendation g).

All staff have had a background check completed upon recruitment to the service. Staff told us that the service is considering implementing a procedure to complete Disclosure Scotland record updates for all staff every 2–3 years. We will follow this up at future inspections.

The staff handbook currently lists all of the policies and procedures that are available in the service. Staff told us that this will be re-developed into a better format for staff, highlighting the key information only. We will follow this up at future inspections.

- No requirements.

Recommendation g

- We recommend that the service should update the recruitment checklist to include the Disclosure Scotland record number and the date the certificate was received.

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: 4 – Good

A draft learning and development strategy and a draft statutory and mandatory core training framework for staff was in place. This detailed the mandatory training programme in place for the service and identifies the frequency and type of training provided.

A variety of learning opportunities were available to staff and included development days and training modules through NHS LearnPro. Some staff had also recently attended the joint hospice medicine management days held in conjunction with other hospices in the area.

Some staff have been given leadership opportunities within the service. For example, the management team had identified a staff member to take forward a role in organisational development and another had recently completed a Masters module in spirituality. The learning had been shared with some colleagues and were now looking at ways to provide training to all staff groups.

Areas for improvement

The draft learning and development strategy and draft statutory and mandatory core training framework had been developed. These should be reviewed and finalised (see recommendation h and i).

The service had identified that a professional development policy should be developed for staff.
The service should consider a more structured approach to developing and retaining staff in the hospice. We will follow this up at future inspections.

The human resources department prepared a summary report in May 2017 that detailed completion rates for staff appraisals. We saw that 75% of staff had had their annual appraisal completed. Staff told us that the 25% of staff that had not completed an appraisal were new employees. The service should consider how this is reported in future in the balance scorecard to ensure that only those eligible staff are reported in these figures.

- No requirements.

**Recommendation h**
- We recommend that the service should finalise the draft learning and development strategy, dated 3 May 2013.

**Recommendation i**
- We recommend that the service should finalise the draft statutory and mandatory core training for staff, dated 3 November 2015.

**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: 4 – Good**

We spoke to three members of staff who told us that the quality of leadership in the service was good. One of the nurses told us that, more recently, there had been increased training for staff that has helped to develop their clinical and leadership skills. For example, staff are taking leading roles within infection control, tissue viability and risk assessment of falls.

We met with the chief executive of the hospice who explained the senior management team’s role in relation to supporting the operational and managerial aspects of service delivery within the hospice.

An operational management team was established as a result of the St Vincent’s Hospice strategic plan 2014–2019. Members included the senior management team, department managers and senior staff with organisation-wide responsibility. The aim and purpose of the operational management team was to manage and capture the organisational decision-making, reporting, accountability and all risks of all elements and functions of the hospice. All staff were able to share their views with the operational management team through verbal feedback, team meetings and annual appraisals.

The senior management team were also aware that the hospice communication strategy and information technology systems could be improved. Recommendations for new posts to support the communication strategy and information technology systems were made to the Board of trustees and approval was given at the Board meeting held on 31 May 2017.
Areas for improvement

The senior management team and members of the operational management team said that they were unaware of any concerns regarding the completion of documentation relating to patient care. We saw that an audit of the document titled ‘person centred care in the last stages of life’, carried out over a period of 18 months, showed that two thirds of these records had either not been fully completed or not completed at all.

Although senior staff told us that prior to the appointment of a new ward manager there had not been a ward manager in post for 6 months, the completion of the document titled ‘person centred care in the last stages of life’ had been a concern over the last 18 months. We saw that no action had been taken to address this.

Requirements have been made under Quality Statements 1.5 and 4.4.

- 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: 3 – Adequate

The service submitted a limited self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found adequate quality information that we were able to verify during our inspection.

The Board of trustees recently met to review the hospice’s strategic plan. The chief executive told us that while a number of the strategic objectives set out in the plan were progressing well, a review of the remaining objectives would be undertaken. Operational strategic monitoring action plans were developed which are reviewed at the monthly operational management team meetings. Staff, patients, stakeholders and members of the public were invited to share their views about the quality of care in the hospice and what was important to them.

We recommended at our previous inspection in September 2015, that the service develop and implement a robust audit programme with clear timescales for completion and action. The service were carrying out audits in relation to infection control and medication management. The medication management audit and development in practice had a positive impact on patient care and safety.

Area for improvement

Although we found evidence that aspects of the service were being audited, the current audit programme had no structure. We found it difficult to see what staff were auditing and when each audit would be completed. There were no timescales for interim evaluation or completion dates for audits, which meant we could not see what measures the staff were taking to assess and improve the service. The staff agreed
that the current method for recording audits could be better and summarising the information about audits in one place might be useful (see requirement 4).

**Requirement 4 – Timescale: 31 August 2017**

- The provider must develop and implement a suitable quality assurance programme that identifies any areas for improvement, actions and outcomes.

- 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.

### Quality Statement 0.2

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<th>Requirements</th>
<th>None</th>
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**Recommendation**

We recommend that the service should:

- a revise the patient information leaflet and information pack to ensure that it contains information that is important to patients, relatives and carers. This information should be presented in a format that is clear and easy to understand (see page 8).

National Care Standards – Hospice Care (Standard 2 – Assessing your needs)

### Quality Statement 0.3

<table>
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<th>Requirements</th>
<th>None</th>
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**Recommendation**

We recommend that the service should:

- b ensure that consent documentation is completed in full for every patient (see page 9).

National Care Standards – Hospice Care (Standard 2 – Assessing your needs)

### Quality Statement 1.1

<table>
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<tr>
<th>Requirements</th>
<th>None</th>
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**Recommendation**

We recommend that the service should:

- c update the complaints policy, and all public facing documentation, to include the...
correct name, address, contact telephone number and email address of Healthcare Improvement Scotland. The documentation should also detail that we can accept complaints at any time from a complainant (see page 10).

National Care Standards – Hospice Care (Standard 1 – Informing and deciding)

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<th>Quality Statement 1.5</th>
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<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td><strong>The provider must:</strong></td>
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1. ensure that a patient care record is used to record how the patient’s health, safety and welfare needs are being met. In order to achieve this, they must:
   
   (a) ensure that all aspects of patient care are assessed, reviewed and recorded in as much detail as necessary
   (b) care plans must be completed timely
   (c) care plans must include the patient’s name, hospice number, date of birth and signature of the person completing the assessment or action.
   (d) discussions with the patient, relative or link professional must be documented
   (e) assessment tools used to record specific aspects of care including falls risk and pressure ulcers must provide accurate information of the patient’s condition, treatment and any equipment required to assist in meeting the patient’s needs (see page 12).

   **Timescale** – Immediately

   *Regulation 4 – 1, 2(a), (b), (c), and 3(a), (b), (c)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. review the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016 and implement any improvements identified from the review (see page 12).

   **Timescale** – by 1 September 2017

   *Regulation 12 (a), (c), and (e)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
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<td>None</td>
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<th>Quality Statement 2.4</th>
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<tr>
<td><strong>Requirement</strong></td>
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<td><strong>The provider must:</strong></td>
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3 review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review (see page 15).

Timescale – by 1 October 2017

Regulation 4 – 1(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

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

Recommendations
We recommend that the service should:

d complete a review of itself against the Vale of Leven Hospital Inquiry Report and implement any improvements identified from the review (see page 15).

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

e should follow the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage, linen and personal protective equipment (see page 15).

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

f implement a system to manage the risks associated with the use of invasive devices (see page 15).

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

Quality Statement 3.2
Requirements
None

Recommendation
We recommend that the service should:

 g update the recruitment checklist to include the Disclosure Scotland record number and the date the certificate was received (see page 16).

National Care Standards – Hospice Care (Standard 6 – Staff)

Quality Statement 3.3
Requirements
None

Recommendations
We recommend that the service should:

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| **h** | finalise the draft learning and development strategy, dated 3 May 2013 (see page 17).  
National Care Standards – Hospice Care (Standard 6 – Staff) |
| **i** | finalise the draft statutory and mandatory core training for staff, dated 3 November 2015 (see page 17).  
National Care Standards – Hospice Care (Standard 6 – Staff) |

**Quality Statement 4.4**

**Requirements**

The provider must:

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| **4** | develop and implement a suitable quality assurance programme that identifies any areas for improvement, actions and outcomes (see page 19).  
Timescale – by 31 August 2017 |

*Regulation 13 1, 2 (a), (b), (c)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

None
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.

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.