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. **A summary of our inspection**

**About the service we inspected**

Ayrshire Hospice is an independent hospital providing hospice care. The service is provided by The Ayrshire Hospice, a charitable organisation.

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

- be admitted to the hospice inpatient unit
- visit the Solas day service (this is the name for the community and day services at Ayrshire Hospice which means ‘a place of light, a place of solace, a place of comfort’) for individual appointments or to attend a group, or
- receive visits from specialist nurses at home through the community nurse specialist team.

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 provides specialist palliative care for up to 20 adults over the age of 16, in two inpatient wards. Care is provided using a multidisciplinary team of experienced healthcare staff.

The Solas day service is run by experienced palliative care nurses and up to 16 people can attend. This service provides people with holistic care and support with their illness. Complementary therapies are also provided.

The hospice provides a respite and response service. This involves experienced community care assistants offering additional support to patients who wish to be cared for and die at home.

The hospice also provides a community palliative care service. This involves specialist nurses visiting people at home to offer support and advice about their illness.

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

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

The Solas day service has a variety of rooms available for people who use the service. These include:

- a lounge
- a physiotherapy gym
- an occupational therapy room
- 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 Ayrshire Hospice on Wednesday 8 and Thursday 9 October 2014.

The inspection team was made up of three inspectors: Sarah Gill, Winifred McLure and Karen Malloch.

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

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

Quality Theme 0 – Quality of information: 6 - Excellent
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for Ayrshire 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 28 and 29 January 2013.

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

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

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

• the clinical services director
• the ward manager
• the education facilitator
• the estates manager
• human resources
• four staff nurses
• a team leader
• a care assistant
• a medical consultant
• three family members
• six patients (three from the inpatient unit and three from the Solas day service)
• a drop-in centre visitor
• four volunteers
• the head of communication
• the systems project co-ordinator
• the risk co-ordinator
• the quality team
• day service/community manager, and
• two members of kitchen staff.

We inspected a number of areas, including:

• a selection of bedrooms
• toilets and bathrooms
• the cedar lounge
• a quiet lounge
• family overnight accommodation
• a medication storage area, and
• the Solas day service.

**What the service does well**

We noted areas where the service was performing well.

• The service provides a very high standard of care, treatment and support to the patients and relatives visiting the service.
• The service is well known and links with other local resources within the NHS as well as other charitable providers.
• There is a dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
• Ayrshire Hospice continues to offer a high quality service which is appreciated and commended by patients and relatives.

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

• risk assessment and record-keeping could be improved
• improvements could be made to the accommodation and facilities of the hospital (we were told that a new plan is being developed for improvements to these areas), and
• audit and quality assurance systems could be developed further.

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

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

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

What the provider has done to meet the requirement we made at our last inspection on 28 and 29 January 2013

Requirement

The provider must ensure that patient care records set out clearly how all of the health, safety and welfare needs of people who use the service are to be met for each individual. In order to do so, the provider must:

- review all nursing profiles and care plans to make sure that physical, social, emotional, spiritual and psychological needs are clearly identified for people who use the service, and care is planned in a way which is person-centred and which demonstrates how these needs are to be met
- ensure that where risks are identified through the use of assessment tools, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks
- ensure that care plans are evaluated to assess whether or not they are effectively addressing identified needs
- ensure that care records are clear, accurate and unambiguous, and use recognised descriptors where these are available, and
- implement systems to audit and monitor the quality of record keeping and care planning in the service.

Action taken

New electronic patient care records had been introduced. This included a holistic assessment carried out on admission, as well as a daily symptom assessment tool. These assessments help to identify the physical, social, emotional, spiritual and psychological needs of patients. The daily evaluation of care was carried out with the patient and this gave a person-centred approach. **The first element of the requirement is met.**

Although some tools were used to identify risks, such as pressure sores or nutrition, some risks that were not well identified using the current electronic record, this included falls and the risk of using bedrails. However, care plans were not available to support the daily care being carried out. Further development was planned to improve the electronic notes. **The second element of the requirement is not met.**

The daily symptom assessment tool evaluated and identified needs. During the inspection, patients confirmed that their needs were being met. **The third element of the requirement is met.**

During the inspection, the patient care records we viewed were clear. In relation to a wound care plan, the plan was unambiguous and used recognised descriptors for the size and depth of the wound. **The fourth element of the requirement is met.**

During the inspection, we asked about audit and monitoring of record-keeping. Staff told us that this consisted of ‘spot-checking’ and was not yet formalised. This meant there was not yet a minimum data set to provide audit results of record completion. Systems to check the quality of patient care records had also not yet been developed. There was a continuous review in progress and awareness of the need for further development of the system. **The fifth element of the requirement is not met.**
Overall this requirement is partly met. However, since the inspection there has been a significant change in the way patient care records are kept. This is covered in the findings for the Quality Statement 1.5. The outstanding areas of the requirement have been included in the revised requirements and recommendations for this Quality Statement.

**What the provider has done to meet the recommendations we made at our last inspection on 28 and 29 January 2013**

**Recommendation**

We recommend that Ayrshire Hospice should continue to review the methods it uses to gather the views of people who use the service, their families, staff, volunteers, and other agencies with a professional interest in the service. They should evaluate the methods they use to ensure that they remain effective for the current client group, and adapt and develop them to meet changing needs, as the service and the client group changes.

**Action taken**

We saw evidence of changes being made to the methods of gaining feedback from patients and families. This included the introduction of electronic feedback using a tablet computer. **This recommendation is met.**

**Recommendation**

We recommend that Ayrshire Hospice should review the training programme to ensure that all staff in the service receives regular up-to-date training in child protection legislation, reporting procedures and policies in use in the service.

**Action taken**

During the inspection, we looked at the staff training programme; this included child protection training. **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: 6 - Excellent

The main way patients can feedback on the quality of information provided by the service is by using surveys and comments from the Ayrshire Patient Public Forum. This is a forum made up of members of the public and is used to consult on changes being made at the hospice. In the survey, respondents are asked to grade the quality of information provided by the service.

Staff told us that patients and carers had been involved in the development of the new patient information booklet.

During the inspection, we saw evidence that feedback was acted on. For example, an audio version of the general information leaflet had been produced in response to the comments made.

Area for improvement

The survey could be made more specific about the type of information being graded. For example, the quality of information given verbally, the use of the website or the information provided in leaflets.

- 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: 6 - Excellent

Ayrshire Hospice has a number of ways of telling people about the service. This helps people make a decision about whether the service is the right one for them.

The service website is informative, easy to use and provides information on all aspects of the service for patients, families and professionals. Information for prospective patients includes how to access the service, who should use the service and the services provided. The website also allows people to download a variety of leaflets. There are five core leaflets covering:

- service information
- the Solas day services
- comments, concerns and complaints
• visiting the service, and
• making a difference as a service volunteer.

Supplementary information on other aspects of the service was also included. For example:
• support for children and young people
• support for adults affected by life-limiting illness
• the Headwayr project, and
• hairdressing services.

The service was also able to provide an audio version of the leaflets and planned to put this on the website. The service use social media to circulate information and posted information each day. People were also able to leave reviews on their experience. This is useful for prospective customers.

A comprehensive patient information leaflet had recently been drafted in consultation with patients and families. This contained useful information about all aspects of the service and will be printed for circulation shortly. Postcard information had been produced to provide short and simple facts on different aspects of the service, such as the ‘carers’ cafe. These were clear and welcoming. Information can also be translated into any language on request.

During the inspection, we spoke with six patients and one visitor. They told us they had received a range of helpful information about the service before being admitted. Many also commented that staff provided regular information and advice, and all of them complimented staff on their kindness, helpfulness and compassionate approach.

The profile of the service is raised by holding fundraising events, open days and through conferences. This year is the service’s 25-year anniversary. The service has arranged to celebrate this event, including a civic reception and presentation. A newsletter entitled ‘The Article’ is produced quarterly and aims to ‘keep the community informed’.

To further ensure information about the service is disseminated to referring agencies, the service was also included in the NHS staff bulletin and the weekly GP bulletin.

■ No requirements.
■ No recommendations.

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
There was clear evidence that the views of patients and relatives were being sought regularly, using a variety of methods. The processes were set out in a participation policy which was effective from August 2014.
We saw details of the service’s patient engagement projects for 2014. This document set out the various projects covering the inpatient unit, drop-in cafe, the Solas day service and those which were hospice wide. This showed that there was wide-ranging involvement of patients and relatives throughout the hospice services.

The main methods of getting feedback include:

- comments cards in the inpatient unit
- surveys (which include care and support questions and grading)
- a specific questionnaire for the Solas day service
- leaflets entitled ‘Your views matter’, and
- ‘Just one word’ cards (which can be completed by patients and relatives).

The Solas day service survey asked more detailed questions about care and support, including:

- do you feel involved in your plan of care
- do you feel supported in decision making, and
- do you feel your dignity is maintained at all times?

These questions help to get specific feedback from patients on their care experience.

We saw that patient comments were responded to using the ‘You said, we did’ board. This board displayed recent patient comments and, if there was an action that could be taken to make an improvement, this was also displayed. This demonstrated that patients’ comments were listened to and actions were taken, when possible.

We looked at patient care records for inpatients. These showed that patients were involved in a daily reassessment of their needs. This was confirmed by the patients we spoke with during the inspection.

The service has developed the methods of getting feedback from patients and relatives. This included using electronic surveys which will be made available using a tablet computer. This can help to provide very quick feedback and reporting results can often be done easily.

**Area for improvement**

The results of patient and relatives feedback questionnaires could be published on the service’s website. This would allow the public, and patients who have been discharged home, to view the results. This was discussed with management and this will be considered 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

Patient care records were held electronically. This was a new development which started in September 2013. Staff can use a mobile laptop computer for ward rounds or desk top computers which were located in various secure offices throughout the hospice.

Patients who were admitted to the inpatient unit had a holistic assessment carried out. Staff told us this was carried out jointly, whenever possible, between the doctor and a nurse. We viewed three inpatient care records and found that the holistic assessment was comprehensive and covered the physical, psychological, emotional, social and spiritual domains of care.

The record was very dynamic as reassessment took place every day (or more frequently). We saw that a symptom assessment tool was used. Patients were asked to prioritise their symptoms so that staff could work together to try and alleviate these. This approach was very person-centred and was evaluated daily to measure success. This would then inform the care plan for the next shift.

Each entry made in the record is timed and dated and states which member of staff made the entry. This meant that every consultation was clearly recorded.

The service used advance care plans to record the future wishes of patients should their condition deteriorate. We saw that these were completed to record important wishes, such as the patient’s preferred place of death. These advance care plans were reviewed regularly and stated if the patient had not wished to discuss these issues or was ‘undecided’.

The service had a leaflet explaining resuscitation decisions. This was used in conjunction with staff discussions with patients and their families. We saw that a document was kept to record if a resuscitation decision had been made. Communication systems were also in place to make sure staff knew about these important decisions. This included using a whiteboard and a printed handover sheet which nurses used to make sure important information was passed from one shift to another.

We saw detailed planning and recording of wound care.

A moving and handling assessment was kept at each patient bedside. This set out the number of staff or equipment needed. This was easy to see and was updated as the needs changed.

There was a ‘patient safety brief’ at each shift change. This helped to highlight any patients with particular needs, such as the risks of falls or infection.

End of life care was supported using the ‘Ayrshire Hospice end of life care plan’. This gave a record of important discussions and care decisions in the last days or hours of life. A patient care record showed a clear record of decision-making and communication with the patient or, when relevant, the family.
Patients we spoke with were highly complimentary about the care and support received and some comments included:

- ‘They explain things well, talk them through.’
- ‘It’s top quality.’
- ‘They definitely involve you in discussions – they’re really good at that.’
- ‘The care is off the scale. Welcoming, not looked back since I came here, they helped my family too – we’ve all benefited.’

**Areas for improvement**

We were told that patient care records were still being developed. There was a proforma document available for assessing the risk of using bedrails. However, this had not yet been used. Staff told us this was due to be implemented in the next few weeks. There had been a previous incident of a patient getting out of bed with the bedrails up. There was clearly a high risk of injury associated with this particular incident and it had not been recognised as a ‘near miss’. The bedrail risk assessment must be implemented as soon as possible (see requirement 1).

One of the care plans for a patient at end of life had little detail about the outcome of assessments of hydration and nutrition. The record was unclear and did not indicate the level of support required or if the patient was able to eat or drink. A clearer record of assessment of nutrition and hydration, that link to plans of care, should be developed (see recommendation a).

No formal falls risk assessment with individual prevention plans was in place. Although staff were aware of patients who were high risk, and steps were taken to reduce the risk of falls, this was not clearly recorded in the patient care record. Staff told us there was a plan in place to implement this (see recommendation b).

The patient care record had a section to record patient expectations and discharge planning. In two patient care records, it detailed patients who were approaching discharge, but no detail was recorded about their discharge plan. More explicit recording of expected length of stay on admission and regular review of discharge plan records would be good practice (see recommendation c).

Further work is needed to ensure that, where risks are identified through the use of assessment tools, the care plan recognises these and control measures are put in place to ensure that these risks are minimised. For example:

- where a patient is identified as having a high risk of acquiring a pressure ulcer, the care plan should detail the all the regular care needed to reduce the risk, and
- where the nutrition risk assessment has been used, the care plan should reflect the support the patient needs to ensure they get the food and fluids they need in a way that takes in account their personal preferences (see recommendation d).

To ensure that patient care records set out how to meet the needs of patients, more formal systems to audit and monitor the quality of record-keeping and care planning should be implemented (see recommendation e).

Two of the resuscitation records examined had long gaps in dates between the junior doctor and senior clinician signing them. This could be considered as part of auditing resuscitation documentation, to ensure senior clinicians sign this off as soon as possible.
Requirement 1 – Timescale: by 30 November 2014

- The provider must implement a risk assessment for the use of bedrails. To do this the provider must:
  
a) take account of the type of bed(s) in use, the risks to the patient of entrapment and of restraint
b) ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and
c) ensure alternatives are considered and made available in keeping with restraint best practice guidance.

Recommendation a

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

Recommendation b

- We recommend that the service should implement falls risk assessment and prevention plans.

Recommendation c

- We recommend that the service should record on admission, the discussion with the patient about expected length of stay, and begin discharge plan records as soon as a decision is made about ongoing care needs.

Recommendation d

- We recommend that the service should ensure that when assessment tools identify risks, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks.

Recommendation e

- 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.

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

Patients had been asked to rate the quality of the service environment. Responses to this were positive. The survey ‘Your views matter’ asked:

- are the facilities satisfactory
- do the facilities allow for privacy, and
- are the noise levels acceptable?
During the inspection, we saw that some comments had been made and acted on. For example, one respondent had asked for a vending machine to be provided and this had been installed.

Consultation had also taken place on the planned refurbishment of the cedar lounge. This is the main lounge area within the service. Patients and relatives had been involved in choosing the decor. They had also requested additional facilities for making drinks. We were told that a kitchenette facility is to be provided.

These examples show that the organisation is proactive in seeking and responding to the views of patients and relatives with regards to the service 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**

During the inspection, we saw that all areas of the building were clean and tidy. The main entrance is light and airy and has a reception area which is staffed by volunteers. People sign in and out at this point, which assists in the security of the building. A small waiting area is also available for visitors. Past the reception area, there is a family room which provides facilities for relatives to stay overnight. It has two sofa beds, a small kitchen and en-suite toilet and shower facilities. The inpatient unit is accessed from this area.

The inpatient unit provides beds for 20 patients in a range of different rooms:

- six single rooms
- one double room, and
- four three-bedded rooms.

All patient rooms are slightly different and provide different en-suite facilities. Some have a toilet and basin, while others have shower, bath or wet room facilities. Other bathing facilities are available within the service. This includes a Parker bath and two spa baths in separate bathrooms.

The cedar lounge (the main lounge area) has a drink and snack machine. There are also two smaller lounge rooms with a quiet room available for patients and relatives to use. The service also had two specialised ‘cuddle’ beds. These can be attached to a hospital bed to make a double bed, allowing family members to be close to each other. This is a unique service which is receiving extremely positive feedback.

We saw other specialist equipment designed to meet the unique needs of the patients using the hospice, including a high-back shower chair with head support. All the equipment seen was clean and signed tags were used to record this.
An electronic board shows which staff are on duty that day. It also displays their photograph and outlines their area of responsibly for that day. This is a unique approach to ensuring patients, visitors and other staff are able to identify the member of staff who can help them.

The Solas day service, which was recently refurbished, provides excellent facilities for patients. It is a large airy open plan room with seating areas, a dining area and kitchen area. Other rooms included:

- a physiotherapy gym
- a relaxation room
- two complementary therapy rooms
- a large spa-like bathroom
- a fully fitted hairdressing room
- a large arts and crafts room
- various consultation rooms
- a duty room
- a treatment room (if required), and
- a family room with facilities for children.

The unit has been tastefully decorated and was light and airy. Attached to the centre is the drop-in cafe which is only open on Wednesdays at the moment. However, this project is being developed further.

The hospice has a large education centre and staff facilities including a dining area and office areas. There are also lovely gardens including a ‘secret garden’ which are all wheelchair accessible. These gardens are maintained by an employed gardener and are supported by volunteers.

We spoke with housekeeping staff and the housekeeping supervisor, who were able to show us the systems and processes in place for cleaning the hospice. This included the cleaning schedules and how these were managed. Risk assessments for the Control of Substances Hazardous to Health (COSHH) were also present, relevant and up to date.

We spoke with the estates manager who showed us the service records for equipment, including equipment serviced by outside contractors. They were also able to show us the process for reporting and recording issues with equipment and how this was dealt with each day. We saw evidence of environmental risk assessments, including fire and water assessments. Health and safety training is mandatory and carried out once a year. We were told that all department heads have undertaken the Institute of Occupational Safety and Health (IOSH) course and there are health and safety champions and fire wardens for each area.

Patients told us that they had no difficulties with the environment. Some comments were:

- ‘They’ve got a Jacuzzi and I’m never out of it – absolutely fantastic.’
- ‘I’ve plenty of room, was offered a shared room but happy with this, (toilet) easy enough to use.’
- ‘I can walk about in the gardens; I like the big bath and use it every morning, plenty of choice for a bath or shower.’
- ‘My chair and bed are amazing, I’m always out in the garden, I love the fresh air.’
Areas for improvement

Clinical cleaning rotas could be more specific. These could show the daily, weekly and monthly cleaning which was already being carried out.

We saw that some of the commodes were missing footplates. These are used to ensure patient safety and stability. During the inspection, we were unsure which equipment was being used in the showers. The hospice has a rolling programme to replace equipment with some input from the occupational therapist. A review of this equipment could ensure that all staff were using it properly (see recommendation f).

We did not see any evidence of patients being offered the choice of single or shared rooms. The service could consider recording preferences for single or shared rooms, so that these can be met when possible (see recommendation g).

The storage of equipment in patient areas and bathrooms highlighted the need for more easily accessible storage areas for the specialist, and sometimes large, equipment required to care for this group of patients. Some areas had restricted space, including the toilet areas and bed spaces. This made it difficult for staff, especially if using equipment, when attending to patients’ needs (see recommendation h).

We saw that the decor in some areas appeared to be a bit tired, especially in the cedar lounge. This area will be refurbished in the near future and new furniture has already been ordered.

The service is aware of the accommodation issues and is currently undertaking a complete review of all clinical and non-clinical services. This project has been endorsed by the hospice Board and has been given a key priority in the 2015–2018 strategy. This will be carried out in full consultation with patients, carers, employed and voluntary staff.

- No requirements.

Recommendation f)
- We recommend that the service should review the suitability of the equipment used and ensure all staff have training in line with the manufacturer’s instructions.

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

Recommendation h)
- We recommend that the service should review accommodation arrangements to ensure all patients can use facilities available to them in a safe and private manner.
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: 6 - Excellent
Patients had been asked to rate the quality of staffing. Responses to this were positive. The specific questions asked in the survey about the staff included:

- how well did staff assess and treat your symptoms
- how well did staff provide emotional support
- how often did staff communicate with you, and
- how well did staff answer your questions?

The patients we spoke with during the inspection confirmed that they always knew who was looking after them during each shift, as staff came to introduce themselves. The service has a low staff turnover which means there was a consistent staff group. One patient commented that 'The staff know you.'

The feedback received in this area was extremely positive and patients clearly felt that the staff had the right qualities and approach.

- 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
During the inspection, we met with the new human resources (HR) manager who is now responsible for the recruitment process throughout the service. A recruitment policy was in place, which referred to the new protection of vulnerable groups (PVG) scheme. The HR manager was updating the organisation’s Disclosure Scotland policy.

We viewed three staff files and saw evidence of suitable checks being carried out before the start of employment. We saw evidence of checks, including retrospective checks, for staff through the PVG scheme. We also saw evidence of systems in place for medical revalidation.

Nurse and allied health professional registrations were checked and recorded using online verification systems.

We asked staff if they were aware of what to do if they saw poor practice within the service. All stated that they would report this to management within the service. This showed an awareness of the need to protect vulnerable adults.
Staff told us about the education process and supportive work environment. All staff spoken with during the inspection were very enthusiastic about their work and seemed to be a highly motivated group.

The service has a dedicated education department. This department has two practice educators, with administration support, and an onsite library. Mandatory training for clinical and non-clinical staff takes place every year, either face to face or using Learnpro. Mandatory training includes:

- health and safety
- fire awareness
- infection control
- violence and aggression
- moving and handling
- adult protection, and
- child protection.

Other training provided by the service is role specific and mandatory for those roles, such as medicine management. Management is monitoring this to ensure compliance.

The service also facilitates many education days such as the recent ‘Hospice care - preparing for the future’ conference.

The service also holds training sessions for staff including ‘Lunch and Learn’ and ‘Bite Sized Best Practice learning’. Staff are encouraged to attend these sessions and present on various subjects including dementia, continence awareness and pain management. The practice educators help staff who are unfamiliar with online learning, such as Learnpro, and support registered staff to undertake specialised palliative care courses. This results in high numbers of clinical staff with these qualifications.

The service has become a recognised centre for providing training in Scottish Vocational Qualifications (SVQs) in care, with one practice educator being a verifier and the other being an assessor. This allows the service to provide training for their care staff. Most care staff were already educated to SVQ 2 level and there are plans to encourage care staff to train to SVQ 3 level.

A system of clinical supervision was in place for staff who meet regularly in small groups. This allows peer support to take place. Appraisal of performance takes place every year and training needs were identified as part of this process. These are linked into each staff member’s personal development plan (PDP).

The service has developed a dignity at work programme. This ensures that staff and volunteers feel respected and valued at work. A zero tolerance approach to bullying and harassment is used within the service and systems are in place to ensure this.

Patients rated the quality of staffing very highly. Some comments included:

- ‘Good rapport, they treat you like an individual.’
- ‘Their treatment and understanding go beyond the call of duty to help you out.’
- ‘They are lovely people, wonderful people.’
Areas for improvement
The recent staff survey highlighted that not all staff had up-to-date appraisals and PDPs in place. This is something that needs to be monitored to ensure completion.

- 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: 6 - Excellent
Patients had been involved in the evaluation of the Solas day service. This helped to shape the future direction of the service.

Further consultations were planned for major refurbishment, or new build options, for the service. There were also strong links with the Ayrshire Patient Public Forum. This meant there were open discussions with the public about the future strategy of the service.

Patients told us they had no concerns in raising issues with the management of the service.

There was also an awareness of the complaints process.

- 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
We found that the service had very good quality assurance systems and processes in place. The quality system involved patients, carers, staff and stakeholders in assessing the quality of the service provided. We saw that the service used a variety of ways to measure how the service was performing and how it could be improved. Systems in place included audits, surveys, accident and incident reporting, and comments and complaints.

Patients and families contributed to the service’s continuous improvement through surveys and completing suggestion and comments forms displayed throughout the service. Red boxes, to receive comments, complaints and suggestions, were placed in four areas of the service. These boxes were only opened by the quality team to ensure confidentiality.

Management provided feedback to relevant stakeholders through reports and meetings, or by individual responses to specific comments or complaints. We saw that suggestions made by patients and families had been acted on. Patients we spoke with were aware of how to raise any concerns and provide feedback.
Staff we spoke with were aware of their responsibilities for having a programme of quality assurance. Policies were up to date and accessible on the electronic SharePoint system. We noted examples of audit activity for hand hygiene and the environment and we were told that clinical audits, such as medication, take place routinely.

Staff were encouraged to implement audit projects with support from the quality team. The service CV showed that many projects had been undertaken. The service CV is a schedule of poster, projects and audits, dated January 2013–March 2015.

There is a clear clinical governance structure within the service and a variety of meetings take place with terms of reference and functions. A range of subgroups report to the senior management team and, in turn, to the clinical governance committee. These include:

- the clinical effectiveness group
- the drugs and therapeutic group
- the infection control group, and
- the clinical quality group.

The operational management team report to the senior management team and, in turn, to the operational governance committee on:

- quality assurance
- the communication and communication technology
- the health and safety, and
- the human resources/learning and development.

The quality team produced posters which were displayed throughout the service. These contained information and results of various projects that had been undertaken. For example, the widening of services provided for the children of palliative patients. This resulted in the development of one-to-one support, group work and awareness sessions in schools.

A risk co-ordinator reviews all accidents and incidents, and action plans are completed in response to these, including a risk assessment. Forms are reviewed for trends and plans are in place to reduce risks. A live risk register is in place to record risks and outline how the service controls these risks. The risk register is reviewed regularly with input from staff.

**Areas for improvement**

We looked at incident reporting and found that two patient falls had not been notified to Healthcare Improvement Scotland. In one instance, there was also no entry entered in the patient care record. Current patient care record sampling is not identifying these areas and incident review needs to ensure incidents are notified appropriately.

We looked at audit activity being undertaken in the service and were provided with the service CV. The CV has columns which detail the start date for projects and audits, the title of the project and a final column for conclusions and recommendations. We found that the conclusions and recommendations columns were not fully completed and did not provide current information about progress, outcomes or how projects and audits had informed continuous improvement.
We saw that the operational management team meeting (OMT) of June 2014, reported the CV was ‘very out of date’. This was still the case. The quality team reported that the individuals, who were undertaking the various projects, retained current information on their projects and audits, and that the information was not available centrally. We saw no evidence of an overall audit plan to reflect audit activity, for both mandatory audits and additional audit projects, which included timelines, outcomes and recommendations. It was not clear if the executive team had an overview of all activities, progress and outcomes (see recommendation i).

- No requirements.

**Recommendation i**

- We recommend that the service should ensure that a quality assurance plan is developed to reflect the current service audit activity and that this includes progress and outcomes, and that there is a clear reporting mechanism to inform the service and, where appropriate, Healthcare Improvement Scotland.
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 1.5

**Requirements**

**The provider must:**

1. implement a risk assessment for the use of bedrails. To do this the provider must:
   - take account of the type of bed(s) in use, the risks to the patient of entrapment and of restraint
   - ensure training and guidance is made available to staff to ensure that no patient has bedrails in use unless it is safe for them to do so, and
   - ensure alternatives are considered and made available in keeping with restraint best practice guidance (see page 14).

   Timescale – by 30 November 2014

   *SSI 2011 No. 182 - Regulation 3(a) & 3(c)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

We recommend that the service should:

a. develop a clearer record of assessment and outcomes of assessment for hydration and nutrition particularly during end of life care (see page 15).

   National Care Standards – Hospice Care (Standard 5.2 - Quality care and treatment)

b. implement falls risk assessment and prevention plans (see page15).

   National Care Standards – Hospice Care (Standard 5.2 - Quality care and treatment)

c. record on admission, the discussion with the patient about expected length of stay, and begin discharge plan records as soon as a decision is made about ongoing care needs (see page15).

   National Care Standards – Hospice Care (Standard 2.2 - Assessing your needs and Standard 20.1 Planning your discharge)
**d** ensure that when assessment tools identify risks, care plans are then developed which demonstrate how care is to be delivered in such a way as to minimise those risks (see page 15).

National Care Standards – Hospice Care (Standard 5.2 - Quality care and treatment)

<table>
<thead>
<tr>
<th><strong>e</strong></th>
<th>develop more formal systems to audit and monitor the quality of record-keeping and care planning in the service (see page 15).</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.2 - Quality care and treatment)</td>
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</table>

**Quality Statement 2.2**

**Requirements**

None

**Recommendations**

We recommend that the service should:

<table>
<thead>
<tr>
<th><strong>f</strong></th>
<th>review the suitability of the equipment used and ensure all staff have training in line with the manufacturer’s instructions (see page 18).</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 9 - Equipment for therapeutic and monitoring purposes)</td>
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</table>

<table>
<thead>
<tr>
<th><strong>g</strong></th>
<th>establish and record patient preferences for single or shared rooms. This will give the patients choice when possible (see page 18).</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.5 - Premises)</td>
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<tr>
<th><strong>h</strong></th>
<th>review accommodation arrangements to ensure all patients can use facilities available to them in a safe and private manner (see page 18).</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.1 - Premises)</td>
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</table>

**Quality Statement 4.4**

**Requirements**

None

**Recommendations**

We recommend that the service should:

<table>
<thead>
<tr>
<th><strong>i</strong></th>
<th>ensure that a quality assurance plan is developed to reflect the current service audit activity and that this includes progress and outcomes, and that there is a clear reporting mechanism to inform the service and, where appropriate, Healthcare Improvement Scotland (see page 23).</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 5.3 - Quality of care and treatment)</td>
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</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>28-29/01/2013</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>6 - Excellent</td>
<td>6 - Excellent</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:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

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>
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<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
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<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
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</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.

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Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

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.