Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1  A summary of our inspection

About the service we inspected

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

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

- visit the day hospice service
- attend the outpatients clinic, or
- 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.

The hospice has a maximum of 32 inpatient beds and up to 15 patients attend the day hospice service every day.

The aim of the hospice is to ‘endeavour to provide a high standard of specialist care to the people of Lanarkshire encompassing human dignity and compassion at all times, respecting the values of human life.’

At the time of our inspection, the service was planning a major refurbishment. This will involve decanting to other premises whilst extensive work takes place to reconfigure the existing premises to create more space for inpatients. It is anticipated that bed numbers will then reduce from 32 to 30 and will comprise of 21 single rooms and three shared rooms each with three beds.

About our inspection

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

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

We carried out an unannounced inspection to St. Andrew’s Hospice on Wednesday 23 and Thursday 24 March 2016.

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

We assessed the service against 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:** 6 - Excellent  
**Quality Theme 4 – Quality of management and leadership:** 5 - Very good

The grading history for St. Andrew’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
- any notifications of significant events
- the previous inspection report of 9 and 10 April 2014
- the self-assessment, and
- the service’s action plan from the previous inspection.

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

- the audit file and programme
- cleaning schedules
- incident and accident records
- information leaflets about the service
- maintenance records
- meeting minutes
- five patient care records on the electronic system
- six patient medication records
- policies and procedures
- systems for registration verification
- four staff files and two volunteer files, and
- training records.

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

- administration staff
- the chief executive
- domestic staff
- the Facilities Manager
- the head of clinical services
- the human resources manager
- medical staff
- the patient services manager
six patients
pharmacy staff
the quality and governance manager
two relative representatives of the public reference group
two relatives, and
ward staff.

We visited the following areas:

- day patient unit
- the domestic cupboard
- inpatient unit rooms, bathrooms and ensuite toilets
- medication room
- reception area
- shower room
- sluice area, and
- therapy rooms.

**What the service did well**

- The service had a considerable focus on continuous improvement. There was an excellent governance structure and a highly comprehensive audit plan. Audits were well documented and associated actions were carried out and clearly documented. Staff from all levels were involved in carrying out audits.
- The service was excellent at involving patients, relatives and staff in the future direction of the hospice. A wide range of opportunities for involvement were available. Staff morale was very good despite the considerable changes that had taken place, and were continuing to take place, since the last inspection. Involvement of patients, relatives and staff at the early stages of changes and in new ventures was embedded in the culture of the service.
- Everyone working in the service had an excellent ethos of respect towards patients, relatives and each other. This ethos was well supported by training on the service’s core values. Staff enjoyed working there and told us they felt valued and well supported by colleagues. Patients and relatives spoke extremely highly of the respectful and compassionate care they received.

**What the service could do better**

- The service should improve the system and process for recording medicines reconciliation. Although there was already a section to record this in medicine documentation, this was not being used.
- Staff told us they enjoyed working in St. Andrew’s Hospice and felt listened to. However, the service should implement a staff satisfaction survey to formally gauge how staff feel about working there. This would give staff the opportunity to comment anonymously.

This inspection resulted in no requirements and five recommendations. See Appendix 1 for a full list of the recommendations.
St. Andrew’s Hospice (Lanarkshire), the provider, should consider the recommendations and make the necessary improvements in due course.

We would like to thank all staff at St. Andrew’s 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 9 and 10 April 2014

Requirement

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

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

Action taken

The service had undertaken a significant amount of work in relation to the use of bedrails. This included a bedrail policy, a risk assessment template and a patient and carer information leaflet. The bedrails risk assessment was incorporated into the electronic patient care record. Ward team sisters had received training and had cascaded information to their teams. Bedrails risk assessment monitoring had also been carried out. This requirement is met.

Requirement

The provider must carry out appropriate recruitment checks prior to the commencement of employment of staff and audit staff files to ensure fitness on an ongoing basis. This must include:

- sight and proof of qualifications
- verification of registration of all health care professionals
- appropriate checks with Disclosure Scotland, and
- assessment of references.

Action taken

All appropriate recruitment checks had been carried out. This is further reported under Quality Statement 3.2. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 9 and 10 April 2014

Recommendation

We recommend that the service ensure that information about the service includes the criteria for admission to inpatient and day care services. There should also be clear access to the service policy on statements regarding views on future treatment and on resuscitation.
Action taken
The admissions policy contained this information and the service had also incorporated this information into the website. A new website was due to be launched very shortly after the inspection and the information for patients will be much more prominent. This recommendation is met.

Recommendation
We recommend that the service should ensure that patient care records are improved to include:

- clarity as to the plan of care and consent for care plans
- the time of each consultation/entry is recorded, and
- more detail of care preferences and specific equipment in use.

Action taken
The service had introduced a new electronic system for patient care records to address this recommendations. Each individual record now contained plans of care, recorded consent and equipment in use. The electronic system automatically timed and dated consultations and entries. This recommendation is met.

Recommendation
We recommend that the service should ensure that it is clear to staff, patients and relatives how they can access their records if they wish.

Action taken
The service had produced an information leaflet about the new electronic system recording patient care. This informed patients and families about the service’s access to health records policy. This recommendation is met.

Recommendation
We recommend that the service should ensure that records are stored securely.

Action taken
The new electronic system had improved security of information. All paper records were also stored securely. This is further reported under Quality Statement 0.4. This recommendation is met.

Recommendation
We recommend that the service should ensure that end of life care plans are developed to record wishes and preferred place of death.

Action taken
The service had undertaken extensive work in collaboration with NHS Lanarkshire to produce a new end of life care record. This had been carefully trialled and rolled out within the service and was now incorporated into the electronic patient care record. We saw that this recorded wishes and preferred place of death. This recommendation is met.
Recommendation

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

Action taken

The service recorded patient preferences for single or shared rooms on the admissions form and entered this information into the electronic system. This is further reported under Quality Statement 1.1. This recommendation is met.

Recommendation

We recommend that the service should improve the access to the bathing facilities so all patients can use them with dignity, if they choose to.

Action taken

After seeking patient views on bathing preferences, the service had refurbished a bathroom in St. Joseph’s ward into a shower room. Bathrobes had also been purchased for patients to wear between bathing facilities and their bedroom. This recommendation is met.

Recommendation

We recommend that the service should survey the hospice environment, to identify and address all safety and maintenance issues that require attention.

Action taken

The service had implemented a system of 3-monthly leadership walkrounds to maintain oversight of environmental, health and safety, and maintenance issues. We saw a record of the most recent walkround and evidence that issues raised were being responded to appropriately. This recommendation is met.

Recommendation

We recommend that the service should improve the security arrangements for medicines and appropriately monitor the environment of storage areas, to ensure that all medicines are stored securely and in appropriate conditions.

Action taken

We saw very good security arrangements in place for medicines. This is further reported under Quality Statement 1.4. This recommendation is met.

Recommendation

We recommend that the service should carry out an assessment of job roles within the hospice to decide the level and type of Disclosure Scotland check that would be required and decide how to store such information to ensure date, type and recruitment decision is recorded.

Action taken

This had been carried out and is further reported under Quality Statement 3.2. This recommendation is met.
Recommendation

We recommend that the service should strengthen its approach to the review and investigation of incidents. All incidents should be investigated to establish the cause and identify if any steps can be taken to minimise the risk of a recurrence.

Action taken
The service had implemented an electronic system for recording incidents. There was also a standard operating procedure for reviewing significant incidents. This is further reported under Quality Statement 4.4. This recommendation is met.

Recommendation

We recommend that the service should strengthen its audit programme to include additional areas or more robust scrutiny on high risk topics.

Action taken
The service now had a highly comprehensive audit programme that included high risk topics. This is further reported under Quality Statement 4.4. 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
The service had a consent to examination or treatment policy, dated July 2015, which included guidance for staff on:

- definitions of consent
- processes for obtaining consent and information
- processes for consent where patients lack capacity, and
- roles and responsibilities.

The patient referral form included:

- a check of the patient’s capacity to give consent
- a prompt to complete a certificate of incapacity if necessary, and
- a section to record whether the patient had consented to their referral to the service.

A section to record who initial contact should be with was also included.

The service introduced an electronic patient record system in February 2016. The electronic system had a section about consent to care and treatment. It recorded:

- consent to speak with the patient’s family about their care
- whether the management plan had been discussed with the patient, and
- whether the patient had agreed to the management plan.

All five electronic records had the patients’ consent to care and treatment recorded. Any paper records were scanned and attached to the electronic patient record.

The six patients we interviewed all told us they felt fully involved in discussions about their care, treatment and options. For example, one patient said: ‘They are very co-operative and obliging and take your needs into account.’

Area for improvement
The consent to examination or treatment policy referred to out-of-date paper documentation for obtaining and recording patient consent to treatment. This policy should be updated to refer to the electronic patient care record (see recommendation a).

- No requirements.
Recommendation a

- We recommend that the service should update the consent to examination or treatment policy to ensure the latest means of recording consent in the electronic patient care record is included.

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 records management policy. Staff induction training included protecting patient information. Staff completed an online data protection module and their contract of employment included a clause on confidentiality.

Staff we spoke with were very knowledgeable about their responsibilities around maintaining patient confidentiality.

The system for electronic patient care records provided a high level of security. Each member of staff had their own password to access the system and staff roles determined access to patient information. The system also archived patient care records. The service had significant dedicated resources to implement the system. For example, two members of staff had been seconded to oversee its operation. At the time of inspection, implementation was progressing well.

We saw that any paper documents with patient information were kept in a locked cabinet on the ward. Daily handover documents were shredded each day. Bags for confidential shredding were kept in a locked room and an external contractor carried out shredding on-site. Archived paper files were well organised in a locked room.

Part of the electronic patient care record system recorded patients' consent to sharing information with others.

The head of clinical services was the service's Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing. The Caldicott Guardian chaired the service's information governance committee.

We were told about recent and ongoing improvements in how information was governed in the service. For example, the service had introduced management walkrounds, including information security audits, and a review of how social media was used. Contacting a doctor out of hours had been made easier for nurses through an electronic link to the doctor's NHS email address. This replaced private email addresses for on-call doctors.

Area for improvement

As the electronic system for patient records had only recently been introduced, internal auditing of electronic patient records had not yet started. The service had plans to audit the use of this new patient records system in the near future, to ensure its effectiveness and the security of the information held.
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: 6 - Excellent

The service had an engagement and feedback policy which supported an excellent range of opportunities for patients and families to have their say to influence improvements to their care. Patients and family members were involved at the start of any service developments. The service’s patient’s charter set out what patients could expect. This included information about how to comment or complain about the service. Patients and family members told us:

- ‘Treatment is personalised.’
- ‘The support here is incredible.’
- ‘The staff are so compassionate and understanding in every way. They have all the time in the world for you.’

Suggestion boxes for patient and visitor comments were in the inpatient unit and the day services department. Patients were given a patient satisfaction questionnaire when they were discharged. We saw an ‘engagement information board’ outside the cafe area telling patients and visitors how to comment on the service.

The service carried out a 6-monthly visitor survey and used social media to gather views and display feedback results. Patients and visitors could ask for their comments to be replied to. During our inspection, one patient showed us a letter received from the service in response to their feedback.

Information on how to comment or complain was clearly incorporated into patient and visitor leaflets.

The service had a range of groups that had public representation in their membership, for example:

- the integrated governance committee
- the patient satisfaction committee, and
- the public reference group.

We talked to two members of the public reference group, whose relatives had been cared for in the service. They told us they felt their views were listened to and they were able to contribute to the future direction of the service such as the plans for refurbishment.

We saw that the service had conducted a stakeholder survey about rooms in the refurbished hospice. This survey was completed by 10 patients and one visitor, and asked about their preferences for the number of single and shared rooms. We saw that this feedback had informed the refurbishment plans.
Before it used the electronic patient record, the service had recorded what mattered to the patient using the five ‘Must Do with Me’ questions. This had not yet been included in the electronic patient record. The service was considering how best to record this information.

**Area for improvement**
The service could consider expanding the range of methods for gathering feedback. This could allow people who may be unable to complete a questionnaire or attend a meeting to be supported to have their say.

- 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**
The service had its own on-site pharmacist and pharmacy technician as well as a service level agreement with a large independent pharmacy. The medication prescription charts we saw had been appropriately monitored and audited.

The service had two medication storage areas. We found both areas were spacious, well organised and complied with all legislation.

A responsible officer was in place to oversee how the service managed medicines. We saw the medicines prescribing and recording sheets were filled out correctly and accurately, and were easy to read.

Staff were aware of their roles in associated auditing procedures. Staff told us they regularly checked and audited more than was required by the service’s own policies. For example, the nurses told us they knew medications should be checked at the end of the shift but this usually happened after every medication round.

The medication prescribing and recording forms were all seen to contain appropriate information such as:

- any known allergies of the patient
- the patient’s community health index number
- the patient’s date of birth, and
- the patient’s name.

The forms contained advice and guidance for nurses, including a symptomatic relief chart and a prevention of missed doses guidance sheet. This provided a list of medicines where timely administration is extremely important. The forms also contained a transdermal patch record. The forms had a clear diagram describing where any prescribed medication-patches were to be positioned on the body.
The service also had a checklist to confirm and approve medications that patients had brought into the hospice.

All medication we saw was stored alphabetically by generic name. Expiry dates were checked weekly. Medication which was supposed to be applied to the skin was stored separately from medication to be taken internally.

The service used a system where controlled drugs were stored separately. The service’s drugs and patients’ own drugs were also stored separately. All controlled drugs we saw were accurately recorded in a register and had an audit trail. Any controlled drugs which needed to be destroyed were destroyed safely and in line with guidance.

All medication prescribing and recording sheets were double-signed when a controlled drug was administered. The service had an appointed accountable officer for controlled drugs.

A medicines management committee met monthly. All trained staff administering medication were required to complete online medicines management modules. The staff also had to comply with the Nursing and Midwifery Council’s (NMC) standards for medicines management.

Areas for improvement
During our inspection, we noticed that some bottles of liquid medication had been opened. No date of opening was recorded on the bottles.

The service’s medicines policy stated that the nurse in charge should be in sole possession of the controlled drug keys. However, in practice it was not practical for the service to have one sole key holder given the amount of controlled drugs administered. The service should review its policy to reflect current practice in line with NMC guidelines (see recommendation b).

Medicines reconciliation is a process a healthcare team follows to make sure medications taken by a patient are the same as those listed for the patient by their GP, community pharmacist and hospital team. We spoke with staff about the process for medicines reconciliation.

Staff showed good awareness of medicines reconciliation and explained that the service’s system for reconciliation was being developed. The medication prescribing and recording sheet had a section to show that reconciliation had taken place. This had not been completed in the medication prescribing and recording sheets we saw. The medicines policy did not contain any reference to medicines reconciliation (see recommendation c).

- No requirements.

Recommendation b
- We recommend that the service should amend its medicines policy in line with the Nursing and Midwifery Council (NMC) guidelines.

Recommendation c
- We recommend that the service should ensure medicines reconciliation is undertaken and monitored.
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
All the equipment checked was in good repair and the service had thorough electronic systems in place to manage clinical and non-clinical equipment.

The Facilities Manager showed us servicing and maintenance records for clinical and non-clinical equipment. A service agreement was in place for all medical equipment to be serviced by NHS Lanarkshire. Contracts with external contractors were in place for servicing and maintaining other equipment in the service.

Processes for reporting any repairs or faults with equipment were in place and it was easy to track progress of these through the records kept.

We carried out spot-checks on a sample of equipment, including:
- passenger lifts, and
- patient lifting equipment (such as hoists).

We saw that the equipment servicing and maintenance was up to date.

Comprehensive systems for managing water safety and fire safety were in place. While external specialist companies provided these management services, the Facilities Manager was very knowledgeable about what was involved and why.

As previously mentioned, the service planned to refurbish patient accommodation in the hospice to provide more modern facilities. The service planned to start this work in the next 12 months. As part of this modernisation, the service planned to introduce a new computerised facilities monitoring system. This will allow the service to plan all its routine maintenance jobs, automatically generate job requests and monitor progress.

- 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
In the areas of the hospital we inspected, the standard of cleaning was very good. We saw good access to alcohol gel for visitors and staff to decontaminate their hands. All patients spoken with stated that the standard of cleanliness was very good or excellent.
Comments included:

- ‘Staff are very diligent at cleaning. They get into every corner.’
- ‘They’re always cleaning!’
- ‘You could eat your dinner off the floor.’
- ‘To be honest, I don’t think they ever stop cleaning.’

Infection rates in the service were very low. An infection control committee was made up of key staff in the service and an infection control doctor worked in the service. From minutes of committee meetings from the last 6 months, we could see agenda items raised had been progressed.

A range of infection prevention and control policies were in place to help guide staff. These policies were adapted from the Health Protection Scotland National Infection Prevention and Control Manual (2015). A policy review system was in place and guidance was clear and easy to follow.

We saw that the service completed audits on different aspects of infection prevention and control, including:

- clinical practice audits
- hand hygiene audits, and
- housekeeping audits.

We looked at examples of outcomes from recent audits and could see actions had been taken to improve standards.

Staff were expected to complete infection control training, such as hand hygiene training, through online learning modules. We saw training records that showed the majority of staff had received this training.

The hospice had a proactive approach to managing the prevention and control of infection. It recently reviewed its service against the Vale of Leven report recommendations, to identify any relevant learning. As a result, several infection prevention and control policies had been updated and links to NHS Lanarkshire’s Monklands Hospital hygiene committee had been made. The hospice planned to carry out a similar review of its service against the new Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards (2015).

Area for improvement

From meeting minutes, we saw that pets visited the service and staff responsibilities when this happened had been discussed. The service had no guidance for this. It is good practice to have staff guidance about visiting pets (see recommendation d).

- No requirements.

Recommendation d

- We recommend that the service should formalise the arrangements for pets visiting the service, to ensure there is clear guidance on managing infection risks.
Quality Theme 3 – Quality of staffing

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 6 - Excellent

The service had an up-to-date policy for recruiting new staff. The policy was in line with good employment practice and complied with current legislation. The policy stated that it aimed to follow a fair and open recruitment process.

We examined four new staff records from different disciplines. We checked the staff records contained:

- an application form
- copies of any qualifications.
- the agreed date of interview, start date and confirmation number
- confirmation of the experience and skills required
- a health declaration
- the professional registration information (of professional bodies) if applicable
- the Protecting Vulnerable Groups (PVG) Scheme’s date and Disclosure Scotland number
- two references, and
- a role description for the position.

All the applicants had received an application form, role description and health declaration. All applicants we saw who had to be registered with a professional organisation had been checked and copies of their qualifications were kept on file.

The service’s recruitment policy stated all pre-employment checks must be satisfactorily completed before a new employee can start work. From staff records we reviewed and conversations with staff, we saw that the service followed this policy. Staff completed an induction workbook during a 3-month probationary period which was kept in personnel files and signed by their allocated mentor. This is monitored over the staff member’s first 12 months of employment, and then an annual review is carried out.

The induction included:

- conditions of employment
- conduct
- confidentiality
- health and safety, security and fire
- introduction to the department and colleagues, and
- standards of business conduct.

- No requirements.
- No recommendations.
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
The service had five core values:

- advocacy
- compassion
- dignity
- justice, and
- quality.

Staff training included these core values, which informed recruitment, induction and delivery of care in the service. The service had introduced a new training course in December 2015 promoting its core values using scenario-based questions. At the time of inspection, 74% of staff had completed this training.

The service had tried to create a culture of promoting equality and diversity, adult support and protection. From the mandatory staff training plan, induction policy and checklist, we saw evidence that this had been achieved. Training on loss, grief, bereavement, spirituality in healthcare and compassionate healthcare was also delivered to staff to help promote this culture. Staff interactions with patients we saw were patient, thoughtful and extremely sensitive to their physical and emotional needs.

Nurses we spoke with were positive about promoting patients’ dignity and respect. They referred to themselves as palliative care nurses and spoke at length about what this meant for them professionally and personally.

The service had introduced a patient satisfaction committee which was informed by responses to patient questionnaires, surveys, comments cards and complaints. The service aimed to use this forum to allow any issues around respect and dignity to be raised.

We interviewed six patients during the inspection. Some comments included the following:

- ‘Treatment is personalised.’
- ‘The staff are so compassionate and understanding in every way. They have all the time in the world for you.’
- ‘They made tea and toast at 4am when I got my appetite back.’
- ‘They make sure you know who they are?’

Staff we spoke with were positive about working relationships with colleagues. They reported they felt valued and supported by management.

As the service was going through significant changes, work had been carried out to prepare the service, including new team structures. Staff spoke positively about these changes, stating that they had benefited patients and staff.

A set of values was included in their induction policy and checklist. The service also had guidance that showed understanding and consideration of people’s differing circumstances.
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

To gather staff views on issues, including service delivery and development, the service had introduced:

- clinical meetings
- a mission and values matrix
- performance review and appraisals
- a staff forum, and
- ward meetings.

The staff forum, in particular, aimed to:

- enhance awareness
- examine best practice, and
- improve communications and working relationships.

This multidisciplinary meeting met monthly and invited staff views and concerns to be raised and discussed. Minutes were produced from the meetings and improvements recorded with timescales for action. This forum also allowed staff to contribute to the service’s future development. The staff forum’s minutes showed evidence that the forum was working well.

Monthly ward meetings had been introduced. These meetings allowed information about developments to be shared with all staff. Staff were encouraged to comment and make suggestions about the service.

The service also planned to use the performance review and development appraisal system to capture the views of staff.

The service made sure non-management staff roles were represented on:

- the health and safety committee
- the infection control committee, and
- the patient satisfaction committee.

We saw a postcard system where staff could leave comments, make suggestions, raise concerns or make complaints anonymously.
Members of non-management staff we spoke with told us they could contribute to the development of the service and that any concerns they raised were listened to. Staff told us they felt very well supported and that their line managers were approachable and understanding.

Staff had been consulted about the service’s refurbishment plans from the start. Of the 88 questionnaires the service had given out to staff about how the rooms should be configured, 70 were returned. We saw that staff feedback had informed the refurbishment plans.

Speaking with staff, we were told that all levels of the workforce were involved in the audit programme, such as nursing auxiliaries carrying out hand hygiene audits. Staff were given extra responsibilities to help them develop. For example, one nursing auxiliary was also a smoking cessation advisor. Nursing auxiliaries also had to update patient electronic records to report on ‘intentional rounding’. Intentional rounding is a process of regular checks on patients, focusing on their skin care to prevent pressure sores. The staff we spoke with told us they enjoyed these extra responsibilities as they felt involved.

**Areas for improvement**

Although the service had identified it as an area for improvement in its self-assessment, it did not carry out an annual staff survey. Implementing one would allow staff to comment anonymously and encourage feedback. We discussed this with management staff and were told the service planned to carry this out prior to refurbishment (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that the service should implement a staff survey.

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**Quality Statement 4.4**

We use quality assurance systems and processes to assess the quality of service we provide.

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

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. 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 very good quality information that we were able to verify during our inspection.

The service had excellent systems and processes in place to assess the quality of service provision.

The details of the integrated governance structure showed that a board of trustees presided over the integrated governance committee. The following sub-committees reported to the integrated governance committee:

- clinical risk and audit
- health and safety
- infection control
- information governance
• medicines management, and
• patient satisfaction.

We saw the service’s 2016–17 audit programme. This was very easy to follow and set out the audits for the year for each area, including how often and when they should be carried out. Where appropriate, audit sample size was also included, such as the weekly bedrail audit in clinical areas which had a sample size of 16 patients. Staff from all levels of the workforce were involved in the audit programme.

We looked in detail at the yearly falls review from December 2015. This was clearly laid out with the authors’ and reporting committee details on the cover. The report referred to recommendations from the previous audit and detailed the actions to date. It also included details of individual patient case note reviews and learning points. The audit analysed when and where falls were most likely to happen and made recommendations which were reported to the clinical risk and audit committee to action.

The service had recently implemented an electronic risk register system. This system was used to record and manage all incidents and risks.

We saw that the service regularly benchmarked its performance against other hospices through the Hospice UK forum. The inpatient unit quality measures from July to September 2015 showed that St. Andrew’s Hospice was performing well. For example, the service had less inpatient falls and medicines incidents than the average.

The service had made significant changes since our last inspection, had implemented many new systems and generally had worked hard to continually improve.

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

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

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

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

<table>
<thead>
<tr>
<th>Quality Statement 0.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td><strong>a</strong> update the consent to examination or treatment policy to ensure the latest means of recording consent in the electronic patient care record is included (see page 12).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</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><strong>b</strong> amend its medicines policy in line with the Nursing and Midwifery Council (NMC) guidelines (see page 16).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 8 – Medicines)</td>
</tr>
<tr>
<td><strong>c</strong> ensure medicines reconciliation is undertaken and monitored (see page 16).</td>
</tr>
<tr>
<td>National Care Standards – Hospice Care (Standard 8 – Medicines)</td>
</tr>
</tbody>
</table>
### Quality Statement 2.4

**Requirements**

| None |

**Recommendation**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>d</th>
<th>formalise the arrangements for pets visiting the service, to ensure there is clear guidance on managing infection risks (see page 18).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 7 – Infection Control)</td>
</tr>
</tbody>
</table>

### Quality Statement 4.2

**Requirements**

| None |

**Recommendation**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>e</th>
<th>implement a staff survey (see page 22).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 6 – Staff)</td>
</tr>
</tbody>
</table>
## 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>4 and 16/07/2012</td>
<td>Not assessed</td>
<td>2 - Weak</td>
<td>Not assessed</td>
<td>2 - Weak</td>
<td>2 - Weak</td>
</tr>
<tr>
<td>27/11/2012</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>11/06/2013</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>09-10/04/2014</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300

Email: comments.his@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

6 excellent  5 very good  4 good  3 adequate  2 weak  1 unsatisfactory

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
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 St. Andrew’s Hospice, St. Andrew’s Hospice (Lanarkshire) was conducted on Wednesday 23 and Thursday 24 March 2016.

The inspection team was made up of the following members:

**Julie Miller**
Lead Inspector

**Roy Young**
Inspector

**Anna Martin**
Inspector

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

Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.