Unannounced Inspection Report: Independent Healthcare

St Vincent’s Hospice | St Vincent’s Hospice Ltd | Howwood
29–30 September 2015
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1 A summary of our inspection

About the service we inspected

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

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

- visit the day care service or outpatients clinic
- receive visits from specialist nurses to their home (through the clinical nurse specialist team), or
- be admitted to the hospice inpatient unit.

All 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 eight inpatient beds with single ensuite rooms and a day service for a maximum of 10 people, 3 days a week.

The team of staff includes:

- nurses and auxiliaries
- palliative care consultant
- two specialty doctors
- a medical officer with on-call support from GPs
- a physiotherapist
- an occupational therapist
- a social worker
- patient and family support team
- complementary therapy team, and
- access to members of the clergy.

The day care service is run by an experienced palliative care nurse and provides people with holistic care and support with their illness. Complementary therapies are also offered.

A team of trained volunteer staff support the hospice in various activities, such as fundraising, gardening, driving and serving in the hospice’s shops and tea room.

The hospice states that the service is ‘a charitable organisation at the heart of the community offering specialised care and services to all those affected by life limiting illness.’
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 St Vincent’s Hospice on Tuesday 29 and Wednesday 30 September 2015.

The inspection team was made up of three inspectors. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against all 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: 5 - Very good**
**Quality Theme 1 – Quality of care and support: 5 - Very good**
**Quality Theme 2 – Quality of environment: 5 - Very good**
**Quality Theme 3 – Quality of staffing: 5 - Very good**
**Quality Theme 4 – Quality of management and leadership: 4 - Good**

The grading history for St Vincent’s 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 24–25 February 2014.

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

- incident and accident records
- audit file and programme
- checking systems for registration verification
- cleaning schedules
- food safety records
- information leaflets about the service
- maintenance records
- policies and procedures
- four staff files and two volunteer files
• three patient care records
• strategic plan, and
• training records.

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

• the chief executive
• the clinical effectiveness facilitator
• the director of care
• the facilities manager
• four patients in the inpatient ward
• housekeeping staff
• the inpatient unit manager
• the maintenance manager
• the clinical pharmacist
• the education facilitator, and
• ward staff.

We inspected the following areas:

• administration area
• day care service
• inpatient unit, toilets and bathrooms
• lounges
• reception area, and
• ward kitchen.

What the service did well
• St Vincent’s Hospice has developed an excellent staff culture that reflects the values of the service.
• St Vincent’s Hospice ensures that it involves patients and families in all aspects of developing the service.

What the service could do better
• St Vincent’s Hospice should implement the documentation that has been developed on when to contact relatives or friends, and how to record patients’ end of life wishes.
• St Vincent’s Hospice should further review and develop the internal audit programme to include timelines and reporting accountabilities.

This inspection resulted in six recommendations, see Appendix 1 for a full list.

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

What the provider had done to meet the requirement we made at our last inspection on 24–25 February 2014

Requirement

The provider must develop an adult support and protection policy with training for staff in recognising and referring adult protection concerns. This must be implemented and notification made to Healthcare Improvement Scotland of any incidents of allegations of abuse.

Action taken

We saw that the service had developed a comprehensive adult support and protection policy (for protecting and supporting adults at risk of harm). Staff had been appointed as 'safeguards' and had received additional training on adult support and protection. These staff were responsible for providing advice and support to staff and ensuring processes were followed. Training on adult support and protection was mandatory for all staff. Referral processes were in place in line with local authority reporting. This requirement is met.

What the service had done to meet the four recommendations we made at our last inspection on 24–25 February 2014

Recommendation

The service should develop a participation policy to formalise methods of gaining feedback on the quality of information, care, staff and service developments.

Action taken

St Vincent's Hospice participation policy was implemented in November 2014 and was developed with patients and their families. This recommendation is met.

Recommendation

The service should ensure that clearer records are developed on when to contact relatives or friends, end of life wishes (including preferred place of death) and that records audits check these points.

Action taken

The service showed us the new advanced plan documentation checklist and guidance for person-centred care in the last stages of life. This had recently been developed but was not yet in use. Regular audits of patient care records on when to contact relatives or friends, and recording patients’ end of life wishes (including preferred place of death) had also not yet taken place. This recommendation is not met (see Quality Statement 0.3).
Recommendation

The service should ensure that there is clarity for staff in the documentation and practices around the time of death. This should include a review of policy and procedure, with training if needed for staff.

Action taken

The service showed us the verification of expected death proforma which had recently been reviewed. This was being rolled out to staff within the next month and staff training would be carried out. This recommendation is not met and will be followed up at future inspections.

Recommendation

The service should improve the bathing facilities to ensure that these can be used by patients.

Action taken

The service had installed a specialist assisted bath appropriate for patients' needs. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good
A consent to treatment policy was in place. In patient care records, we saw appropriate consents were in place and evidence of patient and family involvement. We noted that policies and training modules were clearly identified as being in line with Scottish legislation.

Do not attempt cardiopulmonary resuscitation (DNACPR) directives were in place and showed full consultation with patients and their families about their wishes. All new staff were given training on the DNACPR policy and procedures.

Where patients were unable to consent, the Adults with Incapacity (Scotland) Act 2000 was implemented and we saw that staff had received training in this.

We asked three patients if they felt involved and fully consulted about their care and treatment. All of them strongly agreed that this was the case.

Areas for improvement
It is important that patients are involved in the planning of their own care. A documentation audit had last been carried out in spring 2014. It noted that evidence to indicate that patients agreed with their plan of care was just 62%. The service should develop plans to drive improvement in record-keeping, with an increase in audit frequency. Improvements in this aspect of record-keeping should lead to even better engagement with patients during the care planning process.

We saw that new documentation had been developed which included guidance for person-centred care in the last stages of life and an advanced plan documentation checklist. This was to make sure patients’ wishes were being met during the last days and hours of life, a time when it may not be possible for the patient or their families to state what their wishes are. The service stated that this new paperwork would be implemented in the next few weeks. Regular audits of patient care records on when to contact relatives or friends, and recording patients’ end of life wishes (including preferred place of death) had not yet taken place (see recommendation a).

- No requirements.

Recommendation a
- We recommend that the service should ensure that the new documentation is implemented and includes when to contact relatives or friends, and recording patients’ end of life wishes (including preferred place of death) and that regular audits of patient care records check these points.
Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good

The service had a comprehensive, up-to-date data protection policy which covered confidentiality of patient information. We saw the key messages from this policy were incorporated into staff and volunteer handbooks. These messages were written clearly and simply and were easy to understand. In the staff files we inspected, a confidentiality policy guidelines document also detailed the key messages and duties about confidentiality. Staff and volunteers sign this document to confirm that they understand and accept these.

We saw the induction checklists for staff and volunteers. These included education sessions on policies and procedures. During the inspection, we learned that a mandatory training day in November 2015 would cover information management. This session was to be delivered by the hospice’s consultant who has been appointed as the Caldicott Guardian for the service. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.

We spoke with staff about their awareness of the need for confidentiality and how they guard against disclosing personal information inappropriately. All staff interviewed spoke confidently about their duties to protect patient information, for example how to deal with telephone callers asking for information about patients.

We looked at patient care records and saw good completion of consent to the sharing of information with others evident in all files. The inpatient paperwork had a section on confidentiality which asked:

- if the patient has given permission to share relevant information with immediate family and significant others
- if there are any areas of information the patient does not wish discussed with others, and
- if there is anyone the patient does not want information to be given to.

Within each patient room, we saw pin boards containing various items of information for the patient. These included specific information on the patient’s right to access their own information and how to go about this.

We asked how patient care records were stored and saw that files were kept in locked filing cabinets in a staff office. Nursing and medical notes in day-to-day use were kept in a trolley in the nursing station within an enclosed section of the ward only used by staff. We saw that patient information that was no longer required was archived in locked filing cabinets until such times as it could be destroyed. We were told that daily handover sheets were shredded every day. If patients were to be transferred to a different care setting, such as another hospital, their notes were parcelled up and a clinical driver, who had been trained in maintaining patient confidentiality, transferred the notes along with the patient and ensured they were delivered to the appropriate staff. All staff in St Vincent’s Hospice had secure NHS email accounts for communicating patient information to NHS colleagues.
Area for improvement

We were concerned about the lack of privacy in a communal area situated behind the reception area. As this area was created by a partition wall which did not reach ceiling height, it meant that everyone in reception and in the communal area could clearly hear what was being said across each space. The communal area was used as a dining room for the day care service and for patients and relatives to watch TV together in the evenings. The service’s management team was aware this was not ideal and, funding permitting, planned to address this when possible. However, the service had other areas that could be used for private conversations, such as the quiet rooms.

■ 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: 5 - Very good

During the inspection, we were told that St Vincent’s Hospice participation policy and strategic plan had been developed with patients and families. Both documents were implemented in November 2014. We looked in detail at the service’s strategic plan: Our future plans, 2014–2019. We saw a clear commitment to improving participation to inform and improve the quality of care and to increase patient and family participation in governance processes.

We saw that staff were using guidance from external sources of expertise, for example the Scottish Health Council’s participation toolkit. A participation group had been formed and, at the time of the inspection, was due to have its first meeting the following week. Patient, staff, volunteer and community representatives were members of this group. We saw that an agenda item for the forthcoming meeting was to look at the quality of St Vincent’s Hospice information leaflets.

We saw a good range of well-documented evidence showing where the service had been refurbished with considerable consultation and involvement with patients and families on the quality of the environment with suggestions taken on board. This included the two quiet rooms, bathroom and gardens. We also saw patient comments on ward cleanliness on the noticeboard in the inpatient unit. Senior managers told us that the ward sister and housekeeping staff regularly ask for this feedback.

We saw that patients had been able to suggest interview questions about the qualities they felt staff should have for working in the service.

St Vincent’s Hospice was currently working on improving how it gathers patient and family feedback. Following an audit of patient and family satisfaction surveys carried out from May 2014–2015, the service was now working to improve the satisfaction questionnaire. We saw drafts of the revised questionnaire and comments card and could see clear evidence of consultation with patients on the formats they would prefer. The comments card had been simplified to ask ‘What did we do well?’ and ‘What could we have done better?’. The questionnaire had been revised to let respondents grade aspects of the service and make additional comments. We were told that the service would like to explore more creative
methods of gathering patient and family feedback rather than be solely reliant on questionnaires and comments cards.

**Area for improvement**
Patients and carers could be more involved in staff and volunteer recruitment, if they are able. For example by being asked to:

- help with the content of job advertisements
- participate in informal interview sessions and provide feedback, or
- be part of an interview panel.

■ No requirements.
■ No recommendations.

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**Quality Statement 1.4**

*We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.*

**Grade awarded for this statement: 5 - Very good**

A very good governance structure was in place for medicines management. The hospice had a service level agreement with NHS Greater Glasgow and Clyde and worked jointly with two other hospices in the Clyde area. We saw minutes of 3-monthly joint drug and therapeutic meetings, local drug and therapeutic meetings and monthly medication incident meetings. We saw evidence that outcomes from these meetings were reported to the service’s clinical governance group. The service had a clinical pharmacist and a pharmacy technician, as well as an accountable officer for controlled drugs. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers.

We spoke with the clinical pharmacist and saw that a comprehensive medicines management policy was in place. We saw that further development was taking place around the management of systemic anti-cancer therapy. We also spoke with the pharmacy technician and nursing staff who were able to discuss the processes for medicines reconciliation, storage, administration and safe disposal of medicines.

The clinical pharmacist had an overview of the prescribing practices and checked prescriptions to make sure medicines had been prescribed appropriately.

We looked at three prescription sheets during the inspection. We found that all the prescriptions had:

- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been fully completed.
We spoke with the education facilitator who was able to show us that, with NHS pharmacy support, the three hospices in the Clyde area had developed a competency training package for registered nurses. When completed, this training allowed them to carry out single-nurse drug administration. This training included a period of study, practice, self-assessment and observational assessment by an assessor. Registered nursing staff had annual medication management update days, intrathecal (delivering medication into the spinal cord) and syringe driver training. Link nurses for specific areas, such as syringe drivers and intrathecal administration, were able to provide support to staff if required. Staff were able to show us the process for medication errors and how these were reported and managed through the medication incidents meeting. Staff we spoke with were happy with the amount of training and education provided. For example, they said:

- ‘We get very good education here.’
- ‘Anything new we always get training and updates on.’

The controlled drugs accountable officer had recently completed the annual controlled drug audit using the national Help for Hospices tool. Staff were also carrying out audits on drug medication charts to check for missed doses and Code 14 entries. Code 14 is used in the drug medication chart when medication is not given and the reason should be recorded in the patient’s care record.

Patients we spoke with had discussions with their consultant and said they were fully informed about the medications they were taking and why. The service uses the NHS Greater Glasgow and Clyde patient medication guide on discharge to help patients organise and understand the medicines they need to take. This document is updated if there are any changes to their medication when they are discharged from the service.

- ‘I am on new tablets for pain relief and the nurses are always checking that I am comfortable, they let the consultant know and she discusses with me about what they can do to help me. They will change my medications till I am comfortable, it is an ongoing process. They spend that much time with you getting it right, the staff are amazing.’

Areas for improvement

Although staff undergo observation of their practice when they are administering medication as part of their initial training, this process of observation is not repeated. It is good practice to periodically observe staff practice when administering medication to ensure they are doing this safely, thus minimising any harm to patients (see recommendation b).

While some medicines management audits were being carried out, a regular rolling programme of audit should be developed. This should include drug prescription chart and medicines management audits with action plans produced. This would ensure that patients are receiving the best quality of care (see recommendation c).

While reviewing the medication incidents, we noted there had been issues with leakage from syringes or tubing while administrating medication through syringe drivers. The service was working to address this problem by raising staff awareness of the issue, carrying out checks of equipment and ensuring staff competency when using syringe drivers.

- No requirements.
Recommendation b

■ We recommend that the service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Recommendation c

■ We recommend that the service should carry out a regular programme of medicines management audits as a tool to ensure patients are receiving the best quality of care.

Quality Theme 2 – Quality of environment

Quality Statement 2.3
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 5 - Very good
The service had systems to ensure that all equipment was maintained in good working order. This included a maintenance manager and a programme for planned and unplanned maintenance.

We saw that current contracts were in place with various providers for the maintenance of both clinical and non-clinical equipment. A timetable was in place to make sure checks were carried out routinely. These included servicing patient lifting equipment, security systems, fire systems and annual water testing. We saw that equipment servicing was up to date.

Clinical equipment was monitored by ward staff. We saw weekly checks took place to ensure equipment was clean and in good working order. Repairs were arranged with appropriate manufacturers if equipment was faulty. Staff reported any general maintenance issues to the maintenance manager. Books were kept at the inpatient unit’s nurses station for reporting any maintenance and repair requests in the inpatient unit. Books were kept in the photocopy room for reporting maintenance and repair requests for other areas. Staff told us the system was effective and repairs were addressed in a timely manner.

All small portable electrical appliances were tested by an outside contractor.

The service was continually improving the environment and equipment. A 10-year maintenance plan was in operation. Bathrooms were being upgraded and consideration was being given to upgrading the main kitchen.

Area for improvement
While the nurse call bells were serviced every year, no regular checks were carried out to ensure they were in good working order. These should be included on a regular checklist to ensure they are in working order (see recommendation d).

■ No requirements.

Recommendation d

■ We recommend that the service should make sure that nurse call bells are included on a regular checklist to ensure they are in good working order.
**Quality Statement 2.4**

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The inpatient unit manager was identified as the lead for infection prevention and control. Some staff members had carried out the cleanliness champions programme. The overall aim of the programme is to prepare staff to promote and maintain a healthcare culture in which patient safety in relation to infection prevention and control is a priority.

An infection control group met every 3 months. This was chaired by the inpatient unit manager (infection control co-ordinator). Membership included the director of care, education facilitator, clinical effectiveness facilitator, facilities manager, ward sister and nursing staff. We looked at the minutes from the last two meetings and saw discussion of:

- clinical incidents in relation to infection prevention and control
- audits, and
- infection prevention and control policy updates.

We saw that an action summary was completed at each meeting which detailed action to be taken, who was responsible and progress.

The infection control group was responsible for carrying out the programme of infection prevention and control audits. We saw that audits were completed as planned and that action plans were put in place where gaps were identified. We saw that the names of the infection prevention and control team were displayed on posters to make sure staff were aware of who to speak with for advice and support in this area. Results of audits were displayed for staff information.

The audit programme included:

- hand hygiene
- linen management
- sharps management, and
- domestic and clinical waste management.

The service had purchased a ‘glow box’. This uses ultraviolet light to monitor the effectiveness of staff hand washing practices. The inpatient unit manager told us that they planned to implement spot checks to monitor staff compliance with hand hygiene.

All staff received mandatory infection prevention and control training through LearnPro online modules. Staff confirmed that they received training and were aware of policies and procedures for infection prevention and control. An infection control nurse based at Gartnavel General Hospital, Glasgow, provided additional advice and support to the service.

We spoke with housekeeping staff and saw that they had extensive cleaning records for all areas of the service. Staff signed these schedules each day to confirm tasks had been completed. A weekly cleaning assurance check was also carried out. This included a check of mattresses, bed tables, bed frames and showers.
An external health and safety consultancy company had recently carried out an audit of the service environment. An action plan was in place to address issues that impacted on infection prevention and control management.

The service had comprehensive infection control manuals adopted from NHS Greater Glasgow and Clyde. We saw Health Protection Scotland information and the new Healthcare Improvement Scotland healthcare associated infections standards (February 2015) available for staff reference. Policies and procedures were maintained online and in hard copy in the staff office. Updates to the manuals were discussed through the infection control group and reported to the clinical governance committee. Policy amendments were disseminated for staff information. We saw that policies and procedures were in place for all aspects of infection prevention and control.

We saw a clinical staff schedule for the cleaning of clinical equipment. Appropriate cleaning solutions were available for blood and body fluid spills. Laminated instructions on their use were displayed for staff.

The infection control group reviewed the environment in relation to the risk of infection. New seating had been purchased which was easier to clean. A programme was in place to upgrade shower rooms with solid waterproof panelling rather than tiles.

**Areas for improvement**

We saw that domestic staff do not have an appropriate dedicated sink to empty their dirty water. This is being addressed by the service with plans in place to refurbish the laundry area. This will include the installation an appropriate waste sink, as detailed in *Scottish Health Technical Memorandum 64: Sanitary Assemblies* (December 2009).

For care staff, there were two hand wash sinks in the corridor; one of which met recommendations for clinical hand wash provision. An action plan was in place to provide additional clinical hand wash facilities.

- No requirements.
- No recommendations.

**Quality Theme 3 – Quality of staffing**

**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: 5 - Very good

Since the last inspection in February 2014, St Vincent’s Hospice continued to have a stable workforce with a low staff turnover.

We looked at four staff files and two volunteer files. We found the expected interview selection processes had been followed and recruitment checks had been carried out. There was evidence of:

- application forms
- the interview and selection process
- references being checked
• membership of the Protection of Vulnerable Groups (PVG) scheme
• registration with professional bodies, for example Nursing and Midwifery Council (NMC) and General Medical Council (GMC) being verified using the online checking system, and
• copies of certificates of qualifications.

We were satisfied with the process the ward clerk followed for the annual checking of nursing and medical staff registrations.

From the staff files we inspected and staff we spoke with, it was clear that the service employed highly experienced staff with advanced palliative care qualifications. Ongoing learning and development was encouraged.

We could see that staff and volunteers had a clear and robust plan for induction in their first 3 months’ probationary period. Induction plans were personalised to individual roles and were signed off by managers. We saw evidence of these in the files inspected. Induction involved a combination of initial orientation to the hospice environment, meeting key people and face-to-face training sessions. We saw staff and volunteer handbooks, given out at induction, contained clear guidance and information on policies and procedures. For example, the staff handbook revised in June 2015 included key information on the recruitment policy.

Following induction, each member of staff must attend a mandatory training day run every 6 months, over and above any other specific training required for their role. We saw examples of the mandatory training day programmes. Sessions included fire safety, risk management and the use of emergency drugs. Staff were well supported to access LearnPro online modules as required. We also saw a large spreadsheet with an overall staff training plan to enable the education facilitator to plan and chart each staff member’s progress.

The education facilitator is a Royal College of Nursing learning representative and was ensuring the service was well prepared for supporting nursing staff with the imminent Nursing and Midwifery Council revalidation requirements. We were told that the Royal College of Nursing had offered to support revalidation in the service by contributing to the next mandatory learning day. One of the requirements of revalidation is that nurses reflect on their practice and learning. We saw that the service already had space for capturing such reflection on the reverse of training attendance certificates.

For General Medical Council revalidation for the service’s medical staff, we saw communication between the education facilitator and NHS Greater Glasgow and Clyde on the arrangements for facilitating this.

The service had developed a new volunteer strategy, ‘Our Volunteer Strategy, 2015–2019’ with volunteer participation. At the time of the inspection, the strategy was in the process of being printed. The strategy sets out plans to improve how St Vincent’s Hospice attracts, supports and uses volunteers, for example developing roles for volunteers within the inpatient unit. A new volunteer manager was recently appointed to progress this strategy.

Areas for improvement
We saw a good example of a ‘work trial evaluation’ in the file of a charity shop worker. This was completed by the worker at the end of their probationary period. This included a section for what they felt could be improved about any aspect of their work trial, for example their support or how the service was run. This type of evaluation could be extended to other roles and would add another dimension to staff participation.
Finding information in the staff files was not particularly easy. The service could consider making better use of the index and divider sections in staff and volunteer files to make them easier to find.

- No requirements.
- No recommendations.

**Quality Statement 3.4**

*We ensure that everyone working in the service has an ethos of respect towards service users and each other.*

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

During the inspection, we observed staff interactions with patients and could see that patients were treated with dignity and respect at all times. Staff spoke kindly, addressing patients by their preferred name, and closed doors and drew curtains to maintain patients’ dignity and privacy. All patients spoke extremely highly of the staff in St Vincent’s Hospice and of the care they were receiving. Comments included:

- ‘They are very particular about privacy and maintaining my dignity when helping me get washed and dressed.’
- ‘Communication is top notch. I know everything that is going on with my treatment.’
- ‘They can’t do enough for you.’

Staff told us how much they enjoyed working in the service. They said it was a very welcoming, supportive and engaging place to work. Staff were respected and listened to. It was clear that staff at all levels were involved in, and were knowledgeable about, developments within the service and there was an open, transparent culture of sharing and working together. We were told that the service invested in staff learning and provided time for staff to study, for example to undertake LearnPro online modules during quiet periods.

During the inspection, we were told about ongoing work to further embed the service’s values of caring, compassion, commitment, sensitivity, respect and dignity throughout its processes. For example, reflecting on the values was being built into staff appraisal documentation.

- No requirements.
- No recommendations.

**Quality Theme 4 – Quality of management and leadership**

**Quality Statement 4.2**

*We involve our workforce in determining the direction and future objectives of the service.*

**Grade awarded for this statement: 5 - Very good**

Regular meetings were held with staff from all areas to discuss operational issues and gather feedback from staff. An all staff meeting was also held every year. We spoke with staff from all areas who confirmed that they felt involved and consulted about service developments.
The service’s values of caring, compassion, commitment, sensitivity, respect and dignity were developed through extensive staff, patient, carer, volunteer, board trustees and public involvement. It was highly evident when speaking with staff that they had a sound understanding of these.

The newly formed participation group involved a variety of stakeholders, including staff, to ensure consultation and contribution to the future direction of the service.

Staff received an annual appraisal and through this process they confirmed they were able to discuss their professional development in the service. They were also to identify any training needs to support their role and future progression.

The service had a low staff turnover and many staff had worked at the hospice for a long time. We spoke with staff who had progressed through the hospice through promotional opportunities.

We looked at St Vincent’s Hospice’s newsletter and saw this included information and commendations about staff initiatives.

A communication board displayed information for staff about the service, for example the director of care report and fundraising information.

**Areas for improvement**
The service was further developing the role of the clinical champions across clinical areas, for example falls and pressure area care. This would provide a development opportunity for staff.

- 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: 4 - Good**
St Vincent’s Hospice had systems and processes to monitor the quality of the service. These included:

- incident and accident reporting
- audits
- comments and complaints
- meetings
- satisfaction surveys, and
- suggestion box.

The service had appointed a clinical effectiveness facilitator who co-ordinated the quality activities such as the audit programme, surveys, policies and procedures.
The service had a clinical governance structure comprising of the following groups:

- clinical governance
- clinical effectiveness
- drugs and therapeutics
- infection control
- falls, and
- risk and incident review.

A board member, who is a local GP, chaired the clinical governance group, which senior members of the clinical team also attended. The group was responsible for the overall governance of the clinical service. All other groups reported to the clinical governance group to provide an overall view of service performance. The clinical governance group met every 3 months to ensure effective, current information flowed between meetings.

We looked at the minutes of the clinical effectiveness group and saw that this included discussion on:

- clinical audit
- Healthcare Improvement Scotland
- clinical effectiveness
- clinical risk, and
- participation.

The risk and incident review group met monthly and reviewed incidents and accidents that had occurred within the service. Action plans were agreed and implemented where required and analysed for trends.

The service had not received any complaints within the last year. We saw sufficient information was available for patients and carers about how to make a complaint if they were unhappy. Patients we spoke with confirmed they were aware of how to complain and would feel confident to address any issues with staff.

A risk register detailed risks in the service. This was reviewed through the clinical governance structure.

Policies and procedures were available to staff electronically to make sure the most current copy was available for them. The inpatient unit also had one hard copy available. We saw that policies were current and referred to good practice and appropriate legislation. Staff were able to comment on draft policies.

The service had a clear commitment to continuous improvement and in developing participation of stakeholders in all aspects of service delivery. This was clear in its strategic plan: Our future plans 2014–2019.

Areas for improvement

We viewed incident and accident forms and saw these provided little space for actions to be recorded. Additional information was often written where a space could be found and, as a result, identifying what actions were implemented was difficult. Different forms were in use for incident and accident reporting (see recommendation e).
We were shown a calendar of audits and noted that audits, other than infection prevention and control, had not been carried out since April 2015. We were told that the service was reviewing the schedule, type and frequency of audits as there was currently limited capacity to carry these out. Audits should be carried out regularly to provide a measure of service outcomes. We also noted there was often no definitive timescale for audits and tracking progress was difficult as the audit register was not always updated to reflect the current position (see recommendation f).

Management told us that the systems in place to measure quality were still fairly new and were continuing to develop.

- No requirements.

**Recommendation e**

- We recommend that the service should review its incident and accident forms to ensure they are able to record full, trackable information and actions in relation to any incidents and accidents that occur.

**Recommendation f**

- We recommend that the service should develop and implement a robust audit programme with clear timescales for completion and action.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 0.3

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>ensure that the new documentation is implemented on when to contact relatives or friends, and recording patients’ end of life wishes (including preferred place of death) and that regular audits of patient care records check these points (see page 9).</td>
</tr>
</tbody>
</table>

National Care Standards - Hospice Care (Standards 22.1 and 22.2 - Around the time of death)

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 14).</td>
</tr>
</tbody>
</table>

National Care Standards - Hospice Care (Standard 8.1 – Medicines)

| c | carry out a regular programme of medicines management audits as a tool to ensure patients are receiving the best quality of care (see page 14). |

National Care Standards - Hospice Care (Standard 8.1 – Medicines)
### Quality Statement 2.3

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>d</th>
<th>make sure that nurse call bells are included on a regular checklist to ensure they are in good working order (see page 14).</th>
</tr>
</thead>
</table>

National Care Standards - Hospice Care (Standard 9.5 - Equipment)

### Quality Statement 4.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>e</th>
<th>review its incident and accident forms to ensure they are able to record full, trackable information and actions in relation to any incidents and accidents that occur (see page 21).</th>
</tr>
</thead>
</table>

National Care Standards - Hospice Care (Standard 5 - Quality of care and treatment)

<table>
<thead>
<tr>
<th>f</th>
<th>develop and implement a robust audit programme with clear timescales for completion and action (see page 21).</th>
</tr>
</thead>
</table>

National Care Standards - Hospice Care (Standard 5 - Quality of care and treatment)

**Recommendation carried forward from our 24–25 February 2014 inspection**

**We recommend that the service should:**

ensure that there is clarity for staff in the documentation and practices around the time of death. This should include a review of policy and procedure, with training if needed for staff.

National Care Standards – Hospice Care (Standard 22– Around the time of death)
## 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>13/03/2012</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>Not assessed</td>
<td>Not assessed</td>
</tr>
<tr>
<td>24-25/02/2014</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

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

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

**Types of inspections**

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

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

**Grading**

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

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</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:  
Appendix 5 – Inspection process flow chart

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 – Details of inspection

The inspection to St Vincent's Hospice, St Vincent's Hospice Ltd, was conducted on 29–30 September 2015.

The inspection team was made up of the following members:

Karen Malloch
Inspector (Lead)

Winifred McLure
Inspector

Julie Miller
Inspector
Appendix 7 – Terms we use in this report

Terms and explanation

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

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Gyle Square
1 South Gyle Crescent
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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.