Unannounced Inspection Report: Independent Healthcare

St. Andrew’s Hospice | St. Andrew’s Hospice (Lanarkshire) | Airdrie
9–10 April 2014
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1  A summary of our inspection

About the service we inspected

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

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

- visit the day hospice service
- attend the outpatients clinic, or
- be admitted to the hospice inpatient unit.

All of the services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness.

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

The team of staff includes:

- nurses and auxiliaries
- palliative care consultants, specialty doctors, with additional on-call support from GP clinical assistants
- physiotherapist
- occupational therapist
- pharmacist
- social worker
- patient and family support team
- complementary therapy team, and
- spiritual care team.

A team of trained volunteer staff supports St. Andrew’s Hospice in various activities, such as fundraising, gardening, driving and serving in the hospice’s shops and cafe.

Inpatient accommodation is on the ground floor and is split into three wards consisting of single en-suite bedrooms and four-bedded bays. The four-bedded bays have access to a communal toilet and bathroom facility. Three newly decorated conservatories have access to the courtyard garden.

A cafe and shop are located at the main entrance to the hospice and can be used by staff, visitors and patients.

The day hospice service is on the lower ground floor and has a separate entrance. There are consulting rooms, a lounge and a dining room with access to a courtyard garden.

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

We carried out an unannounced inspection to St Andrew’s Hospice on Wednesday 9 and Thursday 10 April 2014. The inspection team was made up of three inspectors: Sarah Gill, Kevin Freeman-Ferguson and Winifred McLure.

We assessed the service against five quality themes related to the National Care Standards.

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:** 4 - 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 St Andrew’s Hospice can be found in Appendix 2 and more information on grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 11 June 2013.

We also considered the Regulatory Support Assessment (RSA). We use this assessment to decide the frequency of inspections.

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

- information leaflets about the services provided
- website
- five patient care records
- evidence files with various policies, procedures, minutes of meetings
- accident and incident records
- maintenance checks
- audits
- five staff files
- registration verification, and
- training records.

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

- three patients and two relatives in the inpatient ward
- three patients in the day hospice service
- chief executive
• director of clinical services/deputy chief executive
• specialist palliative care consultant
• pharmacist
• team sister
• staff nurse
• nurse auxiliary
• head of support services and education

We walked around the premises and inspected the following areas:

• inpatient ward, toilets and bathrooms
• lounges
• ward kitchen
• day hospice service – lounge area, and
• consulting rooms.

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.
• St. Andrew's Hospice continues 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 is needed in the following areas.

• The service must improve their bed rail risk assessments.
• The service must improve their recruitment practices.

This inspection resulted in two requirements and twelve recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

St. Andrew's Hospice, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

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

What the provider has done to meet the requirements we made at our last inspection on 11 June 2013

Requirement

The provider must ensure that the complaints procedure and policy is reviewed. The information must detail the remit and contact details of the regulator, Healthcare Improvement Scotland, in respect of complaints.

Action taken
This requirement is reported under Quality Statement 1.1 in this report. This requirement has been met.

Requirement

The provider must ensure all harmful substances are stored in an appropriately labelled container and that the storage of such substances is in accordance with Control of Substances Hazardous to Health Regulations (2002).

Action taken
This requirement is reported under Quality Statement 2.2 in this report. This requirement has been met.

Requirement

The provider must forward to Healthcare Improvement Scotland a copy of the external infection control audit. Where recommendations for improvement have been indentified, the action plan with timescales should also be included.

Action taken
This requirement is reported under Quality Statement 2.2 in this report. This requirement has been met.

What the service has done to meet the recommendations we made at our last inspection on 11 June 2013

Recommendation

St. Andrew’s Hospice should consider how to feedback to people the actions taken by the service when they have made suggestions or comments for improvement.

Action taken
This recommendation is reported under Quality Statement 1.1 in this report. This recommendation has been met.
Recommendation

St. Andrew’s Hospice should record any action taken to support staff in response to a drug administration or recording error to ensure that there is a clear audit trail of the service’s response.

Action taken
This recommendation is reported under Quality Statement 1.4 in this report. This recommendation has been met.

Recommendation

St. Andrew’s Hospice should review the format in which the patient care records are held to include access to multidisciplinary notes and that these include reference to the psychological, emotional, social and spiritual needs of users.

Action taken
This recommendation is reported under Quality Statement 1.5 in this report. This recommendation has been met.

Recommendation

St. Andrew’s Hospice should ensure staff complete the area within the patient care records which shows care plans have been discussed and agreed with the user of the service.

Action taken
This recommendation is reported under Quality Statement 1.5 in this report. This recommendation has not been met. See Quality Statement 1.5 (recommendation b).

Recommendation

St. Andrew’s Hospice reviews the use of all the rooms in the inpatient service area to make improvements in the storage arrangements throughout the ward areas.

Action taken
This recommendation is reported under Quality Statement 2.2 in this report. This recommendation has been met.
3 What we found during this inspection

Quality Theme 0

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

We found that the opinions of patients and their relatives were being asked for on a regular basis.

A questionnaire had been used recently and results had been gathered. The questionnaire asked specific questions about the quality of information, for example:

- How aware were they of the information booklet?
- How easy was it to understand?
- How helpful?
- Was it accurate?
- Was there any additional information that could be included?

A member of the new patient satisfaction committee confirmed that the new information booklet had been discussed. This group is made up of staff and there is a focus on improving patient satisfaction. The results of the questionnaire were discussed with this group.

Members of the new public reference group confirmed that they had seen the new information booklet. This group is made up of members of the public who have had experience of using palliative care services as relatives.

This demonstrated a proactive approach to gaining feedback on the quality of information using a variety of different methods.

Areas for improvement

Some of the day hospice service patients were not aware of the written information that was available and were therefore unable to comment on the quality. The nurse in charge of the day hospice service was aware that there had been inconsistency in providing written information and was taking action to address this for all new patients.

The questionnaire could be developed further to allow patients to grade the quality of information. This could be widened to include comments on the website.

The results of patient feedback could be displayed more publically to show what actions have been taken as a result. This could be done using the newsletter or the website for example.

- 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
St. Andrew’s Hospice provides a range of information leaflets covering the services it provides and other related subjects, including the following:

- information booklet for patients, carers and general public
- specialist palliative day hospice service – information for patients
- visiting family and friends in St. Andrew’s Hospice – making every minute count, and
- ‘Bedrails. Do I need them?’ Information for patients and carers.

The leaflets were well written and provided clear information for patients and relatives. They can be made available in other languages or in audio format on request.

The patients we spoke with all told us that they were given sufficient information. This was mainly from community Macmillan nurses, who had told them about the hospice.

Information was well displayed. A flat screen television at the main reception area showed information about events and a leaflet rack contained relevant general information for people to pick up and take away.

Areas for improvement
The hospice could consider developing a system to record the information that has been given to a patient. This can help to track the information provided to patients and make sure that they get the information they need. It could also be helpful if there is a dispute over whether or not important information has been provided, for example about resuscitation choices or the care in the last days and hours of life.

The information booklet for the inpatient ward still contained some out-of-date information about smoking. A new information leaflet had been updated, but not yet put into the wards for use.

The leaflets should be reviewed to ensure that there is clear information for patients about:

- criteria for referral
- the hospice policy for ensuring that views on future treatment are considered, and
- resuscitation.

(See recommendation a).

The website could be developed further to provide more general information for patients and relatives on the hospice services. The service could consider including copies of the information leaflets on the website. If a read-along facility, with the ability to adjust the colour, background and font size was introduced to the website, it may be more suitable for people with visual impairment.
No requirements.

**Recommendation a**

- We recommend that the service should ensure that information about the hospice includes the criteria for admission to inpatient and day care services. There should also be clear access to the hospice policy on statements regarding views on future treatment and on resuscitation.

**Quality Theme 1**

**Quality Statement 1.1**

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

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

We found clear evidence that a variety of methods were used to seek views of patients and relatives. This was set out in a new policy entitled 'engagement and feedback, incorporating concerns and complaints, patient satisfaction and user involvement strategy.'

The methods of getting feedback included:

- patient satisfaction questionnaire
- suggestion box with suggestion slips
- ‘Tell us what you think’ leaflet – invites comments
- comments and complaints system, and
- St Christopher's index of patient priorities (SKIPP) – this measures how successful hospice interventions are in helping to improve patients quality of life and success in improving symptom management.

The patient satisfaction questionnaire asks for feedback on:

- involvement in care
- opportunity to ask questions
- quality of explanation
- efforts to meet needs
- treated with dignity and respect
- quality of food, choice and access to snacks between meals, and
- satisfaction with visiting arrangements.

A review of the questions in the survey was being carried out to make sure the wording is appropriate. To make sure the correct feedback was gathered, new questions were added when needed.

To get feedback on the quality of the meals, as well as the likes and dislikes of patients, a more detailed questionnaire had also been used. This had helped to inform a review of the
menu choices and the timings of meals. This demonstrated that patient views resulted in actions being taken.

The patient satisfaction committee is a new group. This group allows staff to focus on the results of patient satisfaction questionnaires to see if any changes were needed to improve patient satisfaction.

The hospice had an open philosophy which focused on involving patients and relatives in all decision-making. Staff and patients confirmed this when they told us there was full involvement in deciding about changes to medical treatments and care plans.

Areas for improvement
Patients made many comments to staff. It could be useful for staff to record these in a comments book and the patient satisfaction committee could review any feedback.

The results of questionnaires could be displayed more publically with information about any actions taken. For example, the hospice could use notice boards, its newsletter or website.

- 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: 4 - Good
We examined five patient care records, one from the day hospice service and four from the inpatient unit (ward). Medical staff carried out detailed assessments at the point of admission to the ward. A separate nursing assessment was carried out and from this assessment a list of ‘person centred care plans’ was compiled.

All of the entries in the patient care records were signed and dated. These showed evidence of input from a variety of professionals depending on the patient’s assessed needs. This meant that there was a multi-professional input which aimed to meet the complex and changing needs of patients.

The separate nursing assessment was contained in a folder with other assessments aimed at ensuring that the patient’s health needs were met.

These included:
- a nutritional assessment
- abbreviated mental test
- infection risk assessment for resistant bacteria (MRSA)
- mobility chart
• oral health assessment
• pressure risk assessment (Waterlow)
• checklist for pressure damage and care to be provided (SSKIN care bundle)
• falls risk assessment, and
• falls prevention plan (put in place if needed).

We spoke with five patients during our inspection visit and received many positive comments about the quality of care and support.

An inpatient told us:

‘It’s wonderful, here they have time to talk, they found me something that I could eat, that’s been difficult. The doctor reviews my medications, they look at you as a whole, they understand pain management, they have expertise. It’s excellent care – so kind, they couldn’t do enough.’

Comments we received from day hospice service patients included:

• ‘Fantastic service, if I ask for something you know you’ll get it. I’m delighted. I feel involved in my care and well informed.’
• ‘It’s excellent, care is second to none, you just say there’s a sore bit and you’re seeing the doctor. It’s been helpful to meet others with similar issues. The food’s excellent.’

Areas for improvement

The service planned to introduce a more integrated patient care record. This will include information and assessments carried out in the day hospice service as well as the inpatient unit. This had not been introduced yet, so progress will be checked on the next inspection.

The medical and nursing assessments resulted in an action plan and a care plan list respectively. Patients were also asked what the five ‘must dos with me’ were. These documents did not all fully link together to ensure that an integrated plan of care and support was compiled. Staff signed a section to state that the plan of care had been fully discussed and agreed with the patient. However, it was unclear which plan this related to. The patient care record should be made clearer to ensure that patients know what they are agreeing to (see recommendation b).

There were a small number of entries in the patient care record that did not record the time of the consultation. Staff told us that there was an audit to check this, but that completion of time was a repeated gap (see recommendation b).

The process that staff, patients and relatives have to follow to access patient care records should be made clearer (see recommendation c).

We saw some records left unattended in public areas. Staff should pay greater attention to the need to store patient care records securely and ensure confidentiality (see recommendation d).

The person-centred care plans were very brief and contained no preferences for care. Detail on specific equipment in use such as mattress, hoist and sling type was also lacking. A patient with a swallowing difficulty was noted to be on a ‘soft diet’. However, an assessment had been made whilst the patient was in hospital and the speech and language therapist had
recommended a ‘Texture B’ diet. A Texture B diet gives more detail about the texture of the diet but this information was not recognised by staff. For better quality person-centred care plans to be developed, greater attention to detail is needed (see recommendation b).

A patient with bedrails in use did not have a bedrail risk assessment in place. Bedrails can be hazardous and so a risk assessment must be used before considering the use of bedrails (see requirement 1).

A document was in place to record resuscitation decisions. This was held in the patient care record. The service could consider making it clearer to staff at each handover what the resuscitation status is of each patient so that this can be quickly referred to in the event of a sudden deterioration. For example, this could be recorded on the written handover sheet.

- The Liverpool Care Pathway was still in use and this is in keeping with the interim guidance from the Scottish Government on care in the last days of life. A review of this documentation was in progress. Further work will be needed to ensure that end of life care plans are developed that record wishes and preferred place of death (see recommendation e).

Requirement 1 – Timescale: by 30 July 2014

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

Recommendation b

- We recommend that the service should ensure that patient care records are improved to include:
  - clarity as to the plan of care and consent for care plans
  - the time of each consultation/ entry is recorded, and
  - more detail of care preferences and specific equipment in use.

Recommendation c

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

Recommendation d

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

Recommendation e

- We recommend that the service should ensure that end of life care plans are developed to record wishes and preferred place of death.
Quality Theme 2

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: 5 - Very good
The views of patients about the quality of the environment were captured as part of the inpatient and visitor questionnaires. The inpatient questionnaire asks about privacy, cleanliness, noise and patients can rate the quality of the environment. As a result of reviewing the feedback from inpatient and visitor questionnaire, an issue about noise in the hospice was identified. Further feedback had been sought specifically on noise in the hospice and the results of this had been displayed in a "you said, we did" format.

A mini-survey had been carried out to ask patients about the provision of showers and baths. This had helped to demonstrate the need for additional shower facilities to be installed and there was a plan to install these.

A major refurbishment project is planned for 2016. Currently, the hospice is planning a wide ranging consultation with patients and relatives to ensure that the views of those using the service are taken into account during the development and planning of the project.

Area for improvement
There is evidence of consultation with patients and relatives about changes and developments within the hospice. However, this is not consistent and sometimes changes are planned and implemented with little or no consultation with patients and relatives.

The hospice planned to change the use of rooms within the day hospice service. However, we saw no evidence of consultation taking place with patients to get their views.

The hospice decided to become a no-smoking environment, but there was no evidence of consultation with patients to establish their views on this change of policy. This change has resulted in the removal of all smoking areas from the hospice and therefore there are no facilities on site for patients who choose to smoke. At the time of the inspection, the new smoking policy was in the early stages of implementation and the full implications on the hospice cannot yet be determined. The hospice should monitor the impact this policy change has. It would also be useful for the hospice to get patients’ views about the policy change to ensure their needs are being met.

The hospice has both four-bedded bays and single rooms with en-suites available to patients and these are allocated based on the clinical needs of patients. A patient’s preference for sharing or having a single room was not recorded and we found no evidence that the preferences of patients were considered when allocating rooms. The service could consider clearly recording preferences for single or shared rooms so these can be met when possible (see recommendation f).
To inform short term improvements to the hospice, the following additional areas could be added to the inpatient questionnaire:

- views on the introduction of the smoking ban
- views on any improvements that could be made to the four-bedded bays, and
- views on how to make the bathrooms more accessible and user friendly.

Following the noise questionnaire, the hospice made the results available in a 'you said, we did' format. This is helpful for patients and relatives as it demonstrates that their views have been listened to and action has been taken as a result. The service could use this approach with all of the questionnaires and surveys that are carried out.

■ No requirements.

Recommendation f

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

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

The accommodation provided in the hospice is good. There is a maximum of 32 inpatient places, spread over shared bays with four beds, single en-suite rooms and single rooms without en-suite facilities. All of the patients have access to a television and the nurse call system. Patients and their families can use conservatories and lounges as an alternative to the bedrooms. These have recently been redecorated and made more welcoming.

New storage facilities had been created since the last inspection. A new centralised approach to storage has been adopted, so there is now only one store for laundry and pharmacy, rather than there being separate stores on each of the three wards. This provides a more efficient use of space and released areas from storage that can now be used for other purposes, such as the installation of new shower facilities.

The hospice has considered the families of patients and there are facilities for children. The main family room has games consoles and other activities, games and toys for children to use. The hospice also runs a children’s drop-in, providing support for children who have a relative using the hospice. The drop-in has a large selection of activities, toys and games which are all available during the drop-in sessions, or on request at other times.

We found that all areas of the hospice were clean and tidy.

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

The hospice has considered the needs of wheelchair users and provided electric opening doors and good access to the front of the building and to the lounges, conservatories and new garden room.
We asked patients what they thought of the environment and facilities and here are some of the comments:

- ‘It’s great we can bring the grandchildren and there’s plenty to keep them occupied.’
- ‘I can get around fine in my wheelchair.’
- ‘They’ve been trying to make improvements and the conservatories are nice.’

**Area for improvement**

In its self-assessment, the service recognised the six four-bedded bays needed upgrading to improve privacy and dignity. These bays are very small and it is very hard to maintain privacy in these areas. The service has also identified that due to the age of the main building the services, such as the electric wiring and heating system, need to be replaced.

The space available in the bathrooms made it difficult for patients to be able to use the Jacuzzi bath. This means less choice for patients when washing and bathing. The clinical services director told us that there is a plan to create an additional shower. This is based on feedback from patients, but there are currently no plans to modify the bathrooms so patients can get into the bath easily (see recommendation g).

We saw toiletries stored in communal areas such as the bathroom and on a trolley. Toiletries should be allocated for an identified individual to use. This will help to preserve the dignity of patients and ensure that the use of these products is hygienic.

A day hospice service patient told us:

- ‘The only minus is the therapy room, it’s right next to the dining room and you get disturbed by the clanking of dishes. Maybe earphones could be provided?’

An inpatient told us:

- ‘The bath – there’s not enough room, it’s a lovely relaxing Jacuzzi but getting there’s a problem. I’m not sure about a shower, I think only the single rooms have them so I just have a bed bath. The four-bedded bays are tight for space and would be better if they only had two beds.’

Although the environment was generally clean and tidy, we observed a number of maintenance and safety issues that required attention (see recommendation h).

- There were a number of areas of impact damage to walls, doors and door frames, which require repair.
- The splash back at a hand wash basin on St. Joseph’s ward required repairing.
- Toilet seat risers were being stored at the side of the toilets in some areas. This system does not provide assurance that they are clean before each use.
- There was no shelving in the domestic’s store room on St. Michael’s ward. This means that items are stored on the floor and prevents effective cleaning.
- The hand soap dispenser needs to be re-fitted to the wall in the domestic’s store room on St Michaels ward.
- The electrical cupboard was not locked. This presents a hazard to unauthorised or untrained people who may inadvertently access this cupboard. The cupboard is also close to the family room, used regularly by the public.
The medication storage room door was often left open and unlocked. The medication fridge door was also unlocked and, at the time of the inspection, the key was not readily available. Intravenous fluids were also stored in a cupboard, along the corridor to the family room, which also could not be secured. Room temperatures had not been checked or recorded, which is necessary as the effectiveness of some medications can be adversely affected if they are not stored at the correct temperature. These issues should be addressed to ensure safe and secure storage of medications (see recommendation i).

- No requirements.

**Recommendation g**

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

**Recommendation h**

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

**Recommendation i**

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

**Quality Theme 3**

**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**

We found clear evidence that the views of patients and relatives were being sought on the quality of staffing using a variety of methods.

The inpatient questionnaire asked specific questions about staff, such as do they:

- introduce themselves
- explain care
- treat you with dignity and respect
- respond to call system, and
- wash their hands.

These results were discussed at the patient satisfaction committee.

**Area for improvement**

The comments made in quality statement 1.1 are also relevant to this area.
■ 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: 5 - Very good

We heard from staff about the induction process and the very supportive work environment. All of the staff consulted during the inspection were very enthusiastic about their work and seemed to be a highly motivated group.

We saw examples of the induction programme and competence workbook for trained staff. There was an induction programme for orientation to the hospice and a role specific induction checklist.

Some staff had worked for the service for many years and the staff turnover was low. This helped to have a consistent and experienced staff group.

Nurses’ registrations were checked using the online verification system of the Nursing and Midwifery Council. This helps to ensure that professional registrations are being maintained.

There was a policy covering “medical revalidation”. This set out the processes used to ensure that doctors are fit to practice. The process was confirmed with the consultant for palliative care.

A code of conduct was also in place for nursing auxiliaries. The service had adopted the NHS code of conduct for healthcare support workers. This provides a professional framework of standards for these staff to adhere to.

All staff groups had a programme of training, both face-to-face and electronic. A database was used to record attendance and completion of online training. Management was monitoring completion of training to ensure that all staff were up to date with this.

Individual training plans were in place for nursing staff using the practice review and development process. This gave staff an opportunity at a one-to-one meeting to discuss training needs and any support needed.

A new education strategy had been introduced following training needs analysis carried out last year for nursing staff.

A three-year programme was under way for all nursing auxiliaries to complete Scottish Vocational Qualifications in care. This demonstrated a commitment to increasing the level of training.

We asked staff if they were aware of what to do if they saw poor practice and all stated that they would report this. This showed an awareness of the need to protect vulnerable adults. There was a board at the entrance of each ward with the names of the staff on duty. Staff told us they introduce themselves to the patients at the start of each shift.
We heard very positive comments from patients that we spoke with during the inspection.

- ‘Staff – all very satisfactory.’
- ‘The staff are lovely, 10/10 – can’t fault them.’
- ‘They come straight away if I press the bell and they’re always polite – they’re excellent.’
- ‘The staff are excellent, they’ve gone back to basics and provide total nursing care.’
- ‘If people are distressed the staff are there for them, there is always time to talk.’

**Area for improvement**

Five staff files were checked and some of the recruitment information was not checked before the employee started work. This included references, checks with Disclosure Scotland and the assessment from occupational health.

We also found that registration checks for non-nursing staff were not verified using online checking systems. The fitness checks carried out for staff that were on secondment from the NHS were not as rigorous as for other staff. This meant that checks with Disclosure Scotland to make sure membership of the protection of vulnerable groups scheme had not been carried out. A more rigorous approach to recruitment with regular audit checks must be implemented (see requirement 2).

**Requirement 2 – Timescale: by 31 May 2014**

- The provider must carry out appropriate recruitment checks before the commencement of employment of staff and audit staff files to ensure fitness on an ongoing basis. This must include:
  - sight and proof of qualifications
  - verification of registration of all health care professionals
  - appropriate checks with Disclosure Scotland, and
  - assessment of references.

**Recommendation j**

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

**Quality Theme 4**

**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

The public reference group is proactively consulted on policies and service developments.
A member of the public had also joined the integrated governance committee. This committee considers all aspects of quality and risk in the hospice. This was a good example of involving the public in aspects of running the hospice.

Area for improvement
Some of these developments were in the early stages and so it will take time for results of involvement and feedback to be seen. These will be followed up at a future inspection.

Involving patients or representatives of patients in completing the self assessment and the wider hospice strategy would be good practice. Allowing direct representation of the public reference group on the integrated governance committee may make user involvement in these aspects of management easier.

- 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’s performance was very good in relation to the quality assurance systems we saw. There was regular review and critical analysis made of the areas monitored.

The hospice has an integrated governance committee that meets 5 times a year. This committee has oversight of the clinical governance arrangements in the hospice. Clinical governance is the term used to describe the systems in place to ensure the service is accountable for the:

- safety
- quality, and
- effectiveness of clinical care delivered to people who use the service.

Five groups report to the integrated governance committee and involve clinical staff, non-clinical staff and directors of the hospice. These are:

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

These groups meet every month and allow the staff to discuss issues and make sure that any projects are on target. In particular, the medicines management, health and safety, and clinical risk and audit groups will review any incidents and make sure that learning is disseminated throughout the hospice. The infection control group takes the lead on reviewing
any outbreaks of infection and the patient satisfaction committee takes the lead on reviewing complaints about the hospice.

Where relevant and appropriate there is patient representation on the governance groups.

These new clinical governance structures have just been implemented. Staff were very positive about improved leadership and improved communication structures between staff and management.

The hospice has joined a UK hospice benchmarking group. This project will provide the hospice with an indication of their performance in relation to the other hospices that are taking part in the project. The project requires the hospice to submit data on:

- falls
- hospice acquired pressure sores, and
- medication incidents.

The project was ongoing at the time of the inspection and the benefits of participation will be followed up at the next inspection.

The hospice has started to use the St. Christopher’s index of patient priorities. The index asks questions before and after care has been provided at the hospice. This way, it allows the service to measure the patients’ perception of their improvement as a result of the care they have received. Areas for improvement can then be identified.

The service has just purchased a computer-based risk management package. This will allow the service to proactively manage risks to the hospice and follow up incidents. As this is new, we will follow up the use of this system at a future inspection.

Areas for improvement

St. Andrew’s Hospice’s adult support and protection policy gave guidance to staff about staff behaviours. However, it did not refer to other forms of harm that staff should watch for that might be the result of, for example, financial, psychological or neglect harm. The hospice could consider making this clearer in the policy. Reference to a 24-hour telephone number, available for the local authority, would also make it clearer to staff how they can make a referral out of hours.

While there is a reporting system in place for incidents, a stronger approach to their analysis and review should be taken (see recommendation k). Reports of incidents were available, but it was not clear what, if any, steps had been taken as a result. For example, we saw records of two incidents involving bed rails, but no evidence of an investigation to establish if the cause was linked, or what actions had been taken to prevent a recurrence. On another report, a patient spilling their hot drink was noted as an ‘unavoidable accident’ by the person filling in the form. However, there was no recorded follow-up to try to establish if any actions could be taken to prevent a recurrence.

While a number of different audits were carried out in the hospice, a more defined programme is required for high risk subject areas (see recommendation l), such as the following.
• The medicine management audit could be widened to include medication storage and medication reconciliation.

• The recruitment and registration verification require robust auditing to make sure that the required checks are being made and policy is followed.

• An audit of healthcare records could be undertaken, which covers the records made by the full multidisciplinary team. It is likely that this will be easier when the new healthcare record is introduced.

• The environmental audits could be strengthened to cover items of equipment that are stored on the floor or inappropriately, and the use of toiletries by different patients.

■ No requirements.

Recommendation k

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

Recommendation l

■ We recommend that the service should strengthen its audit programme to include additional areas or more robust scrutiny on high risk topics.
Appendix 1 – Requirements and recommendations

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

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

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

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
</tbody>
</table>
| a ensure that information about the Hospice includes the criteria for admission to inpatient and day care services. There should also be clear access to the hospice policy on statements regarding views on future treatment and on resuscitation

National Care Standards – Hospice Care (Standards 1.2 and 1.4 – Informing and deciding)

<table>
<thead>
<tr>
<th>Quality Statement 1.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td>1 ensure that patients using bed rails only do so after a risk assessment has been completed.</td>
</tr>
<tr>
<td>• This must take account of the type of bed in use, the risks to the patient of entrapment and of restraint.</td>
</tr>
<tr>
<td>• Training and guidance must be made available to staff to ensure that no patient has bed rails in use unless it is safe for them to do so.</td>
</tr>
<tr>
<td>• Alternatives must be considered and made available in keeping with restraint best practice guidance.</td>
</tr>
<tr>
<td>Timescale – by 30 July 2014</td>
</tr>
</tbody>
</table>

*Regulation 3a) and 3c)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health care Services) Regulations 2011*
**Recommendations**

**We recommend that the service should:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b</strong></td>
<td>ensure that patient care records are improved to include:</td>
</tr>
<tr>
<td></td>
<td>• clarity as to the plan of care and consent for care plans.</td>
</tr>
<tr>
<td></td>
<td>• the time of each consultation/ entry is recorded, and</td>
</tr>
<tr>
<td></td>
<td>• more detail of care preferences and specific equipment in use.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 3 – Guidelines and legislation)</td>
</tr>
<tr>
<td><strong>c</strong></td>
<td>ensure that it is clear to staff, patients and relatives how they can access their records if they wish.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 3.6 – Guidelines and legislation)</td>
</tr>
<tr>
<td><strong>d</strong></td>
<td>ensure that records are stored securely.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 3.6 – Guidelines and legislation)</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>ensure that end of life care plans are developed to record wishes and preferred place of death.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 22 – Around the time of death)</td>
</tr>
</tbody>
</table>

**Quality Statement 2.1**

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

| **f** | establish and record patient preferences for single or shared rooms. This will give the patients choice when possible. |
|   | National Care Standards – Hospice Care (Standard 4.5 – Premises) |
### Quality Statement 2.2

#### Requirements

| None |

#### Recommendations

We recommend that the service should:

<table>
<thead>
<tr>
<th>g</th>
<th>improve the access to the bathing facilities so all patients can use them with dignity, if they choose to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.6 – Premises)</td>
</tr>
<tr>
<td>h</td>
<td>survey the hospice environment, with particular reference to the points noted above, to identify all safety and maintenance issues that require attention.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 4.1 – Premises)</td>
</tr>
<tr>
<td>i</td>
<td>improve the security arrangements for medicines and appropriately the monitor environment of the storage areas, to ensure that all medicines are stored securely and in appropriate conditions.</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 8.1 – Medicines)</td>
</tr>
</tbody>
</table>
Quality Statement 3.3

Requirement

The provider must:

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

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

Timescale – 31 May 2014

Regulation 8 – Fitness of employees
The Healthcare Improvement Scotland (Requirements as to Independent Health care Services) Regulations 2011

Recommendation

We recommend that the service should:

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

National Care Standards – Hospice Care (Standard 6.2 – Staff)

Quality Statement 4.4

Requirements

The provider must:

None

Recommendations

We recommend that the service should:

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

National Care Standards – Hospice Care (Standard 5.3 – Quality of care and treatment)

l. strengthen its audit programme to include additional areas or more robust scrutiny on high risk topics.

National Care Standards – Hospice Care (Standard 5.3 – Quality of care and treatment)
## 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 Leadership &amp; management</th>
</tr>
</thead>
<tbody>
<tr>
<td>4, 16 July and 15, 16 August 2012</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>27/11/2012</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>11/06/2013</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
</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 4 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 4.

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

We do not give one overall grade for an inspection.

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

How we inspect services:
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

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>Definition</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.