Unannounced Inspection Report: Independent Healthcare

ACCORD Hospice | ACCORD Hospice | Paisley
10 –11 February 2014
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 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

ACCORD Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. ACCORD is a charitable organisation which provides specialist palliative care to people within Renfrewshire and East Renfrewshire 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 can 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 nine inpatient beds with four single and two shared rooms and a day service for a maximum of 15 people, four days a week.

The team of staff includes:

- nurses and auxiliaries.
- palliative care consultants, specialty doctor, clinical assistant doctors and on-call GP team
- physiotherapists
- occupational therapists
- social worker
- patient and family support team
- lymphoedema specialist nurse
- complementary therapy team
- access to members of the clergy team

The day care service is managed by a team leader. The service provides a holistic approach to care, focusing on independence, rehabilitation, enablement and empowerment. There is also access to a complimentary therapist and hairdresser.

A team of clinical nurse specialists provide symptom management, information and support to people at home.

The team of trained volunteer staff provide assistance with various duties throughout the organisation, including fundraising and working within the shops and hospice.

A resource centre is situated in the grounds of the Royal Alexandra Hospital in Paisley and this provides information about palliative care and the services the hospice offers to members of the public and professionals.

The philosophy of care states ‘ACCORD Hospice is an independent charity giving free medical and nursing care to those in Renfrewshire whose illness is causing physical pain and emotional stress and for whom curative treatment may no longer be appropriate. Our aim is to relieve pain, to ease suffering, to restore dignity to our patients and to respond to the needs of the whole family in a partnership of care.’
We carried out an unannounced inspection to ACCORD Hospice on Monday 10 – Tuesday 11 February 2014.

We assessed the service against five Quality Themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards for Hospice care.

The inspection team was made up of two inspectors. 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 ACCORD 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 23):

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

Before the inspection visit, a review of information held about the service was undertaken. We considered the annual return, self-assessment and notifications of significant events that had been sent to us by the service. We also took into account the previous inspection report of 8 March 2012.

We also considered the Regulatory Support Assessment (RSA). We use this assessment to decide the level of intensity and frequency of inspections. This service was assessed as a low intensity inspection.

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

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

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

- three patients and three relatives in the inpatient ward  
- three patients in the day care service  
- head of clinical services  
- head of finance and support services  
- technical instructor
• administration manager
• three staff nurses
• support worker
• two nurse auxiliaries
• one volunteer, and
• the head of education and audit.

We walked around the premises and inspected the following areas:

• inpatient wards, toilets and bathrooms
• lounges and dining room
• ward kitchen
• day care service – lounge area, craft/activity area
• consulting rooms
• laundry
• cleaning cupboards, and
• the equipment store and decontamination room.

Overall, we found evidence at ACCORD Hospice, that:

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

This inspection resulted in five recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at ACCORD Hospice for their assistance during the inspection.
3 Progress since last inspection

There were no requirements or recommendations made at our last inspection on 8 March 2012.
4 Key findings

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: 4 - Good
We found patients and their relatives were regularly asked their opinions. However, feedback on the quality of information the service provides is given informally.

ACCORD Hospice has a range of leaflets describing the services it provides and other related subjects. For example:

- day care service
- community palliative care
- looking after your skin
- complementary therapies, and
- coping with hair loss.

These are well written and provide clear information to patients and members of the public.

Area for improvement
Although we found evidence that patients were consulted on a range of subjects, the quality of the information the service provides is not one of them. We were told that feedback on this is asked for informally. ACCORD Hospice should consider how this feedback can be recorded more formally and used to influence future information.

- No requirements.
- No recommendations.

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

Grade awarded for this statement: 6 - Excellent
The service provides excellent information for patients in a variety of formats. We came to this conclusion because we saw evidence of major strengths in this area and the areas for improvement we have highlighted build on already very good performance.

ACCORD Hospice provides a range of leaflets including a general information booklet for patients and relatives. These are available in paper format and on the hospice website. Those on the website can be read in large print. This is helpful for people with visual impairment. The leaflets can be provided in other languages on request. The leaflets were available in the inpatient and day care service areas and also sent to:
• local hospitals
• GP surgeries, and
• community staff.

The general information booklet included a summary of all the services provided and other information, including:

• the philosophy of care
• the care available
• the staff team
• the availability of family support
• visiting and meal times
• access to telephones
• parking
• travel directions, and
• contact details for additional information.

Nursing staff told us that appropriate leaflets are given to patients after their initial assessment. Patient care records included a record of which leaflets were provided.

ACCORD Hospice has developed a resource centre based in the grounds of the Royal Alexandra Hospital. People can get information and advice about the services the hospice can offer from the centre. Although this is quite new, there have been up to 40 visits each month.

All patients spoken with stated that they had received sufficient information about the services available and felt well informed. This allowed them to make an informed decision about whether their care needs could be met.

**Area for improvement**
The service should consider making the general information leaflet available in audio format for visually impaired users of the service.

- No requirements.
- No recommendations.

**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: 5 - Very good**

We found there was clear evidence that the views of patients and relatives were being sought on a regular basis using a variety of methods including questionnaires on specific topics. These included:
• refurbishment of the reception area
• the garden project and,
• the development of the resource service.

Leaflets produced by the hospice include a section asking for comments and suggestions about the service and how it could be improved.

The service also has an evaluation process for feedback on some of the services provided to users, including:

• complementary therapy
• family and bereavement support, and
• discharge from day care.

The responses to these evaluations are used to further improve the service.

Leaflets were available that ask for comments and suggestions about the service. These were kept in patient and visitor areas throughout the hospice with a collection box for responses. Any comments received are used to influence future developments. Where individuals included an address, written responses had been made.

We read minutes of meetings and saw that suggestions were considered seriously. For example, the hospice plans to provide baby changing facilities after a recent suggestion from a visitor.

Area for improvement
We saw that the service had carried out a review of participation since the last inspection. This review had identified the need to use more methods to ask for patient feedback. A formal participation strategy is being developed. This should be completed as soon as possible so staff have clear guidelines to follow for participation in future developments.

The service could consider how it can obtain more formal and regular feedback on the satisfaction of patients and relatives with the quality of care and the facilities provided.

■ No requirements.

Recommendation a
■ We recommend that ACCORD Hospice should complete and implement a formal participation strategy. The strategy should include a range of methods of obtaining feedback from patients.
Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 - Very good

The service had a very good standard of record-keeping. We came to this conclusion because we saw evidence of major strengths in this area and the areas for improvement we have highlighted build on already very good performance.

We looked at three patient care records and two other folders with their supplementary care records. The patient care records contained an integrated record used by all of the hospice departments.

Staff told us this was helpful as they could refer back to the different assessments carried out. Medical staff carried out detailed assessments at the point of admission to the ward.

Supplementary care records were also kept at the bedside to record daily care such as help with personal hygiene, going to the toilet or skin care. The supplementary records can allow easier discussion with patients about their care plans.

All six patients we asked said they felt fully involved in their care and treatment. We saw evidence of this in patient care records, where patients, relatives and a staff member have to sign a consent section where appropriate.

 Falls risk assessments, that consider a wide range of indicators which could contribute to falls, are reviewed at least weekly. A range of equipment, such as ultra-low beds and pressure alert mats, was available to reduce this risk. The use of a discreet leaf symbol at the bedside to highlight the risk of falls was innovative and staff told us they found this helpful.

A handover and printed summary sheet helped keep staff informed about changes to the condition of patients. Staff told us this was very beneficial in helping them quickly understand the changing needs of patients from one shift to another.

We spoke with six patients during our inspection visit and received many positive comments about the quality of care and support. Some of the comments from inpatient ward were:

- ‘First class, I feel good here, very humane...I feel at ease.’
- ‘They respect my privacy.’
- ‘I feel well informed about everything to do with my care.’

Some of the comments from day therapy unit were:

- ‘There are people to talk to, can have a laugh. I can get out and forget about my breathing problems. Very good care and I’ve had support to write letters to my family.’
- ‘Very nice and friendly, good at explaining things, the relaxation class was lovely, really satisfied.’
- ‘They care about you and help to solve problems. Very high standard.’
Areas for improvement

Patient care records have space to record patient and family wishes for end of life care, called 'end of life wishes'. However, we did not see these clearly recorded or regularly reviewed. End of life wishes, including the preferred place of death, should be clearly recorded. It should also be noted if patients or families do not want to discuss these wishes (see recommendation b).

The patient care record had an option to record the family’s preference for being called during the night. This was not always recorded in the records that we examined. Knowing when and who to contact is very important to make sure important information is passed on in an agreed way.

The condition of a patient can change very quickly sometimes. Because of this, it is important that medical staff record the time that they speak to patients in their patient care records. Some entries made by medical staff did not have the time of the consultation recorded.

Audits should be carried out more often to help make sure patient care records are kept to a standard that includes these details (see recommendation c).

The hospice has stopped using the Liverpool Care Pathway (LCP). The LCP can be used as a checklist to make sure important aspects of care are not missed in the last days or hours of life. In place of the LCP, patient care records were being used to try to record these details. However, no new documentation had replaced the LCP. There was no indication that the care was not being carried out to a very high standard. However, using the patient care record could confuse staff as it is not comparable to the LCP. It would be better practice to have documentation comparable to the LCP so that best practice is followed (see recommendation d).

Resuscitation decisions were recorded clearly in the patient care record. However, there was no record on the handover sheet, or other prompt, for staff to see. Finding this information quickly could be made easier for staff.

The care plans were pre-printed and generic. A more person-centred style of care planning that shows care preferences would be good practice.

The hospice plans to use electronic patient care records. This was in the early stages and training was planned for staff to facilitate the introduction.

- No requirements.

Recommendation b

- We recommend that ACCORD Hospice should ensure that clear records are kept on end of life wishes and preferred place of death and that this is taken account of as far as possible.

Recommendation c

- We recommend that ACCORD Hospice should ensure that a regular audit is carried out of the patient care record to check that entries include the time of the consultation, next of kin details are correct and include if they wish to be contacted during the night.
Recommendation d

- We recommend that ACCORD Hospice 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.

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 information provided in Quality Statement 1.1 is also relevant here. We found that the opinions of patients and their relatives were being sought regularly.

Questionnaires had been carried out with:
- patients
- carers
- visitors, and
- members of the public.

These asked for their views on facilities provided, including the refurbishment of the reception area and developments to the garden area.

Feedback from patients had resulted in new blackout blinds for the inpatient areas. The previous blinds had allowed in too much light at night time during the summer months.

- 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: 5 - Very good
The accommodation and facilities we saw were very good. It was clear that they were meeting the needs of the patients and their relatives.

All areas of the hospice were clean and tidy and we saw no hazards. All equipment we saw was clean with labels to show regular maintenance checks had been carried out. Changes had been made to the flooring in some parts of the hospice. Radiator shelves had been fitted in response to a previous HIS inspection. Four staff were ‘cleanliness champions’. This demonstrated a proactive approach to making sure the environment was safe and clean.

Staff and visitors to the hospice used a sign in and sign out system at the front reception. This was introduced to comply with fire regulations and helps 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 and rear of the building. A loop system also helped patients and visitors with hearing impairment.

There were two specialist baths, both easily accessible by chair and bathing hoist. One patient commented on this positively, saying it was the first time he’d been able to have a bath in ages. It is also planned that a shower available for patients will be converted to a wet-floor room.

Facilities are provided for families to stay overnight. One lounge had fold-down beds, a drink-making facility and a nearby shower available. Another lounge had some toys for visiting children.

Televisions were available at each bedside.

We asked patients what they thought of the environment and facilities and some comments were:

- ‘I’m in a shared room but there’s no-one else here, I like being on my own, it’s calming. I feel secure and safe here. I’ve got my buzzer round my neck and can buzz if I need help. My visitors find it OK to get to but the bus goes off at 5.40pm. Then they have to get lifts, but they’re very accommodating and they can come earlier or later if they ask.’
- ‘The facilities are very good, I like doing the picture framing.’
- ‘They use the building well, we’ve had a party, the minister comes in and we’ve practiced the fire drill.’

**Area for improvement**

Cleaning products used had poor quality, handwritten labels rather than those provided by the manufacturers. Although this was rectified during the inspection, environmental audits had not picked this issue up. Regular checks should be included to ensure that regulations for the control of hazardous substances are followed.

The sluice in the ward area did not have a suitable hand wash sink. This had been identified on a recent environmental audit. However, actions had not yet been compiled. A separate sink should be provided. There was also a cleaning cupboard where buckets could be filled and tipped. This also lacked a separate hand wash sink (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that ACCORD Hospice should ensure that a suitable hand wash sink is provided in the sluice of the ward area.
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
The information provided in Quality Statement 1:1 is also relevant here. We found that the opinions of patients and their relatives were being sought on a regular basis.

A questionnaire is given to a group of patients to get feedback on the consultation they have with the hospice doctor. It includes questions about the attitude and communication skills of the practitioner concerned, and is a national patient feedback measure.

- No requirements.
- No recommendations.

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 6 - Excellent
We found that the service’s performance was excellent in the areas we examined for this quality statement. We came to this conclusion because there was a highly proactive approach to meeting the training and development needs of staff.

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 highly motivated.

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.

Staff in all grades had a yearly appraisal, which helped to identify training needs. There was a yearly training plan which took account of all mandatory and statutory training requirements. There was also a yearly medication management update. ACCORD Hospice works with two other hospices in the local area to provide this training. Some staff had started training in the ‘Promoting Excellence’ framework. This is designed to help staff to meet the needs of people with dementia.
All staff we asked said they would report poor practice if they saw it. This showed an awareness of the need to protect vulnerable adults. We saw evidence of this awareness, and the correct procedures being followed, when the hospice had reported an allegation of harm appropriately.

We checked three staff files and found that all of the relevant recruitment checks were in place. This included:

- references
- protection of vulnerable adults group (PVG) checks, and
- fitness check by occupational health.
We looked at files used to record checks on staff registrations and found that this was being done routinely for all registered staff groups. This included doctors, nurses and allied health professionals (such as occupational therapists and physiotherapists). This meant that any registration that had run out would be picked up quickly by the service and actions taken.

Job descriptions had recently been updated. This was to make sure these clearly set out staff roles.

All staff we asked said staff support was available to them, as an individual or group, if they asked for it. The hospice had demonstrated a collaborative approach to staff development through consulting its staff about:

- changes to how this staff support could be given in the future, and
- the introduction of a competency framework to assess staff progress.

We heard very positive comments from patients that we spoke with during the inspection. Some comments were:

- ‘Staff are very welcoming.’
- ‘Every one of the staff is good and there must be good managers – it’s all the tiers.’
- ‘Really good staff, they listen, joke, they’re easy- osy.’
- ‘The staff are lovely, nothing’s a bother – I would give them 10/10.’
- ‘The staff and the volunteers – they’re all nice, they show concern.’

Area for improvement

The service was implementing a competency framework for each staff group to help make sure that practice was up to date and effective. The hospice was considering the need for more structured staff support.

- 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: 5 - Very good

The information provided in Quality Statement 1:1 is also relevant here. We found that the opinions of patients and their relatives were being sought on a regular basis.

- 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 had a clinical governance committee that met every two months. Clinical governance is the term used to describe the systems to ensure the service is accountable for the:

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

This meant lines of reporting had been set up to monitor and improve the services to patients and relatives.

There were five groups set up involving clinical staff and directors of the hospice. These were for:

- audit and clinical effectiveness
- drugs and therapeutics
- education and training
- risk management, and
- infection control.

Incidents and accidents were recorded and analysed. There were regular audits of incidents and accidents which considered the type and frequency of occurrences. The number of incidents and accidents was low. There had also been no complaints made within the service or to Healthcare Improvement Scotland.

A new staff member had just been employed to lead on education, audit and clinical effectiveness. New audit plans had then been developed and a ‘live’ audit list had been compiled. This gives an overview, and tracking, of the types and frequency of specific subject areas being audited and checked. We saw very good evidence that audits are:

- done on a wide range of subjects
- followed up with action plans, and
- followed up with repeat audits to demonstrate improvements.

Areas for improvement

Some audits, such as the completion of patient records, could be done more often to make sure improvements are made. Review of the environmental audit could include checking that controls of hazardous substances regulations are being met.
The hospice could consider publishing the results of audits more publically, such as on its website.

- No requirements.
- No recommendations.
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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We recommend that ACCORD Hospice should:

- **a** complete and implement a formal participation strategy. The strategy should include a range of methods of obtaining feedback from patients.

  National Care Standards for Hospice care – standard 2.1 Advocacy, comments, concerns and complaints

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We recommend that ACCORD Hospice should:

- **b** ensure that clear records are kept on end of life wishes and preferred place of death and that this is taken account of as far as possible.

  National Care Standards for Hospice care – standard 22.1 & 22.2 Around the time of death

- **c** ensure that a regular audit is carried out of the patient care record to check that entries include the time of the consultation, next of kin details are correct and include if they wish to be contacted during the night.

  National Care Standards for Hospice care – standard 2.7 Assessing your needs
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| National Care Standards for Hospice care – standard 7 – Infection control |
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 8 weeks after the inspection.

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

**Grading**

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare 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

How we inspect hospitals and 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](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 4 – Details of inspection

The inspection to ACCORD Hospice was conducted on Monday 10 – Tuesday 11 February 2014.

The inspection team consisted of the following members:

Sarah Gill
Lead Inspector

Gill Swapp
Locum Inspector
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.

www.healthcareimprovementscotland.org

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