Unannounced Inspection Report: Independent Healthcare

Bethesda Hospice | Bethesda Care Home & Hospice | Stornoway
15–16 March 2016
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1 A summary of our inspection

About the service we inspected

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

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

The organisation is a Scottish Charitable Incorporated Organisation (SCIO).

People can use the hospice in the following ways.

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

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

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

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

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Bethesda Hospice on Tuesday 15 and Wednesday 16 March 2016.

The inspection team was made up of one inspector 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:** 5 - Very good  
**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 Bethesda Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 2 and 3 June 2014.

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

- four patient care records  
- incident and accident records  
- audit file and programme  
- checking systems for registration verification  
- cleaning schedules  
- information leaflets about the service  
- maintenance records  
- policies and procedures, and  
- four staff files and two volunteer files.

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

- the general manager  
- ward staff  
- medical staff  
- administration staff  
- domestic staff  
- maintenance staff  
- pharmacy staff  
- a visiting MacMillan Nurse  
- two patients, and  
- four relatives.
We visited the following areas:

- reception area
- inpatient unit rooms and ensuite toilets
- medication room
- sluice area
- shower room
- library
- relaxation room, and
- the domestic room.

**What the service did well**

- We saw that the service had an excellent staff culture that reflected the values of the service. Patients and families said that the care was responsive, respectful and compassionate.
- High priority was given to education and keeping up with best practice. Staff were highly qualified to deliver palliative care and were also well trained in best practice in dementia care.
- The service is well known and links with local resources within the NHS and other organisations.

**What the service could do better**

- The service should improve the range of opportunities for patients and families to give feedback on the service they have received and to inform people what they have changed as a result of such feedback.
- The internal audit programme should be reviewed to ensure clear action plans are produced after audits and these should include timelines and who is responsible for leading the actions.

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

Bethesda Care Home & Hospice, the provider, must address the recommendations and make the necessary improvements in due course.

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

What the provider had done to meet the requirements we made at our last inspection on 2 and 3 June 2014

Requirement

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

Action taken

We looked at all four patient care records and saw that all entries were dated, timed and signed after each consultation and examination. This requirement is met.

Requirement

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

Action taken

The service had revised and improved its nursing assessment documentation and we saw associated plans of care detailing how needs were to be met. This requirement is met.

Requirement

The provider must ensure that patients using bedrails only do so after a risk assessment has been completed.

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

Action taken

The service had put in place a bedrail policy, guidance and risk assessment for the small staff group. We saw one patient’s bedrail risk assessment in their patient care record. This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 2 and 3 June 2014

Recommendation

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

Action taken

The revised nursing assessment documentation included sections to record the information given to patients and relatives. The patient information booklet also included information on resuscitation and how to access hospice policies. This recommendation is met.

Recommendation

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

Action taken

This recommendation is reported under Quality Statement 1.1. This recommendation is not met (see recommendation b).

Recommendation

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

Action taken

In all the patient care records we looked at, we saw that discussions had taken place with the patient and agreements were recorded. These included the proposed care and length of stay. This recommendation is met.

Recommendation

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

Action taken

The service had implemented the Canard Falls Risk Assessment Tool. This tool helps staff to determine the level of risk and the actions to take. We saw these in use in patient care records. Re-assessments had taken place and care plans detailed prevention measures. This recommendation is met.

Recommendation

We recommend that the service should review the system for checking do not attempt cardiopulmonary resuscitation (DNACPR) status on each admission, and regularly thereafter to ensure that the document is present and completed correctly.
**Action taken**
The revised nursing assessment documentation included a section on whether DNACPR status had been established or still had to be discussed. Correctly completed DNACPR documents were stored in patient files and had been reviewed on each admission. **This recommendation is met.**

**Recommendation**
We recommend that the service should review patient care records so they include details on:

(a) any advance statement
(b) end-of-life wishes, and
(c) preferred place of death and preferred place of care.

**Action taken**
The revised nursing assessment documentation included details on end-of-life wishes, preferred place of death and preferred place of care. Patient care records also included information on advance statements. **This recommendation is met.**

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

**Action taken**
The service had removed a curtain at the end of the ward which let more light into the main corridor. On the days of inspection, we found the main corridor was brightly lit. **This recommendation is met.**

**Recommendation**
We recommend that the service should:

(a) provide a clinical hand washing sink in the sluice room
(b) identify all clinical hand wash basins and assess them based on current guidance, and
(c) clinical hand wash basins that are not compliant with current standards in line with a risk-based plan that takes into account the use of the basin, its design and the overall refurbishment plans for the hospice.

**Action taken**
A clinical hand washing sink had been installed in the sluice room. Other hand wash sinks had been replaced and were now up to the required standard. **This recommendation is met.**

**Recommendation**
We recommend that the service should establish a pre-employment health clearance system to ensure the health and fitness of staff.
Action taken
At the time of inspection, the manager told us this was still being developed. This recommendation is reported under Quality Statement 3.2. This recommendation is not met (see recommendation g).

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

Action taken
We saw records of discussions that had taken place with other allied health professionals about whether there was a need to agree sessional input. It was agreed there was no need to formalise the current arrangements as the allied health professionals confirmed they were able to provide a quick response to referrals. With referrals usually seen the same day, or the next day, it was felt that having a sessional agreement would make no difference to the quality of the current service provision. We saw evidence of multi-professional input in the patient care records. This recommendation is met.

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

Action taken
While we saw evidence of detailed audits linked to standards, the action plans were not clear and did not include timescales or the person responsible for leading the work. This recommendation is reported under Quality Statement 4.4. This recommendation is partially met (see recommendation i).

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

Action taken
We saw that detailed analyses of accidents and near misses had taken place. 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: 5 - Very good**
We looked at four patient care records and saw very good records of discussions with patients and their families. Discussions were recorded in the patient and family discussion form and documented that the plan of care had been discussed and agreed with the patient and their family where appropriate. Patients and relatives told us:

- ‘Everything was explained really well.’
- ‘They answered all the questions we wanted to ask, and they took time with us.’
- ‘As a family, we got all the answers we needed.’

Patients were offered copies of their care plans and were also asked if they would like their next of kin to receive a copy. This was recorded in the nursing assessment documentation.

The patient care records also documented that cognition was checked, with memory and orientation being assessed. Staff were well trained and knowledgeable about dementia and potential issues around capacity to consent to treatment. We saw Adults with Incapacity forms in use.

■ 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: 5 - Very good**
The service had a secure handling of information policy. Staff spoke confidently to us about their duties to protect patient information. Training on confidentiality is part of induction training and we saw this recorded in the induction booklet for staff nurses and healthcare assistants. Staff signed the booklet to record that they had completed this session.

The patient information booklet had information on how the service respects and protects privacy. For example, it explained that staff would not give information about the patient’s care to telephone callers without the patient’s prior consent. The booklet also contained information on the patient’s right to access their own information and how to go about this.

There was a section in the patient care record to record that consent to share information had been sought and with whom. This had been completed in the records we looked at. Patient’s told us:
• ‘It is very private. You don’t hear what is happening in the other rooms.’
• ‘There are a lot of areas where you can find privacy.’

The Information for Visitors leaflet had information on patient privacy and confidentiality and explained that staff could only discuss patients with visitors with the patient’s permission. Relatives told us:

• ‘They have respected my parent’s wish for privacy.’
• ‘The doctor is keeping us in the loop as much as possible.’

We saw that the patient care records were held in a lockable filing cabinet at the nurses’ station. We were told the cabinet was locked on the rare occasions when no one was at this area. Archived patient records were well organised and locked in a separate cupboard.

**Area for improvement**

The service did not have a Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing (see recommendation a). Having a Caldicott Guardian would strengthen information governance within the service.

- No requirements

**Recommendation a**

- We recommend that the service should appoint an appropriate member of staff to undertake the role of Caldicott Guardian.

**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 that patients and relatives could give feedback by completing a questionnaire. The service was using the same questionnaire from when we inspected in 2014. The questionnaire had sections on:

- nursing
- accommodation
- catering
- housekeeping
- laundry, and
- administration.

We saw that feedback for each area was extremely positive. The questionnaire was the only formal method of gathering feedback. We saw a number of thank you cards and newspaper
clippings from patients and relatives expressing gratitude to the service for their care and support.

Staff told us that improvements were constantly being made as a result of listening to patients. For example, the service was implementing internet access and had recently bought a new coffee machine. We asked patients and relatives if they could suggest anything the service could do better and they could not immediately think of anything. One patient said: ‘I am just so impressed with this place.’

**Areas for improvement**

The last inspection recommended that the service gave more explicit feedback on the results of patient and relatives questionnaires. We suggested that this could be displayed using a ‘You said/We did’ format. We saw this had not been done and we had further discussions with staff on the importance of conveying this information to patients and relatives, particularly as the service was highly responsive to patients’ needs. Of the patients and relatives we spoke with, some had not been asked for feedback yet. One patient had been given the questionnaire, but had not got round to filling it in. Two family members said staff had asked if they were happy and whether their relative was settling in.

We discussed with the service about exploring other methods of improving patient and relative involvement and suggested looking at the Scottish Health Council’s Participation Toolkit for ideas. The service could revise the questionnaire to include questions such as ‘What would make the service even better?’ Where a service is already scoring highly in satisfaction rates this type of question encourages patients to think more deeply about suggestions for improvement.

The service’s participation strategy was in the form of an information leaflet which outlined:

- the background and services of Bethesda Care Home and Hospice
- advocacy information, and
- what the service does to encourage service user and carer involvement such as the residents, patients and carers group.

This leaflet appeared to be directed towards patients and visitors to the service and did not fully detail the process for participation within the service. Such a strategy should include details on:

- the range of feedback methods available
- the process of how feedback is sought and collated
- how the service acts on feedback, and
- how results will be displayed (see recommendation b).

- No requirements.

**Recommendation b**

- We recommend that the service should revise its participation strategy to expand and formalise methods of gaining feedback and to detail how findings will be actioned and results displayed.
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
The service had a good, close working relationship with the pharmacy service, provided by the Western Isles Hospital. There was a medicines policy in place.

The pharmacy assistant visited during our inspection and showed us the processes for medicines reconciliation, storage, administration and safe disposal of medicines. The pharmacist had an overview of the prescribing practices and conducted a weekly audit of how medicines were being stored and administered in the service.

The service had an accountable officer for controlled drugs. Controlled drugs are medications that require to be controlled more strictly such as some types of painkillers.

We looked at four 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 identified, for example to be given by mouth or injection.

We saw from the service records that there had been very few medication errors. Any errors had been analysed with clear learning as a result. Medication training was included in staff induction sessions and staff carried out drug calculation tests every year. As the staff group was very small for the four-bedded unit, observation of practice took place every day in relation to giving medication.

Area for improvement
Whilst medical and nursing staff could describe how medicines reconciliation took place, we found information to demonstrate that medicines admission documentation was held in different places. When we reviewed the medicines documentation, we noted that there was no specific documentation for fully recording the process that should be followed for medicines reconciliation. The Scottish Government’s definition of medicines reconciliation describes it as the process healthcare teams undertake to make sure the service patient’s medication is exactly the same as the list that their GP, community pharmacist and hospital team have. The Chief Medical Officer’s guidance describes the measures that should be taken within 24 hours of admission, including:

- patient demographics documented
- allergy status on admission documented
- two or more sources, one of which should be the patient or carer, used on admission to give the best possible medicines history
- medicines plan documented for each medicine specifying continue, withhold or stop, and
• safe and accurate transcription of clinically appropriate medicines on inpatient prescription chart.

During the inspection, we found patient demographics and allergy status were recorded in the prescription chart and administration records. We also found that the doctors’ records listed medication brought in by the patient. However, we noted the documentation had no space for recording the patient’s medicines history from second or third sources. We also noted the documentation had no signature space for the person carrying out the medicines reconciliation. The Chief Medical Officer stipulates that a pharmacist should verify the medicines reconciliation as soon as possible after admission. There was also no specific space for the pharmacist to sign that this had taken place (see recommendation c).

–– No requirements.

Recommendation c

–– We recommend that the service should review its medicines admission documentation to make sure comprehensive recording of medicines reconciliation meets the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be included in the service’s medicines policy.

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: 5 - Very good
The service had a full-time handyman and a part-time handyman assistant who ensured that all equipment was maintained in good working order. This included a programme for planned maintenance and a system for reporting unplanned maintenance requests. The handyman had received training to carry out the annual Portable Appliance Testing. Any plumbing or electrical work was carried out by a contractor.

We saw that current contracts were in place with various providers for the maintenance of both clinical and non-clinical equipment such as hoists and special mattresses. The handyman kept records on:

• weekly checks on wheelchairs, bedrails and room call systems
• weekly water temperature checks and annual water testing
• 6-weekly checks on emergency pull cords, and
• checks on the security and fire systems.

We saw that all checks, including equipment servicing, were up to date. Staff told us the maintenance and repair service was highly effective. We found the maintenance and repair book was checked daily and issues were addressed in a timely manner.
Area for improvement
The handyman kept detailed, handwritten records for some of the more regular checks. The service could consider providing the handyman with pre-printed forms which would save time and be easier to complete and read.

- 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
We walked around the service and found it to be very clean. We saw that the environment was well maintained and free from hazards. We saw good infection control signage and good access to alcohol hand gel for visitors and staff to decontaminate their hands.

We saw the service had an infection control policy and a designated infection control link nurse. The link nurse attended regular meetings and annual infection control training held at the Western Isles Hospital. Five staff had undertaken the Cleanliness Champions course and regular hand hygiene audits showed good staff compliance.

We spoke with domestic staff who were able to show us cleaning schedules and how the process was managed. Cleaning schedule guidance for morning and afternoon cleaning was displayed on the walls in the domestic room.

Domestic staff clearly took pride in ensuring the hospice was clean and told us they got great satisfaction in making rooms welcoming for each patient.

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. Staff were able to explain how they dealt with different waste spillages and how they disposed of waste. The domestic room had a guide on waste disposal showing the classification of waste and the colour of the bags which should be used for specific waste products.

Patients and families told us they thought the cleanliness of the hospice was very good. They said:
- ‘The cleaners are very thorough.’
- ‘Spotless.’
- ‘They are forever using the hand gel.’

Areas for improvement
The service had carpets throughout to help contribute to the homely atmosphere and we were told these were not difficult to keep clean. We were also told the service had plans to replace these soon with new carpets. Cleaning blood or bodily fluid spills on carpets requires using 10 tablets of Actichlor per litre of water. Domestic carpets cannot withstand this type of
cleaning so the service should ensure that the specification of any new carpet complies with standard infection control practices (see recommendation d).

Staff were aware of the new Healthcare Improvement Scotland *Healthcare Associated Infection (HAI) Standards* (February 2015). However, the service’s infection control policy should include a reference to these standards (see recommendation e).

- No requirements.

**Recommendation d**

- We recommend that the service should ensure the specification of the new carpet complies with standard infection control practices to withstand the level of cleaning required.

**Recommendation e**

- We recommend that the service should update all relevant policies and procedures for infection prevention and control to ensure they contain references to the latest Healthcare Improvement Scotland standards.

**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 recruitment and retention policy in place. We reviewed the staff files of four staff and two volunteers. We found that all staff files contained:

- an application form
- two references
- professional registration information from the Nursing and Midwifery Council (NMC) or the Health Professions Council (HPC) if required, and
- copies of any qualifications and training undertaken.

We saw that the Protecting Vulnerable Groups (PVG) Scheme’s Disclosure Scotland numbers were kept in a separate electronic record. We found these checks were up to date.

All staff were given an induction handbook and carried out comprehensive induction specific to their staff role, which covered:

- health and safety
- confidentiality
- reporting of accidents and incidents
- medication
- policies and procedures
• moving and handling, and
• infection control.

We saw that registrations for nurses and doctors were checked and recorded, using online verification systems. We also saw that the service placed great importance on ongoing education and development opportunities for staff. Nursing staff were highly qualified in palliative care. For example, the senior sister had a Masters in palliative care, other nurses had post-graduate palliative care qualifications and healthcare assistants had Scottish Vocational Qualifications at Level 3. Staff had completed, or were in the process of completing, the Best Practice in Dementia Care Programme run by the Dementia Services Development Centre in Stirling.

We found evidence of staff keeping up to date with best practice and we saw good literature resources at the nurses’ station, in the doctors’ room and in the library. Nursing staff had additional ‘link nurse’ duties for specific aspects of care such as tissue viability and continence. We saw from meeting minutes that the service had good links and attendance at the NHS board’s nutritional care group meetings and the Scottish Pain Forum. We were also told that senior nursing and medical staff had recently travelled to Glasgow to attend the Scottish Palliative Care Congress.

**Areas for improvement**
The contents of staff files did not follow any particular order and did not have divided sections, therefore, we found it difficult to find specific information (see recommendation f).

The last inspection had recommended that a pre-employment health clearance check be implemented. This was still being progressed (see recommendation g).

The service’s recruitment policy said that interviews were conducted using the job descriptions. However, we found no records of the interview selection process (see recommendation h).

■ No requirements.

**Recommendation f**
■ We recommend that the service should index staff and volunteer files so that specific information can be found more easily.

**Recommendation g**
■ We recommend that the service should finalise and implement the pre-employment health clearance check.

**Recommendation h**
■ We recommend that the service should implement a system to clearly record the interview and selection process.
Quality Statement 3.4
We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 6 - Excellent
Staff in the service had an excellent ethos of respect towards patients and each other. This came through very strongly when we interviewed staff and patients. Patients told us:

- ‘We couldn’t fault the care.’
- ‘Everyone has been so lovely.’
- ‘There is always somebody there to help.’

We noticed that relatives were warmly welcomed and staff spent time making sure they were comfortable, such as checking they had enough to eat and drink. Three relatives told us they thought the care was ‘Excellent’, and one said it was ‘Very Good.’ Comments also included the following:

- ‘The personal care. The way staff talk to you. They take time to care, and they give us time.’
- ‘The staff are very accommodating. Nobody ever makes you feel you are in the way.’
- ‘My staying overnight is not a burden to them. They also got me a ‘put you up’ bed, and they give me porridge in the morning.’
- ‘The two medical staff go well beyond the ‘call of duty’. They don’t mind coming in ‘out of hours’. Nothing is too much for them.’
- ‘At night you never have to wait for more than a minute.’

Staff told us how much they enjoyed working in the service. They felt listened to, well supported and said that communication throughout the hospice was excellent. As the service was very small, communication was not an issue. We saw staff were constantly talking to each other. The staff meetings and the 2-monthly Bethesda newsletter kept them informed. The manager had an open door policy and staff felt comfortable approaching them at any time.

Staff told us:

- ‘I love working here.’
- ‘Being able to spend time with patients and relatives is what I enjoy.’
- ‘It’s like one big family.’
- ‘It’s a very supportive place to work.’

A visiting MacMillan Nurse spoke to us and said the inpatient service was fantastic and staff were very good at liaising with the MacMillan service.

All of the interactions we observed between medical and nursing staff with patients and families were warm, respectful, caring and professional. We noted that the atmosphere was calm and relaxed throughout our inspection and staff seemed happy in their work.
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: 5 - Very good
Staff told us they felt involved in determining the service’s future direction. We saw from regular staff meeting minutes that they could offer suggestions and were listened to.

The recent extension of the care home had caused some anxieties amongst staff. We saw from the meeting minutes that the manager had spent time and effort discussing concerns with staff.

Staff received regular support, supervision and yearly appraisals and newer members of staff told us they were well supported by senior colleagues.

We noted that the service placed high importance on learning. Staff were encouraged to develop within the service and were given opportunities to extend their skills and qualifications. For example, healthcare assistants were encouraged to become qualified nurses and return to work in the service. The service had a library and we saw good learning resources such as recent literature on best practice in palliative care and dementia care.

The nurses in the service were all student mentors. The service had two to four nursing students at any one time. We saw that the service had an evaluation form for students to assess their placement. This included questions on how they rated satisfaction with:

- the quality of supervision
- opportunities to develop skills, and
- the range of experience.

The evaluation form also asked the student to suggest what changes could enhance student placements and what they felt were the service’s strengths and weaknesses.

No requirements.
No recommendations.
Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service submitted a basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and National Care Standards. We found good quality information that we were able to verify during our inspection.

The provider is responsible for operating the hospice and a care home from the same premises. An integrated management and governance structure covers both the hospice and the care home. This provides the hospice with more formal arrangements than if it was a standalone hospice of a similar size.

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

- senior staff meeting
- health and safety group
- infection control group, and
- patients and carers group.

The health and safety, infection control, and patients and carers groups all report to the board of the Scottish Charitable Incorporated Organisation trustees through the senior staff meeting.

We saw that the provider had an established programme of audits that included the hospice. We also saw the list of recent audits included:

- apron and glove changing
- hand hygiene
- pain management
- constipation management, and
- completion of nutrition assessments.

Area for improvement
At the last inspection, we recommended that each audit should have a clear improvement action plan. The action plans should explain when improvements will be made by and the person responsible for leading the work. At this inspection, we found that this was still to be implemented. While we could see that results of audits were discussed at the senior staff meetings, we could not see a clear process for actions, timescales and naming the lead person (see recommendation i).

■ No requirements.

Recommendation i
We recommend the service should develop a clear improvement action plan following an audit that shows the timescales when improvements will be made by and the person responsible for leading the work.
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 0.4

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

**Recommendation**

**We recommend that the service should:**

- **a** appoint an appropriate member of staff to undertake the role of Caldicott Guardian (see page 12).

  National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)

### Quality Statement 1.1

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

**Recommendation**

**We recommend that the service should:**

- **b** revise its participation strategy to expand and formalise methods of gaining feedback and to detail how findings will be actioned and results displayed (see page 13).

  This was previously identified as a recommendation in the June 2014 inspection report for Bethesda Hospice.

  National Care Standards – Hospice Care (Standard 21 – Advocacy, comments, concerns and complaints)
### Quality Statement 1.4

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

**Recommendation**

**We recommend that the service should:**

- c review its medicines admission documentation to make sure comprehensive recording of medicines reconciliation meets the best practice guidance: *Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013)*. This information should also be included in the service’s medicines policy (see page 15).

National Care Standards – Hospice Care (Standard 8 – Medicines)

### Quality Statement 2.4

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

**Recommendations**

**We recommend that the service should:**

- d ensure the specification of the new carpet complies with standard infection control practices to withstand the level of cleaning required (see page 17).

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

- e update all relevant policies and procedures for infection prevention and control to ensure they contain references of the latest Healthcare Improvement Scotland standards (see page 17).

National Care Standards – Hospice Care (Standard 7 – Infection control)
### Quality Statement 3.2

**Requirements**

None

**Recommendations**

We recommend that the service should:

- **f** index staff and volunteer files so that specific information can be found more easily (see page 18).
  
  National Care Standards – Hospice Care (Standard 6 – Staff)

- **g** finalise and implement the pre-employment health clearance check (see page 18).
  
  This was previously identified as a recommendation in the June 2014 inspection report for Bethesda Hospice.

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

- **h** implement a system to clearly record the interview and selection process (see page 18).
  
  National Care Standards – Hospice Care (Standard 6 – Staff)

### Quality Statement 4.4

**Requirements**

None

**Recommendation**

We recommend that the service should:

- **i** develop a clear improvement action plan following an audit that shows the timescales when improvements will be made by and the person responsible for leading the work (see page 21).
  
  This was previously identified as a recommendation in the June 2014 inspection report for Bethesda Hospice.

  National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)
## 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>17/02/2012</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>6 - Excellent</td>
<td>4 - Good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>2–3/06/2014</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>15–16/03/2016</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](http://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  5  4  3  2  1
excellent  very good  good  adequate  weak  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate
Quality Statement 1.2 – 5 - Very good
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
## Appendix 5 – Inspection process flow chart

We follow a number of stages in our inspection process.

### Before inspection

- The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.
- We review the self-assessment submission to help inform and prepare for on-site inspections.

### During inspection

- We arrive at the service and undertake physical inspection.
- We have discussions with senior staff and/or operational staff, people who use the service and their carers.
- We give feedback to the service’s senior staff.
- We undertake further inspection of services if significant concern is identified.

### After inspection

- We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
- We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
Appendix 6 – Details of inspection

The inspection to Bethesda Hospice, Bethesda Care Home & Hospice, was conducted on Tuesday 15 and Wednesday 16 March 2016.

The inspection team was made up of the following members:

Julie Miller
Lead Inspector

Fraser Tweedie
Public Partner
## Appendix 7 – Terms we use in this report

**Terms and explanation**

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

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