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1 A summary of our inspection

About the service we inspected

Ardgowan Hospice is an independent hospital providing hospice care. The service is provided by Ardgowan Hospice Limited, a charitable organisation and is situated in the centre of Greenock. The services are based in two separate buildings which are close to each other.

The hospice states that, supported by the local community, they aim ‘to provide the highest quality of care for patients and families living with a life limiting illness. We value quality of life, dignity, privacy and individual choice.’

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

- visit the day service (Access) for individual appointments or to attend a group
- receive visits from specialist nurses to their home (through the community nurse specialist team), 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 progressive, life-limiting illness.

The hospice’s inpatient unit provides specialist palliative care for up to eight adults over the age of 18. Care is provided by a multidisciplinary team of healthcare staff.

Access is run by experienced palliative care staff, where up to 15 people can attend from home. This service provides people with holistic care and support with their illness. Complementary therapies and bereavement services are also provided.

The hospice also provides a community palliative care service, where specialist nurses visit people at home to offer support and advice about their illness.

A team of trained volunteer staff support Ardgowan Hospice in various activities, such as fundraising, gardening, driving and welcoming people at reception.

Accommodation in the inpatient unit consists of three single rooms with ensuite facilities, one twin room and one three-bedded room.

Access has a variety of rooms available for people. These include a lounge, physiotherapy gym, treatment rooms, alternative therapy rooms, family areas and meeting rooms.

About our inspection

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

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

We carried out an unannounced inspection to Ardgowan Hospice on Wednesday 28 and Thursday 29 January 2015.
The inspection team was made up of two inspectors: Sarah Gill and Winifred McLure, and a public partner, Marguerite Robertson. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards for hospice care. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

Quality Theme 0 – Quality of information: 5 - Very good
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for Ardgowan Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 12 March 2013.

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

- information leaflets about the services provided
- the website
- five patient care records
- various policies, procedures and minutes of meetings
- accident and incident records
- audits
- staff files
- records verifying the professional registrations for staff
- training records
- comments and questionnaires from patients and relatives, and
- maintenance records.

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

- one patient and one family carer
- the clinical services director
- a ward sister
• the education co-ordinator
• a data analyst
• a palliative care consultant
• three staff nurses
• two healthcare assistants
• housekeeping staff, and
• the head of maintenance.

We inspected the following areas:

• the ward area (including one single room and the three-bedded room)
• Access (including the consulting, therapy and physiotherapy rooms)
• the family overnight accommodation
• the toilets, bathroom and shower facilities, and
• the lounge area and quiet rooms.

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

• The service provided a very high standard of care, treatment and support to the patients and relatives visiting the service.
• The service was well known and linked with other local resources within the NHS as well as other charitable providers.
• There was a dedicated and caring team of staff who were focused on providing care and comfort to all patients and relatives.
• The service continued to offer a high quality service which was appreciated and commended by patients and relatives.

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

• Some pieces of documentation within the patient care records should be improved.
• The choice and ease of access to bathing facilities should be improved. The inpatient unit bathing facilities were limited to one bath contained within the three-bedded room. This should be reviewed to increase choice and privacy.

This inspection resulted in one requirement and seven recommendations (see Appendix 1 for a full list). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

Ardgowan Hospice Limited, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

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

What the service had done to meet the recommendation we made at our last inspection on 12 March 2013

Recommendation

We recommend that Ardgowan Hospice should implement an audit process to provide patient and staff assurance that the environment is clean and systems are in place to ensure this.

Action taken

During the inspection, we saw cleaning schedules and records to show that cleaning checks were being carried out regularly. This is reported under Quality Statement 2.2. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1
We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 5 - Very good

From speaking with staff, we found that the main methods of getting feedback on the quality of information was by using the questionnaire given out to relatives and by getting the partnership group to comment on any new leaflets being produced.

The partnership group was made up of patients and relatives who had experience of using palliative care services. We reviewed the minutes of a partnership group meeting which showed that group members had been involved in commenting on a new chaplaincy leaflet.

The questionnaire for relatives entitled: ‘Have your say too’ had specific questions about information. These included the following:

- Did you or your relative or friend visit the hospice prior to their admission?
- Did you receive any of the following (listed) leaflets at the time of admission?
- Do you have any suggestions for other information that could be included in our leaflets?

Relatives feedback regularly and were involvement in developing new information leaflets.

Areas for improvement

The patient questionnaire did not have questions about the quality of information. The service could consider asking patients for more specific feedback on the other types of information available, such as verbal and the website, as well as the written information they received.

Asking patients and relatives to grade the quality of information could also be useful. This can contribute to the service’s own self-assessment of the quality of the service.

- No requirements.
- No recommendations.

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

Written information about the service was available in leaflets, an inpatient information folder and on the website.

Patients told us that they could get information about the service by visiting the drop-in service at Access. Staff confirmed this and told us that appropriate leaflets would be
provided, along with a card which contained useful contact numbers. Any other questions could be answered in a conversation with patients.

It was also possible for patients to visit the inpatient unit before admission and staff told us that this happened regularly. A brief tour would be given and written and verbal information would be provided.

We saw that leaflets about Access were available in the reception area of that building.

The service gave patients within the inpatient unit, in the main building, an information folder as well as an information leaflet. The folder contained lots of relevant information about the service.

We asked if information was available in other formats, such as large print, and staff told us that this could be done on request. There was access to an interpreter service and, if information was needed in another language, this could be arranged.

The website had recently been redesigned and more improvements were planned.

We saw recent feedback from six patient and relatives questionnaires. This showed that all had received the information listed and had no further suggestions about how to improve the leaflets they had been given. This was a good indicator of satisfaction in terms of the level of information provided.

Areas for improvement

Although leaflets about Access were available at the reception of that building, they were not readily available in the main building. An information point was set up in the cafe area with a noticeboard. However, information about the hospice services was not there. Staff told us that there had been changes to job roles and that this had led to changes in responsibilities for checking the availability of leaflets. This could be clarified to make sure that all of the relevant information is available in both buildings.

None of the leaflets had clear information about how to provide feedback or complain about the service. The hospice inpatient unit booklet stated if there was an ‘issue of concern’, this should be discussed with the ward sister or nurse in charge. However, this gave no detail of the complaints procedure or how complaints would be dealt with (see recommendation a).

The information available could make it clearer that patients can access the hospice policy on resuscitation and policies on future treatment, including end of life wishes and care.

We asked to see the complaints procedure. This did not include the name or contact details for Healthcare Improvement Scotland. There must be clear information available for patients about these procedures which state that patients can complain directly to Healthcare Improvement Scotland if they choose to (see requirement 1).

Consideration could also be given to placing information leaflets about the hospice services and the complaints procedure onto the website.

Requirement 1 – Timescale: by 31 April 2015

- The provider must update the complaints procedure to include Healthcare Improvement Scotland’s contact details.
Recommendation a

- We recommend that the service should provide patients and relatives with clear information about the hospice’s comments, suggestions and complaints policy.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good

The main written method of getting feedback from patients and relatives on the quality of care and support was by using the patient and relatives questionnaires.

The patient’s questionnaire asked specific questions, such as:

- Was there enough help available to meet your personal care needs?
- Was there enough help with nursing care such as giving medication?

Patients could use a five-point grading scale from ‘strongly agree’ to ‘strongly disagree’.

Patients could also detail the level of support provided for:

- emotional
- religious and spiritual
- financial issues
- symptom relief, and
- explanations for care or treatment.

Although suggestion boxes were available, staff told us these were rarely used.

More focused feedback had been received in response to comments made by some patients about wanting to see some improvements to the menu and quality of some of the meals. This led to staff setting up a nutritional review group. This involved getting more comments from patients and resulted in changes to the menu. This showed that the views of patients were being listened and responded to which is very good practice. Staff told us that patients had liked the changes made and they had received informal feedback.

Another example of involving patients was the introduction of the volunteer drivers group. This group looked at the transport service being offered and ways that it could be improved. Changes were made to the service making it more flexible and, therefore, more responsive to patients’ needs. Staff told us that patients’ comments influenced this change.

A patient told us that they had been closely involved in all decisions about their care and treatment. We saw from examination of the patient care records, that detailed discussions took place with patients and their families about care and treatment proposed.
Areas for improvement

The user involvement policy set out the ways that patients and relatives could get involved and help to improve the service. Although the methods suggested in the policy were detailed and wide ranging, we could not see evidence of all aspects happening in practice. Methods of monitoring this policy had not been put in place so that progress could be measured and reported on. For example, the policy stated that the service would provide feedback to patients and carers and invite them onto committees. However, we could not see how this feedback was being provided, or any patients or carers in the membership of committees. This policy was dated November 2013, but still made reference to the previous regulator (the Care Commission). This indicated that the policy needed review and further consideration to demonstrate more clearly that it was being fully implemented and monitored.

Staff told us that a lot of feedback was provided verbally and agreeing ways of capturing this could be helpful to show the comments made and actions resulting.

The results of patient and relatives questionnaires could be displayed in the service and published on the website to inform the public and patients who have been discharged home. This was discussed with management and they were keen to consider this for the future.

- No requirements.
- No recommendations.

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: 5 - Very good

During the inspection, we examined five patient care records. These were paper documents with dividers which set out the relevant sections. A comprehensive ‘core assessment’ was carried out on first contact with the service. This could be carried out by any department of the hospice. This assessment was often carried out by the clinical nurse specialists who assessed the patient in their own home.

Patients, who were admitted to the inpatient unit, also had a further holistic assessment carried out on admission. Staff told us that this was carried out jointly, whenever possible, between the doctor and a nurse. We found that the holistic assessment was comprehensive and covered the expected domains of care, including:

- physical
- psychological
- emotional
- social, and
- spiritual.

Following this assessment, a plan was created to take account of the patient’s priorities. A bedside folder was compiled which contained a core set of risk assessments and care plans.
The risk assessments in use included:

- canard falls
- bedrail
- waterlow pressure sore, and
- moving and handling.

The patient care plans we viewed were pre-printed and set out the care interventions for each subject, such as pressure relief and pain control.

We saw that every consultation was clearly recorded. Each entry made in the patient care record was timed and dated and stated which member of staff made the entry. This meant there was a reliable record of the care delivered.

A written and verbal handover was provided for staff at each shift change. This helped to highlight important information, such as safety concerns or changes to medication.

Resuscitation decisions were recorded appropriately in all of the five patient care records we reviewed. This included the signature of the senior clinician and the date for review.

We saw detailed records of sensitive discussions between the doctor, patients and family around the time of patient death.

The patient information folder stated that patients could view their records, if they wished.

The patient and relative we spoke with during the inspection were very complimentary about the care and support provided by the service. They provided the following comments:

- ‘I felt fully informed and if you’re unsure it will be explained. You couldn’t be treated better.’
- ‘Staff are always very supportive, there’s always someone there to listen to you.’
- ‘They do an excellent job for patients and relatives.’

**Areas for improvement**

The service was planning a change to electronic patient care records from 9 February 2015. The service had arranged to support staff with this new system, including staff meetings to discuss the changes and training on how to use the system. We were able to view the new layout. We suggested the next of kin section could be more detailed and include a specific heading for preferences, for example when staff should call family and friends. This would be particularly important to help decision-making at night.

The consent form, in the patient care record, was not being used consistently. Staff told us this was being reviewed and a new consent form was planned for the electronic records.

The preferred priorities of care, in the patient care record, were found to be blank in four out of the five records reviewed. The completion of this sheet was important and guidance for its use was set out in the advance care planning policy for staff to follow. We could not see that a clear record of preferred place of care, preferred place of death and end of life wishes for any of these patients. Although staff stated that verbal discussions took place, and that this important information was known, there was no evidence of this in the patient care record (see recommendation b).
Two of the patient care records reviewed were for patients who were deceased. The hospice no longer used the document known as the Liverpool Care Pathway and no replacement checklist was in use. An audit had been carried out to identify any gaps in documentation. This had helped to identify the need for a clear point of diagnoses of dying to be signed by a senior clinician. This had not yet been introduced, as the service was due to start using electronic records. The new electronic record will be populated with fields to document this more clearly.

These two patient care records did also not have a clear reassessment of hydration and nutrition. Discussions with family about hydration and nutrition, as intake by mouth was reduced, could have been demonstrated if reassessment was clear. Ways of highlighting and recording these discussions more clearly should be made in the new electronic records. A holistic assessment was carried out with each patient. This included completion of a nutritional assessment tool and a core care plan for diet and nutrition. However, the nutritional assessment in use was not a validated tool and consideration should be made of using a tool that is supported by best practice guidance (see recommendation c).

There was not much space in the patient care plans to write up personal preferences for care. As the new electronic patient care record is developed, the service could consider how to document care more specifically. For example, the specific type of mattress in use as opposed to ‘pressure relief mattress’ or specific preferences for care, rather than ‘bath’ or ‘shower’.

- No requirements.

**Recommendation b**

- We recommend that the service should implement its advance care planning policy to record and review the patient’s preferred place of death and end of life wishes at regular intervals.

**Recommendation c**

- We recommend that the service should develop a clearer record of assessment and outcomes of assessment for hydration and nutrition, particularly at end of life.

**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**

The main written method of getting feedback from patients and relatives on the quality of the environment was by using the patient and relatives questionnaires.

The patient and relative questionnaire asked specific questions about the environment, such as ‘Was there adequate privacy in the bed area?’

A project had taken place to introduce concepts of the ‘healing environment’. This was aimed at using colour and soft furnishings to enhance feelings of wellbeing. This resulted in patients being asked to choose which colours and blinds should be used.
A feasibility study had also taken place to look at the existing environment of the hospice buildings and options for redevelopment. Patients had been involved in this study. This demonstrated the service was involving patients and relatives to improve the environment.

- No requirements.
- No recommendations.

**Quality Statement 2.2**

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

**Grade awarded for this statement: 4 - Good**

Ardgowan Hospice is operated out of two nearby sites. The older building houses the inpatient unit.

In the inpatient unit, we found that all areas were clean and tidy and the newly-refurbished areas were bright and welcoming. The inpatient unit has eight beds. This is made up of a room with two beds, a room with three beds and three single rooms. There was also overnight accommodation for families with ensuite facilities. We saw the work involved in the Healing Environment project which created a homely, comfortable, light area with soothing natural colours and artwork. There are cafe facilities for patients and families and an area for children to use with various activities, including videos and books.

The newer building is purpose-built, has a separate entrance, and is used as a day centre and drop-in facility, called Access. It is also used for outpatient activities and therapies. This building was clean and well maintained with modern fixtures and a variety of large spaces for patients and staff to use. There was gym equipment used by physiotherapist staff and hairdressing facilities. One room was set as part of the 'Butterfly project' which helps children affected by bereavement. Many of the rooms were designed to be flexible and could be changed to suit the needs of the patients.

The hospice also had access to a small garden which can be accessed by patients and visitors.

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception of both buildings. This helped maintain the security of both buildings.

We spoke with the hospitality manager and housekeeping staff. They showed us the systems and processes in place for cleaning the hospice, including cleaning schedules. Control of Substances Hazardous to Health (COSHH) risk assessments were also present.

We spoke with the maintenance manager who showed us the service records for non-clinical equipment, including equipment serviced by outside contractors. We also saw the process for reporting and recording issues with equipment and how this was dealt with on a day-to-day basis. We saw evidence of environmental risk assessments, including fire and water assessments. Staff had recently been on a Legionella training course. Clinical staff showed us the process for maintaining clinical equipment and how that was managed with the medical physics department at Inverclyde Royal Hospital, NHS Greater Glasgow and Clyde.

We saw that the risk management and health and safety group met every 3 months. An external company carried out a health and safety audit and the service had developed an action plan to carry forward any recommendations made. We were informed that two
members of staff, the finance and operations manager and the maintenance manager, had both completed the Institution of Safety and Health (IOSH) managing safely course.

Policies and procedures were in place to support the control and prevention of infection. These included policies on:

- standard infection control procedures
- how to manage people in isolation
- decontamination (cleaning) of patient equipment, and
- policies on the management of specific conditions, such as Clostridium difficile and meticillin resistant Staphylococcus aureus (MRSA).

We saw evidence of fridge and room temperature checks being carried out and recorded. We saw that all radiators had covers on them.

The patient and visitor we spoke with, during the inspection, commented positively on the quality of the environment. These included:

- ‘No problems, all laid out conveniently.’
- ‘No problems with getting around, new building is particularly bright and clean. With the older building they do their best with what they have to work with.’

Areas for improvement

During our walkaround, we saw that the dirty utility and the laundry room did not have clinical hand wash basins that comply with new standards. The service confirmed that it did not have a current risk-based plan for replacing these basins (see recommendation d).

Maintenance systems and processes need to be improved. Although all work was being carried out as required, it was disjointed across different areas. The service was in the process of introducing an electronic system which would flag up when servicing or routine maintenance is required. Day-to-day issues need to be logged more accurately, with actions recorded, dated and signed. There also needs to be a clearer overview of how all maintenance and servicing is managed. Both the finance and operations manager and the maintenance manager had recently started with the hospice and were aware of what needed to be done to resolve these issues.

We noted that the hospice did not have a car park. There was a drop-of-zone and an ambulance bay. Parking in the streets around the hospice could be difficult at busy times.

We were unable to see evidence that patients were offered the choice of single or shared rooms. The service should clearly record preferences for single or shared rooms so these can be met, when possible (see recommendation e).

There are restrictions in what can be achieved for people who use the service, due to the age and design of the building that houses the inpatient unit. For example, bathing choices were restricted. Two of the single rooms only had a sink and toilet in the ensuite. Two showers and one bath were available for eight patients. Unfortunately, the bath could only be accessed through the three-bedded room, which some patients may be reluctant to do.

There were plans to refurbish the bathrooms and ensuite rooms. However, these are on hold as the board was considering the possibility of building a new hospice (see recommendation f).
While we noted restrictions in the old building, every effort has been made by staff and people who use the service to make best use of it. This finding, at the time of this inspection, did not detract from the standard of care or positive feedback given by the patients and visitors about the service.

- No requirements.

Recommendation d

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

Recommendation e

- We recommend that the service should establish and record patient preferences for single or shared rooms. This will allow the service to accommodate patient choice when possible.

Recommendation f

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

Quality Theme 3 – Quality of staffing

Quality Statement 3.1

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

Grade awarded for this statement: 5 - Very good

The main written method of getting feedback from patients and relatives on the quality of the staffing was by using the patient and relatives questionnaire.

Both questionnaires for patients and relatives had specific questions about the quality of staff. For example, participants were asked to rate the care provided by doctors and nurses separately. This provided valuable feedback about these different staff groups.

The doctors received feedback from patients as part of their revalidation process. Copies of these were made available to inspectors during the inspection.

Area for improvement

The service could strengthen its evidence on involving the partnership group in activities, such as recruitment, staff training and appraisal.

- No requirements.
- No recommendations.
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: 6 - Excellent

Nurses and allied health professional (AHP) registrations were checked and recorded every year using online verification systems. Staff and volunteers were given a comprehensive induction, mentorship and yearly mandatory training programmes which covered issues, such as:

- health and safety
- fire awareness
- child and adult protection
- IT matters
- moving and handling, and
- infection control.

The staff induction programme shared the key values, aims, mission statement and vision of the hospice. The ‘Hospice Key Values’ set a benchmark for personal and professional conduct.

The hospice had an education and training group which met every 3 months and an education facilitator was in post. The facilitator planned and developed a programme every year to include the main concepts of national direction and local initiative. The training programme aims to help staff stay up to date with local initiatives and best practice. This consists of face-to-face learning for all staff groups, including mandatory training days, clinical skills update days and medicine management days. The facilitator also organised ‘lunchtime learning’ sessions for community and hospice staff and ‘bite-sized’ education sessions with small groups of staff in the ward area. Staff also had access to an e-learning system. All training was monitored to ensure staff remain up to date.

With NHS pharmacy support, the three hospices in the Clyde area developed a training package for nurses. When completed, this training allows them to carry out single-nurse controlled drug administration. This activity is usually carried out by two nurses at a time. This change helped to free up nurses’ time and staff commented positively on it. The training for this includes a period of study, practice, self-assessment and assessment by the pharmacist. A yearly update is also provided.

All registered staff were encouraged to undertake an accredited palliative care course at degree level, although many staff had now completed a palliative care course at postgraduate level.

Education for non-registered staff was also well developed. All staff were encouraged to attend in-house training and undertake SVQ level 2 and level 3 in health and social care. All auxiliary staff within the hospice had now completed the SVQ level 2 qualification.

There is also outreach education work being carried out. Training days have been being organised for home care workers and work is ongoing with primary and secondary schools.

Registered staff were encouraged to access supervision provided by an outside service. All staff took part in reflective peer support sessions which were carried out regularly, when
requested by staff. This allows staff to raise any issues which may, or may have caused, staff physical, emotional or spiritual distress or concern. Staff can then seek solutions or offer support as a group.

Every year, staff receive a performance appraisal which uses a system of self-assessment and manager assessment. This allows staff to create a development plan tailored to their needs.

An improvement fellow had recently been recruited and two other members of staff were taking part in the National Education for Scotland (NES) Scottish Improvement Skills Programme.

All staff were enthusiastic about the education provision within the hospice and stated that they felt well supported and enjoyed their work. Staff spoken with during the inspection were very committed to their work and were proud of their association with the hospice. Volunteers were valued and had access to training events and induction to the service.

The patient and relative we spoke with during the inspection, were very complimentary about staff who worked at the hospice. Comments included:

- ‘Staff are considerate and helpful. There are never any concerns in asking for assistance or just reassurance.’
- ‘Staff are very knowledgeable and competent.’
- ‘All staff including volunteers are so helpful.’

No requirements.
No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.1

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

Grade awarded for this statement: 5 - Very good

We saw examples of the service involving patients and relatives in the feasibility study to the review of the hospice environment. This involved considering the future running of the service and ways of exploring how this could best meet the needs of local people. Previously, patients and relatives had been involved in strategy and service evaluation.

Areas for improvement

The service could consider adding specific questions to the patient and relatives questionnaires to get feedback on the quality of management and leadership.

The partnership group could be used more extensively, for example, to comment on the service’s self assessment, new policies as they are written or to join committees, if possible.

No requirements.
No recommendations.
Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service had systems in place to help monitor the quality of the service delivered. This was overseen by the healthcare governance committee. We saw minutes of these meetings.

Various subgroups reported to this committee, including:

- the risk management and health and safety group
- the drugs and therapeutics group, and
- the education and training group.

We were shown a new audit register which had just been introduced. This showed that regular audit was taking place for some areas, for example medication and infection control.

An audit of record-keeping at end of life had been carried out in December 2014. An action plan had been compiled in response to this.

There was a record of incidents and accidents. We saw that staff completed incident forms. These were checked by management and learning points had been identified. Incidents were discussed at the appropriate subgroups and, in turn, these were reported to the healthcare governance committee. These showed a thorough system was in place to record and learn from incidents.

The monitoring of medication errors showed a falling trend. This was a very good indicator of improved practice in medication management.

There had been no internal complaints since the previous inspection in March 2013. Again, this was a very good indicator of quality in the service.

There were plans to further develop the systems within the service to promote a culture of improvement throughout. This was being driven by the appointment of an improvement fellow. A new research proposal was starting to look at factors influencing referral patterns. The aim of this was to reduce unnecessary delay and document the improvement journey of the hospice. This was being carried out jointly between the hospice and the University of the West of Scotland.

An annual clinical governance report was compiled and sent to NHS commissioners. We saw a copy for the reporting period April 2013–March 2014. This report provided external stakeholders with an overview of quality and how it was monitored. This reported on:

- activity
- clinical audits
- quality developments
- risk assessments
- incidents
- health and safety
- learning, and
- service improvements.
Areas for improvement

A clinical governance strategy had been drafted in April 2011. Since then, various changes had taken place at the service and the strategy had not yet been finalised. The clinical audit and effectiveness group was not in full operation, as staff roles were still to be determined.

The clinical audit and effectiveness work plan had been partly suspended. This meant that an annual audit plan was not yet in place. Management within the service told us there was a plan to develop this.

Some policies were in need of review. We were told that this was in progress and that a thorough review expected to bring these up to date.

We noted that the advance care planning policy was not fully implemented. The use of key parts of the patient care record, to ensure correct completion, was not part of a regular audit. This would be beneficial to ensure standards are met (see recommendation g).

- No requirements.

Recommendation g

- We recommend that the service should develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 0.2

**Requirements**

The provider must:

1. update the complaints procedure to include Healthcare Improvement Scotland’s contact details (see page 9).
   
   Timescale – by 31 April 2015
   
   Regulation 15(6) (a) & (b)
   
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

**Recommendation**

We recommend that the service should:

- a. provide patients and relatives with clear information about the hospice’s ‘comments, suggestions and complaints’ policy (see page 10).
   
   National Care Standards – Hospice Care (Standard 1.2 – Informing and deciding)

### Quality Statement 1.5

**Requirements**

None

**Recommendations**

We recommend that the service should:

- b. implement its advance care planning policy to record and review the patient’s preferred place of death and end of life wishes at regular intervals (see page 13).
   
   National Care Standards – Hospice Care (Standard 22 – Around the time of death)

- c. develop a clearer record of assessment and outcomes of assessment for hydration and nutrition, particularly at end of life (see page 13).
   
   National Care Standards – Hospice Care (Standard 5.2 – Quality of care and treatment)
### Quality Statement 2.2

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<p>| | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td><strong>d</strong></td>
<td>identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design (see page 16).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.5 – Premises)</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>establish and record patient preferences for single or shared rooms. This will allow the service to accommodate patient choice when possible (see page 16).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.5 – Premises)</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>improve the privacy of the bathing facilities so all patients can use them with dignity, if they choose to (see page 16).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.6 – Premises)</td>
</tr>
</tbody>
</table>

### Quality Statement 4.4

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>g</strong></td>
<td>develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service (see page 20).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.2 – Quality of care and treatment)</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>12/03/2013</td>
<td>Not assessed</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

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

We follow a number of stages in our inspection process.

**Before inspection**

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

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

**During inspection**

We arrive at the service and undertake physical inspection.

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

We give feedback to the service’s senior staff.

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

**After inspection**

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

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

### Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></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.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.