Unannounced Inspection Report: Independent Healthcare

St. Andrew’s Hospice (Lanarkshire) | Airdrie
4 and 16 July 2012
15 and 16 August 2012
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 Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net.
Contents

1  Background ................................................. 4

2  Summary of inspection ............................... 6

3  Key findings ............................................. 9

   Appendix 1 – Requirements and recommendations 19
   Appendix 2 – Inspection process ..................... 21
   Appendix 3 – Inspection process flow chart ...... 23
   Appendix 4 – Details of inspection .................. 24
   Appendix 5 – The National Care Standards ......... 25
1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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. You can, however, complain
directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

St. Andrew’s Hospice (Lanarkshire) is a purpose built facility situated within Airdrie town centre. The hospice offers a specialist palliative care service to adults within Lanarkshire. The service was previously registered with the Care Commission since 1 April 2002. A care at home service is also provided by the hospice and this had been registered with the Care Commission since 29 December 2004.

The hospice can accommodate up to 30 inpatients at any given time and up to 12 day hospice patients on a daily basis. There is also a community care at home service, an outpatient symptom control service and drop-in services available within the hospice building. A multidisciplinary team provides healthcare and includes:

- consultants in palliative medicine
- doctors
- physiotherapists
- occupational therapists, and
- nurses.

Inpatient accommodation is on the ground level and is split into three wards consisting of single en-suite bedrooms and four-bedded bays. The four-bedded bays have access to toilet and bathing facilities within them. The single rooms can also accommodate families if they wish to stay near their loved one. There are a variety of assisted bathrooms and toilets available throughout the hospice. The inpatient area also has a number of lounges and public areas which the inpatients and their relatives can access if they so choose. Inpatients and their relatives can also access the enclosed landscaped courtyard garden area in the middle of the building. There is a complementary therapy room on the ground floor level for inpatients to use and receive treatments. There is also a cafe available open between 9 am and 7 pm Monday to Friday, and 10 am and 4 pm at weekends for patients, relatives, staff and the wider community to use.

The day hospice and care at home service are on the lower ground level. This accommodation has a variety of clinic and activity rooms, an examination room, lounge and dining area. There is also an enclosed garden, seating and patio area for use by the day hospice and drop-in service patients.

The hospice offers a range of complementary therapies, counselling and bereavement support services and a place of worship.

The hospice has an annexe which houses all non-clinical services including the administration, fundraising and education departments.

The aims and objectives of the hospice mission statement declare that ‘St. Andrew’s endeavour to provide a high standard of specialist care to the people of Lanarkshire, encompassing human dignity and compassion and at all times, respecting the values of human life’.

We carried out an unannounced inspection to St. Andrew’s Hospice on Monday 4 July 2012. The purpose of this unannounced inspection was to investigate an allegation of poor staff management practices.
An announced follow-up inspection was carried out on Monday 16 July 2012 to speak with people who use the service, relatives, carers and interview staff. Both of these inspections were carried out jointly between inspectors from Healthcare Improvement Scotland and the Care Inspectorate.

As part of our inspection process, the provider submitted a response to the draft report from the initial visit. The provider made significant comment on the findings of the initial report. Further announced visits were carried out by two inspectors from Healthcare Improvement Scotland on Wednesday 15 and Thursday 16 August 2012 to assess this information. During this inspection, we uncovered further issues with employment checks.

We assessed the service against three Quality Themes related to the National Care Standards and inspected the following areas:

- St Margaret ward
- St Michael ward, and
- St Joseph ward.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection teams visiting St. Andrew's Hospice can be found in Appendix 4.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 1 – Quality of care and support: 3 - Adequate
Quality Theme 3 – Quality of staffing: 3 - Adequate
Quality Theme 4 – Quality of management and leadership: 3 - Adequate

We found that people who used the service, relatives and carers are highly complimentary of the service provided by St. Andrew's Hospice.

However, we identified several areas of concern, including:

- healthcare assessments not being filled in correctly
- patient care plans not reflecting the outcomes from assessments
- no formal supervision or appraisal process, and
- significant numbers of clinical staff employed without relevant checks being carried out.

This inspection resulted in three requirements and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendation can be found in Appendix 1.

The provider, St. Andrew's Hospice, must address the requirements and the necessary improvements made, as a matter of priority.
We would like to thank all staff at St. Andrew’s Hospice for their assistance during the inspection.
3 Key findings

Quality Theme 1

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 3 - Adequate
The hospice maintains multidisciplinary care records for each inpatient. Each record had written evidence of input from nurses, doctors and allied health professionals such as physiotherapists and occupational therapists. We inspected seven patient care records. Each record contained evidence of healthcare assessment, risk assessments, care and treatment plans and progress reports. We saw care plans in place for specific interventions, such as the use of percutaneous endoscopic gastronomy (PEG) feeding systems or when people had a catheter in place. St. Andrew’s Hospice requires that all health assessments are reviewed on a weekly basis or earlier if the person’s condition changes.

We spoke with nursing and physiotherapy staff during the inspection. They were able to describe the care needs of the people they were looking after. They also told us how these needs were met. However, there were some concerns regarding how staff record and evidence the care they give.

We spoke to two visiting professionals from the NHS during the inspection. They told us that they believed the standard of care in the hospice was good. They told us that they are satisfied that when they leave a plan of care, staff in the hospice carry this through. They told us this is clear by the improvements they note in the people they are there to see.

We were told of positive outcomes for people who use the service. One family told us that the person being looked after in the hospice had been unable to walk and had not been eating when they were admitted. They felt the person had made significant improvement. They were now able to walk again and had been eating meals. One person told us that they had been admitted to the hospice and had been in considerable pain. This was now much better managed.

During the inspection, we saw that the people being looked after appeared well cared for. They appeared comfortable; the atmosphere was calm and pleasant. The people we spoke to confirmed this. People had access to communal areas such as the cafe or lounge areas. We were told that people using the service and their families often used the communal areas. We were given an example where families came together in the communal areas. They were able to have meals together and develop supportive relationships during the time people were in the hospice and during the bereavement process.

Areas for improvement
We inspected seven patient care records during this inspection. While some sections of the patient care record were completed to the expected standard, the inspection team found evidence of incomplete care records.
All seven patient care records had an adapted Waterlow risk assessment undertaken. This helps healthcare staff identify people who are at risk of developing a pressure ulcer. All assessments showed that individuals were assessed as being at high risk or at a very high risk of developing a pressure ulcer. We saw differing standards of evidence documented in the care plans about what action the healthcare team had taken to reduce the risk of the individuals developing a pressure ulcer. Two out of the seven Waterlow assessments were not dated and signed properly by the healthcare professional who completed them. During the inspection of 4 and 16 July 2012, we saw that in three cases, Waterlow assessments were not reviewed until 5 weeks after the previous assessments.

We saw that improvement had been made in assessing and documenting at the inspection of 15 and 16 August 2012. We looked at four records at this visit and found that Waterlow assessments were carried out and updated on a regular basis to reflect the changing needs of the person using the service.

Although there were concerns regarding documentation, we did see that the service had a system to monitor how many pressure ulcers people developed while in the hospice. The system has been in place since January 2012. In that time, 214 people have been admitted to the hospice, 54 of those people who were admitted already had a pressure ulcer and nine developed a pressure ulcer in the hospice. We were told that the service has access to pressure relieving equipment. We saw that pressure reducing cushions were in use when people, who were identified as being at risk, were seated in chairs and wheelchairs. The hospice has 25 specialist mattresses available for use in the hospice. If they need more than this, or an individual requires a highly specialist mattress, then they are able to order and receive it within a day.

We found an entry at the bottom of a wound assessment chart stating that the person had fallen from bed and suffered a wound to their arm. There was no further mention of this wound anywhere else in the patient care record. We were not able to identify exactly when this fall and injury occurred from the patient care record. An updated falls risk assessment was undertaken 4 weeks after the completion of a falls incident report that related to this incident.

We found that in all seven of the patient care records reviewed, there were omissions relating to the treatment and ongoing management of the person using the service. This included the following:

- Healthcare assessments not dated and signed by the healthcare professional carrying them out.
- The health and care needs of individuals identified from healthcare assessments not being documented in the patient care plan.
- Healthcare assessments only being partially completed. For example, pages missing from falls risk assessments in two out of three care records reviewed.
- People who use the service are not screened for malnutrition on admission or during their stay at the hospice. However, it may not always be appropriate to do so depending on the person’s current condition and what stage of their illness they are at.
- We saw time delays between the original date of assessments and any follow-up assessments to ensure that the health needs of the person using the service are still
being met and that the person’s condition has not changed. In three cases, the time difference between assessments ranged from between 3-5 weeks.

- We saw an example of where care was given and information was recorded in daily notes. However, the care needs were not transferred into a plan of care. We spoke with the nurse who told us that the individual had developed an infection to the area where a needle had been inserted. The area had been dressed, and a wound swab had been taken and sent for analysis. A wound care plan was not in place. The nurse told us that this would be carried out.

The name and patient identification number was missing from the majority of healthcare assessments viewed during the inspection. If assessments and other patient healthcare information become detached from the patient care record, it would be impossible to determine who they belong to.

When we went back to the service in August, we were told that there was an acceptance that their documentation was not up to required standards. We were informed that there had been an open and frank discussion in the staff group about the need to improve record-keeping in the service.

We saw that work had begun to address this:

- An instruction has been added to the front of the patient care record to remind staff that the policy in the hospice is for care plans to be updated weekly as a minimum.
- New stickers with the person’s details have been introduced which will be attached to all documentation relating to the person’s care.
- The service is working with NHS Lanarkshire to introduce documentation that will allow staff to evidence the care they give. The new documentation will allow staff to tick boxes to indicate care has been delivered, for example if the person using the service was helped to be repositioned or given a drink. We were told that this paperwork will evidence that the care set out in the care plan has been delivered, but that this will not replace care plans.

This work had only just begun and we saw during our inspections on 15 and 16 August that there were still issues around documenting care. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: immediate on receipt of this report**

- The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

- No recommendations.
Quality Theme 3

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: 3 - Adequate
St. Andrew’s Hospice has recruited a human resource (HR) manager with significant NHS experience and they have been in post since October 2011. A priority identified by the HR manager is to review the HR function of the organisation, and develop and implement updated HR policies and procedures reflecting current employment law and best practice. This work is still ongoing, and at the time of the inspection, several policies had been developed, although not implemented or ratified by the board of management.

Areas for improvement
We identified historically poor recruitment practices at St. Andrew’s Hospice. The organisation does not have a clearly written recruitment and selection policy. The majority of operational policies and procedures relating to recruitment and selection are out of date and in some cases do not reflect current best practice or legislative requirements. For example:

- recruitment policy and procedure (2003) review date 2004
- disciplinary rules and procedure (not dated or version controlled), and

We reviewed the personnel files of four employees who have all worked at St. Andrew’s Hospice for ten years or more and found that:

- there was no indication that the post for these four employees had been advertised or how the roles had been filled
- there was no clear role description for the posts outlining accountabilities, responsibilities and the knowledge, skills and experience required to do the job
- there was no documentation relating to the interview process for three of the four posts reviewed, and
- for three of the four employees, there was no evidence that a Disclosure Scotland check had been carried out.

While these appointments have not followed best practice we saw that a recruitment process has been in place since the current chief executive was recruited in 2010. When a job becomes available the service will:

- draw up a job description
- place an advert internally and externally
- shortlist candidates for interview
- arrange the interview panel depending on the job (interviews will be conducted by at least 2 people)
• ensure that for higher graded jobs, candidates are asked to give a presentation as part of their interview
• ensure that before taking up their post, the candidate will have medical screening and criminal records checks, and
• take up references from previous employers.

We also saw that the service has developed template job descriptions for both clinical and non-clinical staff. The service showed us job descriptions for existing posts within the service.

We inspected the hospice on 15 and 16 August 2012 to look at issues highlighted at the previous inspection visits in July. During this visit, the service told us that all of their staff employed before 2002 had not been subject to any form of criminal record checks. Staff working in the hospice should have been subject to checks by Disclosure Scotland on a periodic basis. The Disclosure Scotland scheme has now been replaced by the Protecting Vulnerable Groups (PVG) scheme. The service told us that approximately 70 staff are affected by this. Under the current changeover from the Disclosure Scotland scheme to the PVG scheme, the service was only allowed to have five staff who already work in the service checked each month. All staff should have a Disclosure Scotland check in place while they are waiting to join the PVG scheme. This was not the case within the hospice. However, given the number of staff involved, the service could not have removed these staff from direct care without causing significant disruption to care and denying people access to the only specialist hospice care available in Lanarkshire. As a result, Healthcare Improvement Scotland decided to take a risk-based approach to allowing the hospice to continue accepting admissions. We made an immediate requirement, by letter, that the provider supply us with a risk assessment on how they will safeguard people in the hospice. We also required that all staff in the hospice sign a self-declaration regarding any criminal convictions while they apply to the PVG scheme. We based our risk assessment on the criterion below.

• We looked for evidence of any incidents and complaints within the service and also those made to Healthcare Improvement Scotland, there were no issues identified regarding staff mistreating people who used the service. The service has received no complaints of any nature since 2010.
• We spoke to staff across several disciplines. All staff were very clear on the whistle-blowing policy in the service. All staff told us they would not have any concerns using it and felt they would be supported by management within the service to do so.
• All the staff we spoke to told us that the culture within the hospice would not tolerate any mistreatment of people using the service.
• All the staff who have not been subject to any checks in the past have worked in the hospice for at least 10 years. We found no evidence that any concerns had been raised in this time about staff treatment of people using the service.

We spoke with senior clinical staff who have been in the hospice since 2004. They were not aware of any disciplinary action being taken regarding staff treatment of people using the service within that time.

Disclosure Scotland and the Central Registered Body in Scotland have agreed that they will allow all staff who have not been checked under the previous scheme to
apply to the PVG scheme immediately. This will significantly reduce the timeframe for getting all staff within the service formally checked. A requirement is made (see requirement 2).

An induction process for all staff has been developed. However, we found that this process is not routinely documented in personnel files and the induction policy does not reflect the current organisation structures and operations. One senior member of staff stated that the induction process is not very well managed and centres around infection control and fundraising. There is little opportunity for introducing clinical staff new to the organisation to policies and procedures specific to their role. We spoke with the HR manager who told us there is a work plan in place to look at improving induction within the service.

Requirement 2 – Timescale: immediate on receipt of this report

- The provider must reduce the risk to patients who are being looked after by staff who have not yet been checked under the PVG scheme and have no Disclosure Scotland check in place. The provider must supply Healthcare Improvement Scotland with a risk assessment detailing how they will manage the risk. The provider must also ask all staff to complete a self-declaration detailing any previous convictions.

- No recommendations.

A letter detailing this requirement was sent to the provider on 17 August 2012. The provider supplied Healthcare Improvement Scotland with a risk assessment on the day the requirement was made. They are currently in the process of collecting completed self declarations from staff and are keeping Healthcare Improvement Scotland updated with the progress. Currently over 80% of staff have completed the self declaration.

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 spoke to 10 people who use the service at St. Andrew’s Hospice and they were all very complimentary of the standard of care that they received. People using the service told use that:

- ‘(There is) always someone there to speak to – I feel safe here.’
- ‘First class service.’
- ‘It’s been lovely for the short time I have been in, it is like a hotel, it’s been superb.’
- ‘Communication about my illness has been good.’

We spoke to 11 clinical members of staff on the wards who told the inspection team that standard of care is excellent and it is something that St. Andrew’s Hospice is very proud of.
We spoke with staff regarding access to training. The staff we spoke with told us that they felt that they had access to an appropriate amount of training to fulfil their role. One staff member we spoke with was currently undertaking a degree with support from the hospice, including financial backing. Mandatory training within the service includes:

- principles of palliative care
- communication loss, grief and bereavement
- advanced therapeutic communication skills (MBTI)
- breaking bad news
- communication in crisis situations
- managing challenging behaviour
- spirituality in palliative care
- end of life care
- first aid at work, and
- moving and handling.

We saw that competency checks had started following training and updating in moving and handling.

We were told that there is an education centre within the service. A selection of multidisciplinary modules are offered in association with Glasgow Caledonian University. These modules can be used towards gaining a graduate certificate or graduate diploma in palliative care. They include:

- palliative care principles
- spirituality in palliative care
- applied therapeutic communication loss and grief
- cancer pain, and
- enhanced teaching and learning.

We were also told that the hospice is a member of the Learnpro community. This allows staff access to online learning modules. From September 2012, staff will be able to access online training in:

- protection of vulnerable adults
- child protection, and
- equality and diversity.

There is a system in place within the hospice to check that all clinical staff are registered with the relevant body. The system includes a check that staff have re-registered when they are supposed to.

All the staff we spoke to including members of the executive team, trustees and clinical staff were very clear that the focus of the hospice is to provide a high standard of care to people. All the staff appeared motivated to look after people in a
person-centred way. Staff told us that they were able to deliver the standard of care they wanted to. They felt supported by the management team to achieve this.

We saw that there was good multidisciplinary working within the hospice. People using the service are given care by medical staff, nursing staff, occupational therapists and physiotherapists. There is also access to counselling and social work services. We also saw that staff have made connections outwith the hospice to help them improve the standard of care. For example, the physiotherapists have joined a network of physiotherapists who work in hospices across Scotland to share good practice. The nurse manager has worked with NHS Lanarkshire to look at improving the nursing documentation within the hospice.

Areas for improvement
We asked four of the clinical staff when they last attended a performance appraisal. One staff member told us that they attended one in the past 7 years and another staff member told us they last attended one about 4 years ago. The other two staff members could not tell us when they last attended a performance appraisal.

We reviewed four staff personnel records who have been employed by St. Andrew’s Hospice for many years. There was no documentation in their records to support that they had attended a performance appraisal during the course of their employment. It is important that all staff employed by St. Andrew’s Hospice have regular and appropriate performance appraisals. This will ensure that staff maintain the knowledge, skills and experience appropriate to the specialist area of palliative care that they are working in, and that areas requiring development are identified and addressed. A requirement is made (see requirement 3).

At the time of inspection, staff did not have access to an independent, confidential occupational health service and counselling support. Staff employed by St. Andrew’s Hospice are currently encouraged to attend meetings with the director of spiritual care to discuss both personal and professional concerns. However, we saw an agreement between the service and NHS Lanarkshire and the Employee Counselling Service to provide occupational health input and independent counselling for all staff in the hospice. This is scheduled to begin on 3 September 2012. We will monitor whether this has been implemented at the next inspection.

Requirement 3 – Timescale: by 31 October 2012

■ The provider must, having regard to the size and nature of the hospice, and the number and needs of people who use the hospice, ensure that all staff have regular and appropriate appraisal performance reviews and validation.

■ No recommendations.
Quality Theme 4

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

Grade awarded for this statement: 3 - Adequate
St. Andrew's Hospice is led by an experienced chief executive. He is supported by a team of six directors who form the board of management for the hospice. The board of trustees provide St. Andrew’s Hospice with guidance on strategy and governance. The Order of Sisters of Charity is a key stakeholder in the provision of this hospice service.

St. Andrew's Hospice has embarked on a period of significant change in recent months. For example, the domestic service provisions at the hospice have been changed to allow for a more flexible delivery of this service and extend the period of domestic cover on the wards. This has been led by the chief executive and the HR manager and involved periods of staff engagement and consultation.

During the course of this inspection, we spoke with:

- the chief executive
- the HR manager
- the nurse director
- the medical director
- a consultant in palliative care
- a clinical nurse manager
- frontline nursing staff
- a physiotherapist, and
- a counselling psychotherapist.

The clinical staff we spoke with told us there was a clear management structure within the hospice. They were all aware of who their line manager was and who they were accountable to. Staff told us that there was no confusion around who managed the service on a day-to-day basis.

We were told that some roles within the hospice are being developed. For example, while the nurse director has a lot of clinical experience, they are now being supported to develop skills in managing budgets.

We spoke with the chief executive. He told us that the service is undergoing significant change in culture at present. There has been some movement within the management team and board of trustees within the past 18 months. We were told that this has had no impact on patient care. We also spoke with the chairman of the board of trustees who told us that patient care was at the centre of everything the hospice does. He did not feel that the change in culture had an impact on people who use the service. We asked staff of different disciplines and grades how the changes have affected them and the care they deliver. They all told us that there has been no effect on the way they are able to look after people who use the service.
Areas for improvement

During this inspection, we found that there is internal conflict between the roles and responsibilities of the SMT, board of trustees and the Order of the Sisters of Charity. One senior member of staff stated that it is difficult to know where the boundaries of responsibility and accountability lie for some members of staff who work at director level, and who are also a trustee and a member of the Order of Sisters of Charity.

We spoke to the chief executive about the training and support that is available for senior managers and directors, particularly around leadership and management. Although the chief executive meets with all directors every month, there is no formal education plan in place to provide leadership and management training at the present time (see recommendation a).

The senior management team (SMT) meets twice a month and the inspection team reviewed the minutes of these meetings.

We reviewed the minutes of the SMT meetings chaired by the chief executive during the inspection. We found that:

- not all actions are being followed up from previous meetings
- there are unclear actions and outcomes from meetings and evidence of individuals not being held to account for completing certain actions, and
- delayed decision-making on certain points resulting in some problems not being tackled effectively and in a timely fashion.

We were told during the inspection that the chief executive is in the process of addressing these issues with members of the SMT.

■ No requirements.

Recommendation a

■ We recommend that the service should make training in management and leadership available to senior managers and directors as part of their personal development plan.
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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the Healthcare Improvement Scotland.

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

### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

   Timescale – immediate on receipt of this report

   *Regulation 4(2)*
   
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards Hospice care – Standard 2.7 Assessing your needs

**Recommendations**

None

### Quality Statement 3.2

**Requirement**

The provider must:

2. reduce the risk to patients who are being looked after by staff who have not yet been checked under the PVG scheme and have no Disclosure Scotland check in place. The provider must supply Healthcare Improvement Scotland with a risk assessment detailing how they will manage the risk. The provider must also ask all staff to complete a self-declaration detailing any previous convictions.

   Timescale – immediate
<table>
<thead>
<tr>
<th>Quality Statement 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td>3 having regard to the size and nature of the service, and the number and needs of people who use the service, ensure that all staff have regular and appropriate appraisal performance reviews and validation.</td>
</tr>
<tr>
<td>Timescale – by 31 October 2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 4.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>We recommend that St. Andrew’s Hospice should:</td>
</tr>
<tr>
<td>a make available training in management and leadership to senior managers and directors as part of their personal development plan.</td>
</tr>
</tbody>
</table>

National Care Standards Hospice care – Standard 6.2 Staff

Recommendations
None
Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

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 6 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.
Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

- Prior to inspection visit:
  - Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

- Self-assessment submission is reviewed to inform and prepare for on-site inspections

- During inspection visit:
  - Arrive at service
  - Inspections of areas
  - Discussions with senior staff and/or operational staff and patients
  - Feedback with service

- Further inspection of service areas of significant concern identified

- After inspection visit(s):
  - Draft report produced and sent to service
  - Report published
  - Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to St. Andrew’s Hospice (Lanarkshire) was conducted on 4 and 16 July and 15 and 16 August 2012.

The inspection team consisted of the following members:

**4 and 16 July**

**Brian Auld**
Lead Inspector

**Elaine Maclean**
Professional Advisor (palliative care) – Care Inspectorate

**15 and 16 August**

**Gareth Marr**
Lead Inspector

**Janet Smith**
Associate Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk
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 and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.