Unannounced Inspection Report: Independent Healthcare

The Prince & Princess of Wales Hospice | The Prince & Princess of Wales Hospice |
Glasgow
9 February 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.
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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, complaint 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:** safeandclean.his@nhs.net
2 Summary of inspection

The Prince & Princess of Wales Hospice is a charity which offers a specialist palliative care service. People can use the hospice in a number of ways. They can visit the day care service or symptom control clinic; receive visits from specialist nurses to their home (through the Lauriston Team); or can be admitted to the hospice inpatient unit.

All of the services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness. Family support is available through the family support services team.

The hospice has 14 inpatient beds with single and shared rooms and a day service for a maximum of 20 people each day.

The day service is situated on the ground floor and has a range of facilities including therapy rooms, a dining area and lounge areas.

The hospice accepts referrals from hospital consultants, GPs or any healthcare professional with consent of the appropriate doctor managing the patient’s care.

The hospice aims ‘to provide high quality clinical, emotional, social and spiritual care for patients who have a progressive, life-threatening illness and support for those who care for them.’

We carried out an unannounced inspection to The Prince & Princess of Wales Hospice on Thursday 9 February 2012.

In this service, we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

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 team visiting The Prince & Princess of Wales 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: Grade 6 - Excellent
Quality Theme 2 – Quality of environment: Grade 6 - Excellent

In this inspection evidence was gathered from various sources. This included the relevant sections of records and other documents including:

- accident and incident records
- audits
- care plans
- complaint records
- health and safety maintenance records
- information leaflets
• minutes of staff meetings
• patient records
• risk assessments, and
• survey results.

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

• the chief executive
• the chef
• the clinical governance co-ordinator
• the clinical nurse specialist
• the director of clinical services
• people who use the service
• relatives, family and friends
• senior care assistants
• the volunteer co-ordinator, and
• a ward sister.

During the inspection we observed how staff cared for and worked with people who use the service. We also reviewed the hospice environment. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

We inspected the following areas:

• activity rooms
• all communal corridor areas
• bathroom facilities
• consulting rooms (one with play equipment for children)
• dining rooms
• laundry
• linen cupboards
• sitting areas, and
• treatment and medicines room.

We spoke individually to five people who use the service who all spoke positively about their care and support and the environment provided in the hospice. The following are some of the comments offered.

• ‘This has been a very good experience. Better than hospital. I feel the staff know me as a person.’
• ‘The hospice is clean and comfortable.’
• ‘I have had excellent care. I have been involved in decisions and been consulted about my wishes. The nurses know me.’
'The staff are excellent. They have nice smiles, are very pleasant and helpful.'

'It is good care. I feel safe here. I have complete confidence in the staff. They listen to what I want.'

'The place is spotless. They wash window ledges and under beds. I see the staff washing their hands and wearing gloves.'

'No one wants to be in a hospice but this is the best.'

'I am treated as a person and you know the staff are there for you.'

'Totally impressed. This should be part of the whole (health) service cradle to grave as hospital is just not nice for palliative care.'

We spoke with two relatives. The following are some of their comments.

'The care has been excellent. Everything has been explained. I have had support. The staff are so kind and caring. We are getting the best treatment.'

'My (relative) has wanted for nothing. If they want something they attend to it instantly. Despite being in for a long term condition, we have seen improvement in, for example (their) diet.'

Overall, we found evidence in The Prince & Princess of Wales Hospice that:

- the hospice’s philosophy to ensure the provision of high quality clinical, emotional, social and spiritual care for people who use the service was being followed
- people who use the service were being treated as individuals and their wishes about their care were taken into account
- people were being consulted about the development of the service
- there was a committed and motivated multidisciplinary team
- good systems were being followed in relation to infection control, and
- the new electronic care planning system has improved patient care.

We did find improvement is required in two areas:

- reviewing the type of gloves used by staff, and
- reviewing the cleaning of the light pull cords in the communal toilets and shower rooms.

There were no recommendations or requirements made at the previous inspection of the service in December 2010.

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at The Prince & Princess of Wales Hospice for their assistance during the inspection.
3 Key findings

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
We found excellent evidence that people who use the service and their families participate in assessing and improving the quality of care and support provided by the service.

The philosophy of the service is to meet individualised needs for palliative care. Staff spoke with us about the importance of each person leading their own care and making decisions about day-to-day life. They described how people’s needs could be met in a variety of ways to suit their preferences of care. People who use the service confirmed this and valued this approach. For example:

- there was flexibility about the kinds of care offered, with people encouraged to discuss where they wished to be cared for
- people who wished to be cared for at home could be helped to do so
- those who needed extra help could use the day service
- the hospice offered clinics and therapies for help with symptom management, and
- people who needed 24-hour care could stay in the hospice.

The wide range of services offered had developed through people having a say in how they used the service. We confirmed this by speaking to patients and looking at a range of records and other documents.

Suggestion boxes are in the hospice corridors. These were accessible to people who use the service, their relatives and friends. Staff said the boxes were checked regularly.

We heard about the work of the clinical governance co-ordinator. Part of their job is to ensure the views of people who use the service are included in all planned developments of the hospice. We heard good examples of how patients and community views had been sought for building the new hospice.

We were informed that ethnic groups had been asked about the hospice information booklets and how cultural issues could be met by the service. The hospice generic information booklet had been translated into Urdu, Punjabi and Hindi. Plans are in progress to provide ablution facilities a result of the consultations. Ablution is an act of washing as part of religious rituals.

Staff we spoke with were mindful of the importance of involving people in the wider issues of the hospice and the delicate balance of getting the timing of this right for individuals.
Food and nutrition was viewed as an important part of the hospice care. We spoke with the chef who worked closely with the staff to ensure people using the hospice could have the foods they wanted at times which suited them.

We heard about patient stories. This is where patients are invited to share their experiences of palliative care. This is recorded in writing, by audio or video recording according to their preference. The information gained will be used to improve care in the hospice and within the health improvement team for NHS Greater Glasgow and Clyde area.

The hospice had a recent successful public open day to encourage wider participation within the community and raise awareness of their work. During our inspection, we saw members of the public come in to spend time in the hospice and use the café.

A memory tree has been provided in response to relatives wishing to return to the hospice to remember their family member.

We found that the opinions and experiences of volunteers are valued and used to continually improve the hospice care. Examples include fundraising and helping in the café.

The Lauriston Team consists of specialist nurses, doctors, an occupational therapist and a counsellor who can see patients at home or at an outpatient clinic to deliver care. Recent extension of the care at home service to a 7-day service had been driven by the nursing staff who recognised an unmet need at the weekends from listening to their patient’s comments.

There is a complaints policy in place. People who use the service said they had no complaints, but would feel comfortable raising any concerns should they arise.

There is a clear strategy for the involvement of people who use the service and participation is built into all activities. Staff in the hospice recognised that effective information and choice improved care. The hospice has provided a draft patient, carer and service user information strategy to meet these aims. The management team told us they planned to finalise this document after completing their consulting with all relevant parties.

**Area for improvement**
The Prince & Princess of Wales Hospice should continue to maintain their commitment to developing services to meet the needs and wishes of those using its services.

- No requirements were made.
- No recommendations were made.

**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: 6 - Excellent

In preparation for the new Crosscare electronic records system, there had been a review of all assessments, tools and documentation.

We viewed the new electronic record system during this inspection. We heard from a number of staff how the electronic record system had been introduced in a phased way. This was to ensure that they were familiar with the system and they felt confident that it provided an accurate record of the care which was planned or had been given.

All staff we spoke with had received training before the introduction of the new system. Additional workshops were available for those who wanted more practice. We were also shown the training version of the system, which staff could use to gain confidence in its use.

We looked at the records of two patients. We found that the system gave accurate up-to-date records of individualised care. We saw how the system alerted staff to essential information such as allergies when they accessed a care file. We saw a range of essential baseline assessments were made such as pain assessment to inform the plan of care.

Staff told us that the system had helped to improve care. One example given was that the system ensured that people received continuity of care. Staff said the single electronic record for people accessing a range of services such as care at home, day care and inpatient admissions was comprehensive. They told us it provided an accurate history of the patient’s complete journey of care. We were able to view this during our inspection.

The Crosscare system was used by all members of the care team. Information could be added at the bedside, ensuring it was up to date. One staff member told us that it was a really effective ‘aide memoire’ for providing good care.

We viewed the supplementary paper files for documents, which could not yet be held electronically. Staff were clear about where documents could be found.

Staff said they were able to give their views about the new records system. We were shown where comments could be made to add to or change the system.

During our inspection, we found evidence of continuous development of the care documentation. The director of nursing planned to audit the use and quality of the assessment processes and care plans to improve the system. Findings would also be used to help plan future staff training.

Areas for improvement

The Prince & Princess of Wales Hospice should continue to maintain the excellent standard of care recording which was demonstrated in our sample of records during this inspection.

- No requirements were made.
- No recommendations were made.
Quality Theme 2: Quality of environment

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 6 - Excellent
Some of the excellent ways for people to participate which we have described in quality of care and support also help people who use the service to participate in the quality of the hospice environment.

We saw that patient and carer surveys specifically asked how facilities could be improved for people who use the service. For example, people were asked in day care about the venue and timing of lunch. Changes were made as a result of the feedback and patients received letters in response to their feedback.

Surveys are conducted with visitors to the hospice. This included the general public, patients' visitors, visiting healthcare professionals and students to ask their opinions about the facilities and general environment.

We saw that hospice staff had made changes based on these comments. One example was ensuring people who had difficulty accessing the building by the front entrance could be helped to use the ramp at the rear of the building. Another example was changes made to the lighting levels in the evening.

We saw there was wide consultation about the planned new hospice with people who use the service, healthcare workers and the general public. We heard how these ideas were being used to help with the design and facilities.

An open day for healthcare professionals was held last year and comments sought about the new building. These are being used to plan the new building and facilities.

The service recognised that there were some people who did not use the hospice as the facilities were not suitable. As a result of speaking with those people an accessible toilet, ablation facilities and baby changing area are being made available in the hospice. We thought this was an excellent example of how the hospice is trying to help people who do not use the service to do so.

Areas for improvement
The Prince & Princess of Wales Hospice should continue to maintain its high standard and commitment to supporting people to be involved in assessing and improving the quality of their environment.

- No requirements were made.
- No recommendations were made.

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).
The hospice has a range of policies and practices to ensure infection prevention and control. There was evidence that these were kept up to date.

During our unannounced inspection, we walked around the hospice and found all areas to be clean and well maintained.

We spoke with staff and viewed documents and minutes of meetings about infection control. We found that the hospice had clearly defined responsibilities, accountability and reporting structures for infection control. Some examples of this were:

- the infection control link nurse monitors the infection control policies and practices
- staff have the support of the clinical governance co-ordinator to help them implement best practice and assist them to design audits to check they are meeting the correct standards
- the hospice’s risk management and health and safety committees review infection control activities and issues that arise, and
- the infection control working group carry out assessments of infection control and implement action plans that arise out of these assessments.

Staff we spoke with were aware of their role in cleaning equipment and described how this was recorded and how concerns about cleanliness and maintenance were reported.

We found equipment to be clean, well maintained and appropriately stored.

We saw that personal protective equipment such as aprons and gloves were available and being used by staff. We were told that equipment is also provided for the drivers of patient transport.

Staff have mandatory infection control training. Additionally, online training modules in infection control related topics are available. We also noted that the chef has completed a diploma in advanced food hygiene and safety.

A pilot project was undertaken in 2010 to measure infection rates in the hospice over the period of one year. The results showed that no patients developed a hospice acquired infection during their stay. The project has been continued and has become part of the hospice monitoring system.

We discussed with the management team that the type of gloves used in the hospice may cause problems for some patients who are sensitive to the material. They agreed to review the type of gloves they are using as a result of this discussion.

During our inspection, we found pull cords for bathroom lights were stained. These were not included in the cleaning schedules. This was discussed with the management team who have agreed to ensure that these were cleaned.

Areas for improvement

The Prince & Princess of Wales Hospice should continue to maintain the excellent performance in infection control which was demonstrated during this inspection.

- No requirements were made.
- No recommendations were made.
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 service 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 provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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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:

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

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 The Prince & Princess of Wales Hospice was conducted on Thursday 9 February 2012.

The inspection team consisted of the following members:

Julie Tulloch
Associate Inspector (Lead Inspector)

Beryl Hogg
Associate Inspector (Locum)
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.

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.