Unannounced Inspection Report: Independent Healthcare

Ardgowan Hospice | Ardgowan Hospice Limited | Greenock
12 March 2013
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## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Summary of inspection</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Key findings</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Appendix 1 – Requirements and recommendations</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Appendix 2 – Inspection process</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Appendix 3 – Inspection process flow chart</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Appendix 4 – Details of inspection</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Appendix 5 – The National Care Standards</td>
<td>21</td>
</tr>
</tbody>
</table>
1 Background

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

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

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

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. 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
2 Summary of inspection

Ardgowan Hospice is a specialist palliative care centre for adults.

The hospice’s specialist multi-professional team provides care for adults with life-limiting conditions that require assessment and management of complex symptoms and specialist care.

The hospice is situated in the centre of Greenock. The organisation is firmly rooted in the community of Inverclyde, where it has been working with supporters since 1981. It comprises of two buildings which provide an inpatient unit for up to 8 adults, a day care unit for up to 15 adults and a drop-in facility. The inpatient unit has a two and three-bedded unit and three single rooms. The community nurse specialists who provide the Care at Home service are also based within this service.

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

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

We carried out an unannounced inspection to Ardgowan Hospice on Tuesday 12 March 2013.

We assessed the service against four quality themes related to the National Care Standards and inspected the following areas:

- single bedroom
- communal areas
- bathrooms
- quiet rooms
- laundry
- kitchen
- therapy rooms
- sluice area
- overnight facilities for relatives, and
- day care facilities.

The inspection team was made up of two inspectors and one public partner. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Ardgowan Hospice.

During our inspection we spoke with:

- the chief executive
- the director of care
- a consultant
- the director or finance and HR
• the director of income generation
• a team leader
• a charge nurse
• a nursing auxiliary
• a volunteer co-ordinator, and
• the human resources manager.

The inspection team spoke with eight people who use the service and two relatives. Everyone spoke very positively about their individual care and personal experience of attending the hospice. They told us the following.

• “They listen to my suggestions and if they are not suitable they carefully discuss and explain things.”
• “Care is fantastic, doesn't feel like a hospital/hospice.”
• “My best decision was to come here.”
• “If I have any worries, they explain about your care and medication.”
• “You arrive with your shoulders drooped and leave with your head high.”
• “The facilities are clean and bright.”

We examined a range of documentation including:

• information in the service’s self-assessment
• information leaflets
• hospice website
• the hospice’s aims and objectives
• relevant policies and procedures
• three patient care records
• minutes of meetings
• audit results and action plans
• complaint records, and
• staff files and volunteer files.

We also observed how staff worked and cared for people who use the service when we visited different areas of the hospice.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 17):

**Quality Theme 1 – Quality of care and support: 6 - Excellent**
**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**

Overall, we found that the service provided excellent care, in a way that met the individual needs of people who used the service. Care was provided by a committed, caring and dedicated multidisciplinary team. People who use the service were being consulted about the quality of their care and the development of the service. It was particularly good at raising
awareness of the work of the organisation with all ages in the community. The service was valued by everyone who used it and people were treated with dignity and respect. People told us the care and treatment were excellent.

This inspection resulted in no requirements and one recommendation. The requirements, when made, are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

We would like to thank all staff at Ardgowan Hospice for their assistance during the inspection.
3 Key findings

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

When we looked at the evidence for this statement, we found the service had excellent systems in place to involve people in assessing and improving the quality of care and support provided by the service.

We saw that the key values of the service, for example treating everyone as an individual and listening and taking time to truly understand what people want, were implicit in the work of the hospice. We found that clinical decisions, personal care needs and future goals for each individual are negotiated and discussed on a daily basis. People who use the service appeared to be at the heart of decision-making about planning care and improving the environment.

Staff told us about the importance of involving people in making decisions about their care. We saw that people who use the service were involved in discussing their care.

Staff were described as being caring and approachable and found to be engaging with people in a positive way on the day of the inspection. There was a philosophy of continuous improvement within the service by learning and changing from comments offered.

Information leaflets about all services are offered to people who use the service and their families before uptake of any service and at the first visit from the community nurses. A variety of information leaflets were available in both areas of the hospice.

Regular patient and visitor satisfaction questionnaires were carried out and asked people who use the service about the quality of care given to patients and carers. We saw a range of patient surveys and survey results were available on the day of inspection. Questionnaires were based on the ‘Voices’ questionnaire. It was noted that all responses were positive, with only one suggestion to improve the space and environment in the inpatient area. This did not detract from the positive comments made in support of staff and the quality of care delivered by the service.

We saw information available about advocacy. Advocacy is a way of supporting people to express their views. There were leaflets in patient information folders in each bedroom. There were also advocacy leaflets and posters in reception areas.

We saw there is an active user involvement group, called the partnership group, which is actively involved in supporting the work of the hospice, for example notices about hand washing had been distributed by the group and were evident throughout the hospice.

We saw suggestion boxes in both hospice buildings, and the team had introduced a system of ‘delighted’ cards which let people who use the service and visitors give written feedback to staff on small cards to acknowledge positive care and experiences.

The service has a designated website. Contact information about the service is easy to find on the website.
Consultations with people who use the service are held when required, for example frequent focus groups with patients about current issues and service design were held.

The involvement with the local community and patient engagement was excellent. Examples of this were:

- local meetings to raise awareness of the work of the organisation
- school programmes and visits
- women’s guild meetings and invitations to visit the facility
- visits by local scouts, youth groups, and
- internship opportunities.

There is a formal complaints policy. Complaints information is easy to access, whether through the website or in the service. Leaflets encourage people to give their comments and let them know that they can put things right if the service knows about any issues. We saw very good systems in place to record and investigate complaints or concerns.

**Areas for improvement**

We were informed that the website for the hospice had been reviewed and was being improved. The new site is being launched in April 2013. Some changes to links for Healthcare Improvement Scotland to help the public find the regulatory information should they need to would be required on the new website and on some written patient information. We were assured on the day that this was being done.

The provider should continue to maintain the excellent level of provision under this statement.

- 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: 6 - Excellent

We looked at three sets of notes in detail and no omissions or errors were noted. We saw excellent assessment and patient risk management as well as individual care planning.

The staff were clearly working as a team to deliver the highest standards of care. The use of innovative tools such as the ‘Distress Thermometer’ was also noted to be working well. This is a tool which helps assess how individual people are feeling about themselves.

Multidisciplinary notes were being used for each person who uses the service and the new documentation recently introduced was complete and comprehensive.

The following assessments were evident in the documentation:
• pressure area care
• dental assessment
• mouth care
• psychological support
• pain control
• patient handling plan and manual handling risk assessment
• nutritional assessment
• bed rails assessment, and
• falls assessment.

Physiotherapy and dietician entries were also clearly documented.

Area for improvement
The provider should continue to maintain the excellent level of provision under this statement.

■ No requirements.
■ No recommendations.

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: 6 - Excellent

The information provided in Quality Statement 1.1 is also relevant here.

■ No requirements.
■ No recommendations.

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good

Ardgowan Hospice is set over two sites. The older part of the building serves the inpatient care and a newer build is accessed separately and hosts mostly outpatient activities and therapies.

The new build is purpose built and used as a day centre and drop-in facility. It is also used for outpatient activities and therapies. This area was clean and well maintained with modern fixtures and a variety of large spaces for patients and staff to use. The use of a recreation
room with gym equipment used by physiotherapist staff was noted as a positive use of the environment.

The inpatient unit has eight beds which includes a two and three bedded unit and three single rooms. There is an overnight facility for family accommodation. We saw that the hospice was clean and there were systems in place to support this. We saw staff took great pride in maintaining a high standard of cleanliness. People we spoke with commented positively about the cleanliness of the environment. The family room was a good example of the high level of cleanliness in the hospice and felt newly refurbished. The use of the space has been well thought out and makes the best use of the space available. This older building was uncluttered and felt welcoming and bright. However, there are restrictions in what can be achieved for people who use the service because of the age and design of the building and the difficulties this imposes on staff to then deliver the high standards that support the care given to patients in this palliative service. For example, we saw risk assessments which identified that:

- the corridors in the inpatient area are narrow and the ability to move a bed through in an evacuation scenario is restricted, however the evacuation plan reflected a safe method of evacuation.
- the storage was limited
- radiator design posed a risk to people who use the service, and
- the single room availability was also limited.

Policies and procedures were in place to guide and direct staff in the safe and effective delivery of care and treatment. These were regularly reviewed and updated. There were also systems in place to ensure staff had read and understood them.

While we noted restrictions in the old building, every effort has been made by staff and people who use the service to make best use of the building and this finding, at the time of this inspection does not detract from the standard of care or positive feedback given by the patients and visitors about the facility.

**Area for improvement**

We saw that the radiators throughout the hospice were not low surface temperature and many were very hot to touch on the day of the inspection. We were informed that risk assessments were in place. On discussion with the management team, we were assured that this would be addressed immediately and that an action plan would be in place within 24 hours. The action plan would identify and address specific risks highlighted by the inspection team. A copy of the risk assessment and action plan was sent to Healthcare Improvement Scotland. We were satisfied that action was being taken. We will review the radiator provision at the next inspection.

- No Requirements
- No recommendations.
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: 6 - Excellent
The information provided in Quality Statement 1.1 is also relevant here.

- No requirements.
- No recommendations.

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 6 - Excellent
We found there was excellent evidence in each staff file confirming that the correct recruitment processes are being adhered to, in line with policy and current legislation.

We assessed five staff personnel files and three volunteer files during the inspection.

The hospice has a staff recruitment policy and procedure in place.

There was a designated human resources assistant who ensured consistency and transparency in all recruitment processes and compliance with equal opportunity guidance.

There was a system in place to track and/or follow up fitness to practise to make sure these are carried out properly. We found all required pre-employment information is being obtained before a new member of staff starts work. The service is aware of the re-licensing and revalidation programme for medical practitioners. There were systems in place to check and monitor that all appropriate staff are on their respective professional registers.

We saw documentation which showed there was a comprehensive staff induction programme for new staff. Records observed showed robust recruitment systems and importance being placed on training and development for staff as well as regular appraisal. We found the files were in excellent order.

Area for improvement
The provider should continue to maintain the excellent level of provision under this statement.

- No requirements.
- No recommendations.
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: 6 - Excellent
The information provided in Quality Statement 1.1 is also relevant here.

- 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
When we looked at the evidence for this statement, we found there were very good quality assurance systems and processes that involve people who use the service, carers, staff and stakeholders to assess the quality of service provided.

All staff spoken with on the day of inspection were knowledgeable about the service and demonstrated care and accountability for the people who use the service. The team appeared to be very involved in all service matters. This was evident in a variety of minutes and staff regularly attended meetings.

A meeting and leadership structure was in place and the team spoke well of one another. The chief executive had not long been in post, but appeared to be well known by the staff and was available on the day of inspection.

Staff we spoke with were aware of responsibilities for having a programme of quality assurance through audit, and policies were up to date and accessible in a main library area. We noted examples of audit activity on referral processes, bereavement care and hand hygiene. Clinical governance structures and regular meetings with clear agenda items and attention to risk management (including a live risk register), health and safety, planning and implementation and palliative care action plans were in place.

We saw staff at all levels were involved with the local community and organised events to share the work of the service. People took a great pride in this aspect of the work of the hospice. The partnership group was very active and members had decisively changed its name from the user involvement group in order to be better represented.

Areas for improvement
We did not find evidence of any audits related to the cleanliness of the environment, although cleaning schedules were noted to be good. Further work could be undertaken around a range of infection control audits. Clearer reference to current guidance would support the service plans for management and control of infection. It must be noted, however, that the service had no acquired infections and low rates of people admitted with infection. This was discussed with senior nursing staff on the day, with particular reference to systems for
mattress checks. We were assured that a system for this would be put into place immediately (see recommendation a).

- No requirements.

**Recommendation a**

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

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<thead>
<tr>
<th>Quality Statement 4.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>We recommend that Ardgowan Hospice should:</td>
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<td>a  implement an audit process to provide patient and staff assurance that the environment is clean and systems are in place to ensure this.</td>
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Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

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

**Grading**

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

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

Appendix 3 – Inspection process flow chart

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

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

During inspection visit:
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

Further inspection of service areas of significant concern identified

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

The inspection to Ardgowan Hospice was conducted on Tuesday 12 March 2013.

The inspection team consisted of the following members:

Beryl Hogg
Lead Inspector

Joanne Odgers
Locum Inspector

Marguerite Robertson
Public Partner
Appendix 5 – The National Care Standards

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

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

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

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

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.