Unannounced Inspection Report: Independent Healthcare

Rachel House Children’s Hospice | Children’s Hospice Association Scotland | Kinross
3–4 December 2014
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1 A summary of our inspection

About the service we inspected

Rachel House is registered as an independent hospital providing care for babies, children and young people with a range of life-shortening conditions many of which are rare. The service supports the whole family by offering:

- short, planned breaks
- emergency support
- end of life care, and
- a range of bereavement services.

The service provider is the Children's Hospice Association Scotland (CHAS). This charitable organisation is the sole provider of children’s hospice services in Scotland and has a second hospice service, Robin House, which is in Balloch.

Rachel House is located in the small town of Kinross. The grounds and building are accessible for wheelchair users. The garden area is well maintained, pleasant and has imaginative play areas for children. The car park is at the front of the premises.

Rachel House has eight individual bedrooms for children and young people. Sofa-beds are available for parents or siblings to sleep overnight within the children’s rooms if they choose. In addition, family accommodation is located on the first floor. There are eight en-suite bedrooms and a shared sitting room with kitchen area.

Support and care are provided to individuals and families by a multidisciplinary team of healthcare staff. A team of trained volunteer staff support the service in various activities. For example, cleaning, gardening and office work.

The service aims to offer a place where families can relax, recharge their batteries and have fun with their children. This service also aims to help children make the most of each day and to live life to the full.

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 Rachel House Children’s Hospice on Wednesday 3 and Thursday 4 December 2014.

The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure, and a public partner, Fraser Tweedie. 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 four 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:** Not assessed
**Quality Theme 1 – Quality of care and support:** 5 - Very good
**Quality Theme 2 – Quality of environment:** 4 - Good
**Quality Theme 3 – Quality of staffing:** 4 - Good
**Quality Theme 4 – Quality of management and leadership:** 4 - Good

The grading history for Rachel House Children’s 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 6 September 2013.

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

- four children’s and young person’s care records
- various policies, procedures, minutes of meetings
- accident and incident records
- maintenance records
- audits
- staff files
- records verifying the professional registrations for staff
- training records, and
- comments and questionnaires from children and families.

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

- two young people
- two parents
- the clinical nurse manager
- two charge nurses
- two staff nurses
- two doctors
- two nursing support workers
- the pharmacist
- the head housekeeper
- the head of maintenance, and
• the clinical effectiveness nurse.

We inspected the following areas:

• lounge and dining room
• a selection of bedrooms for children and young people
• family accommodation, and
• play room, teenage zone, and arts and crafts room.

What the service does well
We noted areas where the service was performing well.

• The service provided a very high standard of care, treatment and support to the children, young people and families visiting the service.
• The service was well known and there were good links with other local resources within the NHS as well as other charitable providers.
• There was a dedicated and caring team of staff who were focused on providing care, activities and comfort to all who stayed there.
• Rachel House continued to offer a high quality service which was appreciated and commended by children, young people and families.

What the service could do better
We did find that improvement is needed in the following areas.

• Risk assessment should be developed for the use of portable heaters and bed selection.
• Storage of oxygen cylinders within the ward area has to be improved.
• Staff knowledge of correct procedures for cleaning body fluid spillages.
• Checking of professional registers for staff other than nurses.
• The quality assurance system should be developed in light of new organisational and staff structures.

This inspection resulted in seven requirements and seven recommendations. One recommendation was not met from the previous inspection report. 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.

Children’s Hospice Association Scotland (CHAS), the provider, must address the requirements and the necessary improvements made, as a matter of priority.

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

What the service has done to meet the recommendations we made at our last inspection on 6 September 2013

Recommendation

The provider should ensure that a more robust system is put in place for the checking-in system of the service users own drugs. Staff should be reminded of the need to record the drug name, formulation, dose and frequency for all medications received. Action taken to address discrepancies should be clearly recorded in the person’s healthcare record.

Action taken

We looked at medicine records and found staff were using the checking-in system. All medicines brought into the service were listed but not all records were signed by staff at admission. We saw how staff record discrepancies. We also saw what actions were taken to make sure the correct medicines were listed on the inpatient prescription chart. We found some attention to detail is still needed to ensure the records are properly completed. We discussed this with the pharmacist and they agreed to follow this up regularly. This recommendation is met but is reported on under Quality Statement 1.4 as an area for improvement.

Recommendation

The provider should further develop the policy and procedure for the involvement of parents in the administration of medication. This should include how to record medicines administered by parents on the medication administration record chart to ensure consistency in approach and that there are no omissions in the recording process.

Action taken

There was an updated policy called supporting children, young people and their parents in administering medications. This policy was reviewed in August 2014. This set out three levels, with parents of young people classed as level 3, able to administer medication unsupervised. Parents of young people who were classed as level 1 or 2 should receive some staff support and prompting, to encourage independence. At level 3, the young person or parent would sign their initials on the inpatient prescription chart. This policy and assessment form can be used to decide which level had been agreed, provided a clearer system of who was administering medications and ensured that the chart was signed to prevent omissions or duplications. This recommendation is met.

Recommendation

The provider should ensure that any agreement with parents, to be involved in the administration of medication, is written into the plan of care in the healthcare record of the person who uses the service.

Action taken

We saw one example of a parent signing the medication administration chart and being regularly involved in administering their child’s medication. However, staff had not followed the policy in this instance as there was no recorded assessment to agree the level of independence for administering medication. Therefore, there was no evidence that the consent form had been used and no record of this arrangement in the care plan. In another example, staff had incorrectly asked the parent to sign the consent for levels 1, 2 and 3. This showed a lack of staff understanding of this system. We discussed this with management.
and the pharmacist and it was agreed that more training on this subject was needed. **This recommendation is not met** and is reported under Quality Statement 1.4 (recommendation a).
3 What we found during this inspection

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 looked at how the service was gathering feedback from children, young people and parents about the quality of care and support. We found suggestion postcards and a compliments, suggestions and complaints form were the main methods used to do this. The postcards and compliments, suggestions and complaints forms are completed and handed to staff or placed in a suggestion box.

The service had a spreadsheet to record all compliments, suggestions and complaints. This gave a summary of any response or action taken as a result. The service uses the spreadsheet to give them an overview of the types of comments being made. The spreadsheet showed that actions were taken when possible. Examples included suggestions being made about activities and snacks. We saw this was listened to and changes made.

Staff told us they would try to give a personal response by telephoning or even visiting the person. This showed a high level of regard for the people using the service and a willingness to improve the care and support.

The service had evaluated activities and events and we saw examples of completed questionnaires.

The family support team had used an evaluation form that asks parents:

- what went well
- would be even better if
- what would you like more of
- what would you like less of, and
- any other comments?

This was a helpful format and gave some valuable feedback and some very positive comments about the support provided.

Comments were also invited from young people and parents through the CHAS Chat newsletter and through the CHAS website.

We heard very positive comments from parents and young people about how involved they were with any decision-making about their care and support. In particular, parents commented on the level of detail that staff go into on admission to ensure that the medication and the care plan was up to date. Parents saw this as very positive.

The parents and young people that we spoke with all commented positively on the meals and activities. One stated that the care and support was ‘excellent’ and three stated that it was ‘very good’.
Areas for improvement

The self-assessment carried out by the service recognised the need to improve how it records feedback from children, young people and parents. Staff told us a lot of verbal feedback was not recorded. Recording this could be helpful in trying to identify trends in positive or negative experiences of the service, or to evidence involvement.

Although suggestion postcards and a suggestion box were available outside the family lounge upstairs, these were not available in the downstairs accommodation used by children and young people. These could be made more widely available for everyone to use.

The service had ‘After Your Visit’ questionnaires which asked a number of questions about the experience of care and support provided. These were available in the folders in family rooms, but none had been completed recently. These could be promoted more to gather formal feedback. The service could consider using age appropriate surveys to gather feedback from children and young people.

We noted that the service was not using aspects of the user participation policy. For example, feedback gathered using the ‘Are we getting it right?’ framework had not been used recently. This feedback had been used in the past and was gathered through questionnaires adapted to suit children and one-to-one approaches. Also, we saw no examples of the service gathering feedback using pictures or other creative approaches to understand the experience for younger children or children with sensory impairment. Staff told us these had been used in the past, but recent changes in the service meant the focus on using these feedback systems had been put on hold.

The service could develop and formalise current methods of getting feedback. This would help to capture the views and experiences of the care and support provided.

■ No requirements.
■ No recommendations.

Quality Statement 1.4

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

Grade awarded for this statement: 5 - Very good

We checked the procedures used by staff for making sure children and young people had the correct medication administered whilst they were at the hospice.

These procedures included:

• a pre-admission telephone call to the parent (or care giver)
• checking the medication name, dose and frequency on admission, and
• a further check of the inpatient prescription chart.

During the inspection, we saw one doctor carry out a pre-admission telephone call to the parent or care giver. This call talked through the previous list of medications on the inpatient
prescription chart and asked if anything had changed since the last admission. The doctor recorded specific times of doses, which were agreed with the parent.

Staff used a patient own drugs assessment form to record what drugs were brought into the hospice. These assessment forms were from recent admissions and showed the names and type of medication. We also found staff recording discrepancies between the label of the medication and what was on the inpatient prescription record. This was good practice and required by the documentation. The nurse completing the checks should sign the signature section. In most cases this was completed.

We saw a selection of inpatient prescription charts in the bedside folders and also some that were filed away after discharge. These showed the nurse, parent or care giver signing in a space next to each medication on the record to agree that the prescription was correct. This was a further level of checking. Both staff and parents told us this was working well.

Parents and young people told us they were confident about staff’s ability to administer medications correctly.

During the inspection, we checked the medication storage area. It was clean and tidy. We found evidence of the pharmacist carrying out regular checks. If a medication was due to expire, this was highlighted to staff. The medication fridge was locked securely and temperatures were recorded to ensure safe storage.

We found staff using two controlled drugs books. Controlled drugs are medications legally required to be more closely monitored than standard medications. One book was used to record stock and the other to record patient’s own drugs. This makes sure that medication which belonged to a child or young person was stored and monitored separately to ensure it was returned to the person at the end of their stay.

We found evidence of the pharmacist proactively monitoring staff practices. The pharmacist had carried out several audits on medicines management. These included an audit on staff distractions. The audit considers the number of interruptions nurses have whilst administering medications and how these can be reduced whenever possible. Distractions can cause an increase in the risk of errors occurring and so minimising these can be beneficial.

**Areas for improvement**

We found greater attention to detail was needed to ensure that during admission the signature spaces were completed as indicated on the patient’s own drugs assessment form and the inpatient prescription chart.

Management and the pharmacist confirmed that new staff were still learning about new procedures for checking in patients own drugs. We were told that training was in progress through staff induction and ongoing competency assessments.

During the inspection, we looked at two examples of parents administering medication. We found in both cases the consent form was not used correctly. We also found the care plans did not record the details of the medication arrangement. The service needs to do a formal assessment of how parents share medication administration responsibility with nurses. Also, staff need training to make sure they are familiar and competent in using these systems. This was discussed with management and the pharmacist and it was agreed that further training would be provided. Also, checks of these systems need to be carried out to ensure that the records are being kept to the expected standard (see recommendation a).
During the inspection, we found a controlled drug medication, which was a patient’s own drug, had been added to the stock supply. This was recorded in the controlled drugs books. However, the national care standards state that any medicine you bring with you and do not require at discharge will be safely disposed of in line with legal requirements. This was a one-off instance and this practice has been reviewed in the light of new local pharmacy arrangements. Staff need to be mindful that patient’s own drugs belong to the patient and cannot be added to stock (see recommendation b).

A delay was noted in the return of some controlled drugs medications to the pharmacy. Staff told us this was due to staff roles changing during the recent restructure. This meant that staff with the appropriate designation had not been available to carry out the returns procedure. This was due to be reviewed to ensure these systems can be followed more easily.

No requirements.

Recommendation a

- We recommend that the service should ensure that any agreement with parents, to be involved in the administration of medication, is assessed, agreed and written into the plan of care in the healthcare record of the person who uses the service.

Recommendation b

- We recommend that the service should review the practice of adding a patient’s own medication to stock if no longer required at discharge, as this is not in keeping with national care standards.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good

We looked at how the service was gathering feedback from children, young people and parents about the quality of the environment. We found suggestion postcards and a compliments, suggestions and complaints form were the main, formal methods used to do this.

We saw examples of issues being acted on by the service. We saw a parent had commented about uncomfortable mattresses and new mattresses had recently been bought for the family rooms. In another example, it was commented that sometimes the heating was not adequate and this was now being reviewed. Staff told us that new, more effective heating was being installed.

The service had carried out an options appraisal. Families were asked what they thought the building should be used for in the future, and whether the existing building should be adapted, or a new building built. Although this was put on hold, the information gathered was being used to inform how the children’s and family rooms should be redecorated.

Staff told us they received a lot of verbal feedback from families on the environment and atmosphere of the hospice. All feedback was positive.
Area for improvement
We found that methods of receiving feedback could be developed and formalised to help capture more widely views and experiences of the environment and facilities provided.

- No requirements.
- No recommendations.

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

Grade awarded for this statement: 4 - Good
During the inspection, we found all areas of the service were clean and tidy with a bright, welcoming and homely feel. Rachel House was purpose built to be accessible for wheelchair users. The children and young people had their own rooms and families had private accommodation within the hospice. All children’s and young people's bedrooms had tracking hoists. A soft play area, a jacuzzi pool area and standard and adapted bathrooms also had tracking hoists. Portable hoists were used in other areas of the house. There were many different rooms and areas in the hospice to allow families to have privacy or companionship.

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception, and certain rooms were key pad controlled. This helped the security of the building. Other rooms had high up locks to make sure children were unable to access them and cupboards had child locks on them to ensure safety.

We spoke with the head housekeeper who was able to show us the systems and processes in place for cleaning the hospice. These included cleaning schedules and spot checks. There was a range of specialised equipment available for staff to assist with the care of children and young people. The maintenance manager showed us service records for clinical and non-clinical equipment. These service records included equipment serviced by external contractors. We also saw:

- how equipment issues are recorded and reported
- how equipment issues are dealt with, and
- copies of environmental risk assessments, such as fire and water assessments.

Staff had mandatory health and safety and infection control training using online modules and face-to-face teaching sessions. Policies and standard operating procedures supported this learning and link nurses acted as a resource and point of contact for information. We saw minutes of health and safety and infection control meetings taking place. One member of staff had recently completed levels 1 and 3 of the National Examination Board of Occupational Safety and Health general certificate and a number of staff had completed their cleanliness champion training. We found evidence of staff carrying out mattress and sharps audits.

Individual risk assessments for each child or young person were available to view in the bedside folder within the child’s room. These risk assessments were specific to each child’s needs.
We spoke with two parents and two young people who said the hospice was:

- ‘very good’
- ‘excellent’
- ‘very accessible’, and
- ‘always clean’.

**Areas for improvement**

We saw that there was no suitable handwash facility available in the dirty utility, laundry or housekeepers cupboard. Although an environmental audit had been carried out some time ago, this had not been identified. Also, there was no risk-based plan for upgrading these facilities. A plan should be put in place to improve the handwash facilities in these areas (see recommendation c).

A new store had been built for oxygen cylinders outside the building. However, we saw that oxygen cylinders were not stored securely in the treatment room. Oxygen cylinders can present a risk if the cylinder topples over and gas unexpectedly releases. This can cause the cylinder to move at considerable speed with potential damage to the environment or harm to people. Therefore, it is important that they are stored correctly (see requirement 1).

There were no up-to-date cleaning product data sheets available for staff. This is required by the Control of Substances Hazardous to Health (COSHH) regulations. Staff should also have access to risk assessments. This had not been identified in any audit or checks and showed a weakness in the health and safety checking systems. COSHH documentation must be compiled and systems introduced to ensure that they stay up to date (see requirement 2).

We looked at what risk assessments had been carried out to ensure bed size and use of bedrails is appropriate for individual children and young people. Although staff had some awareness of the risks associated with the equipment and were aiming to provide constant supervision, there was no formal method of recording this. A formal risk assessment for the bed type and use of bedrails must be introduced to improve record-keeping (see requirement 3).

Portable heaters were being used because of problems with the heating system. There was no evidence of risk assessments. These heaters can be hazardous to children and care must be taken to ensure that they are used safely and removed at the earliest opportunity (see requirement 3).

We noted the hospice was carpeted throughout. Although this added to the homely feel, carpets are difficult to clean. If any refurbishment is undertaken in the future, the provider may wish to consider this, in discussion with parents, children and young people.

**Requirement 1 – Timescale: by 31 January 2015**

- The provider must ensure that staff are aware of the correct procedure for storage of oxygen cylinders and that cylinders are stored safely.

**Requirement 2 – Timescale: by 31 March 2015**

- The provider must ensure up-to-date Control of Substances Hazardous to Health (COSHH) documentation is available for staff and provide education and training for their use.
Requirement 3 – Timescale: by 31 March 2015

■ The provider must develop appropriate risk assessments to ensure the safe use of beds, bedrails and standalone heaters.

Recommendation c

■ We recommend that the service should identify all clinical handwash basins and assess them based on current guidance. The clinical handwash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design.

Quality Theme 3 – Quality of staffing

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 4 - Good

The service had recently conducted a skill-mix review. The review considered the numbers of qualified nurses and the qualifications of nursing support staff required to run the service on a day-to-day basis. As part of the review, families were asked their opinions on the staffing needs of the service by:

• completing a questionnaire, and
• participating in informal discussion groups.

Management told us that a lot of feedback about staff and staffing arrangements was given verbally in discussion with staff. We also saw many thank you cards which showed appreciation of all staff groups.

Areas for improvement

Apart from being involved in the recent skill-mix review, there was limited evidence that families, children and young people regularly participate in giving feedback on the quality of staffing.

The ‘After Your Visit’ questionnaire should be used to ask more specific questions about staff, such as:

• do know who your key worker or named nurse is
• do you know the names of staff and what they do
• can you change staff if you wish, and
• are staff knowledgeable about your child’s condition and treatment?

As well as asking for comments, families could be asked for general suggestions about how to improve the quality of staff. A system could be used to capture verbal feedback more effectively (see recommendation d).
No requirements.

**Recommendation d**

- We recommend that the service should develop the 'After Your Visit' questionnaire to include questions about the quality of staffing.

**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**

We assessed three staff personnel files during the inspection. We found evidence within each staff file that correct recruitment processes were being adhered to in line with policy and current legislation. We also found the files were in good order. The hospice had a staff recruitment policy and procedure in place.

A system was in place to track and follow up fitness to practise checks prior to employment to make sure these were carried out. We found all required pre-employment information was being obtained before a new member of staff commenced work. This included enrolment in the Protection of Vulnerable Groups (PVG) scheme run by Disclosure Scotland. A system was also in place for these to be carried out retrospectively on in order to enrol existing members of staff.

There were systems in place to check and monitor some staff on professional registers. This included using online register for nurses with the Nursing and Midwifery Council.

We checked medical revalidation systems and the medical director confirmed that progress was being made in drawing up an agreement with NHS Tayside. One doctor employed by CHAS had been revalidated within the last year and another was due to complete this process by March 2015. All doctors must complete this process periodically in order to maintain their registration with the General Medical Council. This process checks they are up to date with current best practice.

We saw documentation which showed there was a staff induction programme.

Staff had access to online modules and face-to-face learning for mandatory and statutory training. These training modules can be specific to different staff groups. Managers monitor staff training using monthly completion rates. Face-to-face training was facilitated through a system of monthly, three-monthly and yearly training days, with each staff member attending one of each. Other training was arranged as required with external trainers being used as needed.

The service had a child protection policy and adult support and protection policy in place. These policies were clear and had contact numbers for local social work services. We also found evidence of staff receiving extensive training on this subject. We asked staff if they were able to challenge colleagues if they observed poor practice. All stated that they would report this to senior staff. This showed an awareness of the vulnerability of the children and young people using the service and the need to make sure they are protected.
A clinical competency framework has recently been developed for registered nurses with 41 competencies for staff to complete including:

- assessment and care planning
- communication skills with children and young people
- end of life care
- pain management
- peritoneal dialysis
- seizure management, and
- wound management.

This comprehensive competency framework has interest from a university to develop it into an accredited module.

We found there was a system of clinical supervision and peer support meetings that encouraged staff development. We also found an annual staff performance review system in place. Staff were encouraged to identify appropriate training at their performance review that linked in with the department plan and organisational strategy.

The service used a capacity trigger tool to ensure there was an adequate staff to patient ratio, reducing patient admissions if required. For example, on the days we inspected the service, not all of the bedrooms were occupied. The service had calculated that the staff on duty were able to meet the needs of the children and young people at that time.

In November 2014, the service had introduced a new skill-mix framework. This meant many staff were settling into new roles and new staff were still being recruited. We will look again at how the team has developed at the next inspection.

A parent told us that they felt there was enough staff and they were getting more support than previously.

All of the parents and young people that we spoke with agreed that staff were caring, aware of their likes and dislikes and knew how to support hobbies or interests.

Some comments included:

- ‘It is very person-centred, with lots and lots of activities and stimulation’
- ‘They are very caring’
- ‘It is very much the case of 'active' listening’.

Areas for improvement

The new skill-mix framework had recently been introduced and many staff were changing roles within the organisation. To support staff in their new roles, new individual training needs should be assessed and learning plans produced. These should include leadership knowledge and skills development (see recommendation e).

All registered nurses were in the process of meeting the new clinical competency framework, with support from the new clinical effectiveness team. The target for completion for all staff currently in post was 31 March 2015. This was being monitored by management. The service had decided that it was essential that all nursing staff demonstrate the competencies
framework and therefore be assured that they have the specialist skills and knowledge to undertake their role.

The service had identified the need to introduce a similar competency framework for support staff. The clinical effectiveness team was in the process of developing this.

Although some clinical leads and champions were in place, such as infection control, more individuals could be identified to support staff to develop specific knowledge and clinical skills.

We asked staff about the correct procedures for cleaning up any spilled body fluids. Their responses indicated that further training was required on this subject. It is important that staff understand how to do this correctly to ensure safe infection control procedures are followed (see requirement 4).

The service confirmed that they had not been checking professional registration for all staff. This included professionals who were not nurses. This system is now being put into place and is required by legislation (see requirement 5).

**Requirement 4 – Timescale: by 31 March 2015**

- The provider must ensure that all staff are aware of the correct cleaning products and procedure for cleaning up spillages of body fluids. This is to ensure that the risk of cross-contamination from cleaning is minimised.

**Requirement 5 – Timescale: immediate**

- The provider must ensure that all professional registers are checked periodically to ensure staff are fit to practise.

**Recommendation e**

- We recommend that the service should assess individual staff training needs and create learning plans which include developing leadership knowledge and skills to support staff in their new roles.

**Quality Theme 4 – Quality of management and leadership**

**Quality Statement 4.1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 5 - Very good

Families and young people had been involved in developing the service’s strategy and evaluating service developments. We saw completed evaluation forms giving feedback on specific parts of the service, such as bereavement and family support.

Three parents were members of the CHAS Board. This was intended as a way of representing the views of families.

The service had supported a group of young people aged 16 and over to form a Young Adult Campaign group. This group had contributed both strategically and operationally to developing care and support for this age group. They attended the Scottish Parliament to
raise awareness of the needs of this age group and directly influenced the creation of the transition team at CHAS.

During the inspection, we found the culture of the service was one of partnership of care and this was clearly valued highly by people using the service.

**Area for improvement**

The service could ask young people and their families to feedback on local management and leadership.

- 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: 4 - Good**

The clinical governance committee met four times a year. The purpose of this group was to oversee clinical reports on incidents, outcome of audits and other key quality indicators.

A clinical incident report had been compiled covering the period April–October 2014. This was presented to the clinical governance meeting at the end of November 2014. This report included points from previous Healthcare Improvement Scotland inspection reports, medication and ‘feed’ incidents (where liquid food was administered directly into the stomach or intestine), near misses and equipment incidents. This showed that these incidents had been recorded and action points had been identified.

There had been a recent review of some of the reporting structures within the service and CHAS. One of the results of this review was the children and families management and support meeting structure. This showed how various groups should link together to provide a flow of information from point of care to other operational staff and management.

Minutes of the meetings showed that there were opportunities for incidents to be followed up. For example, the medication audits were discussed at the practice development meeting. The discussion gave a clear breakdown of any incidents or errors that had occurred and the subsequent, identified learning points.

There were a low number of incidents or accidents affecting children and young people, and this was an indicator of good quality care.

There had been some limited audit activity to check the quality of aspects of the service. One example was the October 2014 audit on preferred place of care and preferred place of death. This provided valuable information which the hospice could use to help improve services further.

Incidents and complaints were logged and some feedback was sought from families and young people. There were lots of compliments about the service and many suggestions were acted upon.
Areas for improvement

The clinical governance structure had not yet been fully reviewed and it was not clear how audit results, feedback from families and young people, incidents and complaints were tracked and linked to improvement plans. There was a need for an overall quality assurance policy to set out how this should be done (see recommendation f).

A new clinical effectiveness team had just been introduced. The service expected to take forward learning points from incidents, complaints or audits to make sure any necessary changes to practice were carried out. We noted this was a positive development. However, it was still at a very early stage and so it was not possible to gauge how this would work in practice. Progress will be checked at the next inspection.

There was no comprehensive patient care record audit and no evidence that the frequency of core audits had been agreed. Although some infection control audits had taken place, more needed to be done, including audits on:

- hand hygiene
- waste handling and disposal
- safe handling and control of linen, and
- use of personal protective equipment.

The introduction of further audits would ensure good infection control practices (see recommendation g).

According to the complaints records, we saw that the service had only responded verbally to some complaints. This was contrary to the formal written response which is required by the provider’s complaints policy. Staff told us this was because the complaint had been made verbally. However, the policy did not make a distinction between verbal and written complaints. This practice must be reviewed.

We also saw that some issues which had been recorded as complaints had not yet been responded to. This meant that the timescale for response was exceeding that set out in the provider’s complaints policy. Management agreed that the management of complaints was an area that needed to be developed (see requirement 6).

The service had not been making notifications to Healthcare Improvement Scotland as required by law and set out in the published guidance. In particular, these were in relation to a change of manager, medication administration errors and a reduction in the number of beds available for use (see requirement 7).

As reported earlier, the service was not using aspects of the user participation policy and we could not see how this was being monitored using the current governance structures in place. We will check to see how this progresses at the next inspection.

Requirement 6 – Timescale: Immediate

- The provider must ensure that complaints are responded to in line with the CHAS complaints policy.

Requirement 7 – Timescale: Immediate

- The provider must notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers.
Recommendation f

- We recommend that the service should review and improve quality assurance systems to ensure incidents, audits, complaints and user feedback are considered to gain learning points and influence improvement plans.

Recommendation g

- We recommend that the service should develop an audit plan which details the frequency of core audits.
Appendix 1 – Requirements and recommendations

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

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

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

<table>
<thead>
<tr>
<th>Quality Statement 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>a  ensure that any agreement with parents, to be involved in the administration of medication, is assessed, agreed and written into the plan of care in the healthcare record of the person who uses the service (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 8.1 – Medicines)</td>
</tr>
<tr>
<td>This was previously identified as a requirement in the September 2013 inspection report for Rachel House Children’s Hospice.</td>
</tr>
<tr>
<td>b  review the practice of adding a patient’s own medication to stock if no longer required at discharge, as this is not in keeping with national care standards (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 8.1 – Medicines)</td>
</tr>
</tbody>
</table>
### Quality Statement 2.2

**Requirements**

The provider must:

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<tbody>
<tr>
<td>1</td>
<td>ensure that staff are aware of the correct procedure for storage of oxygen cylinders and that cylinders are stored safely (see page 14).</td>
</tr>
</tbody>
</table>

**Timescale:** by 31 January 2015

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  
National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

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<tr>
<td>2</td>
<td>ensure up-to-date Control of Substances Hazardous to Health (COSHH) documentation is available for staff and provide education and training for their use (see page 14).</td>
</tr>
</tbody>
</table>

**Timescale:** by 31 March 2015

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  
National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

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<tr>
<td>3</td>
<td>develop appropriate risk assessments to ensure the safe use of beds, bedrails and standalone heaters (see page 15).</td>
</tr>
</tbody>
</table>

**Timescale:** by 31 March 2015

*Regulation 3(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  
National Care Standards – Hospice Care (Standard 3.2 – Guidelines and legislation)

**Recommendation**

We recommend that the service should:

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<tr>
<td>c</td>
<td>identify all clinical handwash basins and assess them based on current guidance. The clinical handwash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design (see page 15).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 4.1 – Premises and Standard 7.3 – Infection control)
### Quality Statement 3.1

**Requirements**

| None |

**Recommendation**

We recommend that the service should:

<table>
<thead>
<tr>
<th>d</th>
<th>develop the ‘After Your Visit’ questionnaire to include questions about the quality of staffing (see page 16).</th>
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<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 21 – advocacy, comments, concerns and complaints)</td>
</tr>
</tbody>
</table>

### Quality Statement 3.3

**Requirement**

The provider must:

<table>
<thead>
<tr>
<th>4</th>
<th>ensure that all staff are aware of the correct cleaning products and procedure for cleaning up spillages of body fluids. This is to ensure that the risk of cross-contamination from cleaning is minimised (see page 18).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timescale: by 31 March 2015</td>
</tr>
<tr>
<td></td>
<td>Regulation 3(d) (i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 7.3 – Infection control)</td>
</tr>
<tr>
<td>5</td>
<td>ensure that all professional registers are checked periodically to ensure staff are fit to practise (see page 18).</td>
</tr>
<tr>
<td></td>
<td>Timescale: Immediate</td>
</tr>
<tr>
<td></td>
<td>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
</tr>
</tbody>
</table>

**Recommendation**

We recommend that the service should:

<table>
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<tr>
<th>e</th>
<th>assess individual staff training needs and create learning plans which include developing leadership knowledge and skills to support staff in their new roles (see page 18).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 6 – Staff)</td>
</tr>
</tbody>
</table>
### Quality Statement 4.4

#### Requirements

<table>
<thead>
<tr>
<th>The provider must:</th>
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<tbody>
<tr>
<td>6. ensure that complaints are responded to in line with the CHAS complaints policy (see page 20).</td>
</tr>
</tbody>
</table>

**Timescale: Immediate**

**Regulation 15(3)**  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standards – Hospice Care (Standard 21 – Advocacy, comments, concerns and complaints)

<table>
<thead>
<tr>
<th>7. notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers (see page 20).</th>
</tr>
</thead>
</table>

**Timescale: Immediate**

10J (5) *The National Health Service (Scotland) Act 1978*

#### Recommendations

<table>
<thead>
<tr>
<th>We recommend that the service should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>f. review and improve quality assurance systems to ensure incidents, audits, complaints and user feedback are considered to gain learning points and influence improvement plans (see page 21).</td>
</tr>
</tbody>
</table>

National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)

<table>
<thead>
<tr>
<th>g. develop an audit plan which details the frequency of core audits (see page 21).</th>
</tr>
</thead>
</table>

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>07 and 12/02/2013</td>
<td>6 - Excellent</td>
<td>4 - Good</td>
<td>6 - Excellent</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>06/09/2013</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

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:
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service's senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
# Appendix 6 – Terms we use in this report

<table>
<thead>
<tr>
<th>Terms and explanation</th>
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</thead>
<tbody>
<tr>
<td><strong>inpatient prescription chart</strong></td>
</tr>
<tr>
<td><strong>provider</strong></td>
</tr>
<tr>
<td><strong>service</strong></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.

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.