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
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’), 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 these standards, the Act gives us 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. You can, however, 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

St. Andrew's Hospice is a purpose built facility situated within Airdrie town centre. The hospice offers a specialist palliative care service to adults within Lanarkshire.

The service was previously registered with the Care Commission since 1 April 2002.

The hospice can accommodate up to 30 inpatients at any given time and up to 12 day hospice patients on a daily basis. There is also a community support service, an outpatient symptom control service and drop-in centre available within the hospice building. A multidisciplinary team provides healthcare and includes:

- consultants in palliative medicine
- doctors
- physiotherapists
- occupational therapists, and
- nurses.

Inpatient accommodation is on the ground level and is split into three wards consisting of single en-suite bedrooms and four-bedded bays. The four-bedded bays have access to toilet and bathing facilities within them. The single rooms can also accommodate families if they wish to stay near their loved one. There are a variety of assisted bathrooms and toilets available throughout the hospice. The inpatient area also has a number of lounges and public areas which the inpatients and their relatives can access if they so choose. Inpatients and their relatives can also access the enclosed landscaped courtyard garden area in the middle of the building. There is a complementary therapy room on the ground floor level for inpatients to use and receive treatments. There is also a cafe available for patients, relatives, staff and the wider community to use open between 9am and 7pm Monday to Friday, and 10am and 4pm at weekends.

The day hospice is on the lower ground level. This accommodation has a variety of clinic and activity rooms, an examination room, lounge and dining area. There is also an enclosed garden, seating and patio area for use by the day hospice and drop-in centre patients.

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

The hospice has an annexe which houses all non-clinical services including the administration, fundraising and education departments.

The aims and objectives of the hospice mission statement declare that ‘St. Andrew’s endeavour to provide a high standard of specialist care to the people of Lanarkshire, encompassing human dignity and compassion and at all times, respecting the values of human life’.

We carried out an unannounced inspection to St. Andrew’s Hospice on Tuesday 27 November 2012.

We assessed the service against three quality themes related to the National Care Standards.
The inspection team was made up of two inspectors with a project officer observing. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting St. Andrew’s Hospice can be found in Appendix 4.

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

**Quality Theme 1 – Quality of care and support:** 3 - Adequate  
**Quality Theme 3 – Quality of staffing:** 4 - Good  
**Quality Theme 4 – Quality of management and leadership:** 4 - Good

In this inspection, we gathered evidence from various sources. This included the relevant sections of policies, procedures, records and other documents, including:

- patient care records  
- incident forms  
- medication policy  
- medication recording sheets  
- minutes from residents’ meetings  
- minutes from staff meetings  
- minutes from medicine management group, and  
- information leaflets for people using the service.

We had discussions with a variety of people, including:

- the registered manager  
- the chief executive  
- registered nurses  
- medical staff  
- the occupational therapist, and  
- the pharmacist.

During the inspection, we observed how staff cared for and worked with people who use the service.

Overall, we found evidence at St. Andrew’s Hospice that:

- people using the service are supported by a committed and motivated staff group  
- people using the service are treated with respect  
- a multidisciplinary approach to care and support is in place, and  
- care staff are aware of the individual needs of people using the service.

We did find that improvement is required in some areas, which include:

- the recording of medication given to people who use the service
ensuring the complaints process makes reference to the regulator, and
ensuring staff are regularly appraised.

This inspection resulted in six requirements and two recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

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

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

Inspections carried out on 4 and 16 July 2012, and 15 and 16 August 2012

Requirements

Requirement 1
The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries accurately reflect the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

Action taken
This requirement is reported under Quality Statement 1.5 and is met.

Requirement 2
The provider must, having regard to the size and nature of the hospice, and the number and needs of people who use the hospice, ensure that all staff have regular and appropriate appraisal performance reviews and validation.

Action taken
This requirement is reported under Quality Statement 3.3 and has been continued with a revised timescale.

Recommendations

Recommendation a
We recommend that the service should make training in management and leadership available to senior managers and directors as part of their personal development plan.

Action taken
The chief executive has undertaken a review of the management structure within the service. There is a plan in place regarding the development of roles within the service. This recommendation is met.
4 Key findings

Quality Theme 1

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 4 - Good
We saw that the service offered people different ways to participate in assessing and improving the quality of the care and support provided. We spoke with six people who use the service and 10 visitors to the service during our inspection. They told us that they were able to comment and make suggestions.

There was daily face-to-face contact with people who used the service and their families. Staff we spoke with knew people in their care well. A notice board in the ward areas told people the names of staff that were on duty. This gave people the chance to raise issues, concerns or worries as they arose. Staff handover meetings took place at the beginning of each shift. Any issues that are brought to light are discussed and staff can implement actions for improvement.

We saw that suggestion boxes were in place in the hospice. The welcome information book also asked people using the service for their suggestions. A number of satisfaction surveys had been completed or were in the process of being completed. For example, a nutrition questionnaire was started in November 2012. There was one response at the time of the inspection.

A drop-in centre for people using the service was advertised to allow people to come along and speak to staff.

The service publishes a newsletter that gives people information about the service. This tells them about events, news and fundraising achievements. People were asked to contribute their views and tell people about their experiences of the hospice.

Areas for improvement
We saw that complaints information was inconsistent in the service. It did not always identify the correct regulator or make it clear that people using the service can complain directly to the regulator if they want to. Complaints are a valuable way for the service to hear views of people using the service. A requirement is made (see Requirement 1).

Although we saw that people who use the service were given the opportunity to express their views, it was not always clear how the service use these comments to make improvement. The service does not always appear to feedback to people who give their views. For example, we saw a questionnaire given to family members. The questionnaire asked them to identify ‘one thing you would change’. People made suggestions such as being given more time in the bereavement group as it had helped their relative or increasing the number of beds as they had to wait a week for admission. We did not see that the service acknowledged the participation or offered any explanations as to how they would address any suggestions made (see Recommendation a).
Requirement 1 – Timescale: by 31 January 2013

- The provider must ensure that the complaints procedure, policy and relevant information brochures are reviewed. Information must detail the remit and contact details of the regulator Healthcare Improvement Scotland, in respect of complaints. These must be easily accessible to staff, people who use the service and their representatives.

Recommendation a

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

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: Grade 3 - Adequate

During the inspection, we looked at 10 prescription sheets. We found that they were all completed correctly. The prescriptions included the person who used the service’s name, date of birth and allergies. All prescriptions were legible and had been signed and dated by the prescribing doctor. The prescriptions also identified the dose of the medicine, the frequency it should be taken and the method it should be administered, for example by mouth or injection.

People we spoke with told us that their symptoms were well controlled using medication. For example, their pain was well managed using pain relief.

We saw that there was a medication management group within the service. We looked at the minutes from the group and saw that they discuss issues relating to the use of medication within the service. We saw evidence of changes made to practice as a result of discussions within the group. For example, as a result of learning from previous medication errors, nurses within the service now have to prepare medications in a ‘protected room’. This means that they are not allowed to be interrupted while they are getting the medication ready. The service has also started putting identification bands on people’s wrists to help nurses identify the correct person during medication rounds.

Areas for improvement

During the inspection we reviewed incident forms within the service. We found evidence of 11 medication errors between April 2012 and the time of the inspection. While reviewing ten prescriptions and medication recording charts, we also found a medication error. The service has a no blame policy regarding medication errors. This means staff are encouraged to report any errors to allow the person to receive any necessary treatment. The service then reviews the error to ensure that they can learn from the mistakes to try and ensure they are not repeated. While we have had no concerns with the no blame approach adopted by the hospice, we were concerned that there was a lack of re-training or competency checks in place for any staff that had made a medication error. We also saw that there was no routine training or competency checks for staff who give out medication. Competency checks can involve staff being supervised while dispensing medication to make sure they are
doing so correctly or being asked to complete calculation tests to ensure that they are completing drug calculations correctly. A requirement is made (see Requirement 2).

We found that there were five gaps in the medication recording sheets that we looked at. All parts of the medication recording chart should be completed to show when the medication was given or the reasons the medication was not given. We also saw that the incident reports from some of the medication errors we looked at found that there were occasions when the medication recording sheets were not completed correctly. A requirement is made (see Requirement 3).

We saw that there was no routine auditing of prescription sheets or medication recording charts within the service.

**Requirement 2 – Timescale: by 31 January 2013**

- The provider must ensure that staff are competent to administer medication. To do this it must ensure:
  
a) staff have access to routine training about dispensing medication  
b) staff have periodic reviews of their practice to ensure they maintain competency, and  
c) staff involved in medication errors are given access to appropriate training and have their competency assessed before they are allowed to start dispensing medication again.

**Requirement 3 – Timescale: immediate on receipt of this report**

- The provider must ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider must also ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

- No recommendations.

**Quality Statement 1.5**

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

**Grade awarded for this statement: Grade 4 - Good**

We looked at four patient care records during the inspection. We found that there had been improvement since the previous inspection.

- All entries were signed and dated by the person making the entry.  
- Healthcare needs identified by completed assessments were reflected in the person’s care plans.  
- Assessments and care plans had been reviewed appropriately, and  
- All paperwork relating to the person’s care had a sticker with the person’s personal details.
At the previous inspection, a requirement was made regarding the quality of the patient care records. We are satisfied that there has been an improvement to the standard of record-keeping and consider this requirement is met. We saw that the service have been undertaking audits of the paperwork since the previous inspection. The three ward sisters audit five patient care records every month. These audits have been used to identify any gaps in the paperwork and make sure that staff are encouraged to complete paperwork correctly. These audits have helped the service make the improvements noted.

As noted in the previous inspection, the ward manager within the service has continued to work with colleagues in the NHS to introduce new paperwork into the service. The new paperwork has been adapted with the staff group to make sure it meets the needs of the service. Approximately half of the staff in the service have been trained in using the new paperwork and this has recently been trialled with new admissions. The new paperwork will allow staff to tick boxes to evidence the care they have given, for example when they help someone to reposition or give them a drink. The service plans to roll out the new paperwork across all wards after the trial period and further consultation with staff.

**Areas for development**

The new paperwork being introduced does not have any space for person-centred care planning. The service should make sure it maintains a system which allows staff to record the personal aspects of a person’s care.

- No requirements.
- No recommendations.

**Quality Theme 3**

**Quality Statement 3.1**

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

**Grade awarded for this statement: 4 - Good**

**Areas for improvement**

The areas for improvement identified under Quality Statement 1.1 are also relevant to this statement.

- 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: 4 - Good**

During the inspection, we spoke with 14 members of staff. This included:
• doctors
• nurses
• the occupational therapist
• housekeeping staff
• reception staff
• volunteers, and
• managers.

All the staff we spoke with gave positive comments about working in the hospice and told us that they worked as part of the team. There is an understanding of palliative care and of the importance of teamwork. Staff described their induction to the hospice and gave examples of having the chance to work alongside an experienced person to learn the job. One person described what their role entailed and showed us how she signed records to show that she had completed her work. There was access to training opportunities and there were examples of linking into the [attached] education centre. A senior staff member told us that the education centre is a well-used facility and, along with standard courses in palliative care, there are small lunchtime learning sessions which people could opt to join. Staff working in the community and hospitals are encouraged to attend these sessions to allow them to link into the hospice.

Mandatory training includes relevant sessions on the principles of palliative care, cancer pain, breaking bad news and communication in crisis situations. Practical sessions are held for moving and handling and we were told that these are up to date and we saw that records of staff named to attend sessions in November and December 2012.

Two senior nurses had started courses on leadership, coaching and supervision. The service plans to offer training in supervision, accountability and medication management to other staff following this. We saw that 12 nurses were due to attend a Nursing and Midwifery Council (NMC) course on 29 November 2012 to reinforce professional accountability and raise their awareness of NMC guidance.

We saw that information from meetings of the senior management team and health and safety group is shared with staff. For example, we saw that staff were informed of changes in practice relating to falls. This involved the trial of one low bed in each ward for people using the service who had a history of falls or were assessed as at risk of falling.

New staff appraisal documentation was in place which focused on giving staff the opportunity to set objectives and develop their skills. Staff are asked to detail how they will make changes to their practice and offer suggestions for making improvements in the service based on their learning and experiences.

We looked at minutes from staff meetings. We saw that specific topics, such as medication management, were raised when it was identified that there was a need for improvement in this area of practice.

The service was planning to use an electronic training system (NHS Learn pro) to support staff training. This was planned to begin in September 2012, but has been delayed.
We spoke with one member of staff who had worked in the hospice for a short period of time. They told us that they planned to take their practical learning in palliative care and end of life care into other care settings when they moved on.

We saw that good practice information was displayed throughout the service to guide staff in aspects of care. For example, guidelines were available in the kitchen area to guide staff in the preparation of special diets and thickening of foods.

We spoke with family members and people visiting the service, socially or for outpatient treatment and support. All were complimentary about the service provided and praised staff working in the hospice highly.

At the last inspection, we reported that staff did not have access to an independent, confidential occupational health service and counselling support. The service had now accessed this from NHS Lanarkshire and it is fully available to all staff in the hospice.

**Areas for improvement**

Records showed that a variety of training is made available to staff, but the records were not up to date to show that all staff received mandatory training. We noted that infection control, adult support and protection, and medication management training were not part of the mandatory training plan of the hospice. The ward sister told us that some of the courses attended by staff included aspects of adult support and protection. We consider that staff need to be trained, confident and have a consistent approach in these areas of practice to make sure that people’s needs can be met safely. A requirement is made (see Requirement 4).

At our previous inspection, we made a requirement regarding staff appraisal. Staff were unable to tell us when they had received appraisal sessions. One staff member, who worked in the hospice for over 10 years, told us that they did not know when they last had an appraisal, but felt it was good to get feedback. Senior staff confirmed that this process had not begun. This requirement was not met and is carried forward with an amended timescale for completion. A requirement is made (see Requirement 5).

There are systems in place to identify areas for improvement in the hospice. Areas were identified for improvement following auditing of medication management. This included delivery sheets not being signed routinely on receipt of medicines. This made it difficult to find out who was responsible for checking and storing medications. One incident in August 2012 showed that there were supplies of out-of-date equipment. It was recorded that the ward clerkess was to devise a stock rotation system to prevent this happening again. The senior nurse manager told us that this was done. When issues were raised through other means such as surveys, satisfaction questionnaires and meetings, there was no action plan to evidence that responsible people had taken action to make improvements and that the work had been completed (see Recommendation b).

**Requirement 4 – Timescale: immediate on receipt of this report**

- The provider must:
  
  a) review the content of mandatory training
  
  b) develop a plan of training to include infection control, medication management and adult support and protection
c) access training in these aspects of care and ensure that staff are supported to attend, and
d) ensure that training records are kept up to date to show who has attended and to identify when staff members are due to be updated.

Requirement 5 – Timescale: by 31 March 2012

■ The provider must, having regard to the size and nature of the service, and the number and needs of people who use the service, ensure that all staff have regular and appropriate appraisal performance reviews and validation.

Recommendation b

■ We recommend that St. Andrew’s Hospice should develop action plans when areas for improvement are identified from meetings, surveys, and questionnaires and auditing. These should show the steps taken to make the improvements and be signed by the responsible person when complete.

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: 5 - Very good

We met staff members from different disciplines, nursing and occupational therapy who told us that they had previously worked or studied in the hospice and returned. Staff we spoke with told us that they worked well as a team with one commenting: “Nobody gets above anybody. It is very much teamwork.”

People who needed help with personal care were seen to be well groomed with hair combed, shaved and their teeth cleaned.

Interaction was positive and staff spent time with people using the service. We saw one person laughing and joking with a staff member and it was clear that they had formed a good relationship. One person said that: “Staff are brilliant and we get a good laugh”.

Preferences of people using the service were recognised, for example we saw that one person had a late breakfast and another had a whisky at bedtime.

People using the day hospice were supported to take part in the activities provided. Staff were seen to be very attentive and patient. People appeared relaxed and comfortable. One person who was attending for the first time was greeted warmly by the ward sister.

People using the service said that they were kept up to date with treatment and plans.

People who used the service gave us comments about staff and told us:

• “I have a wonderful rapport with all staff............from XXXX(senior nurse) to the domestic staff”
• “I have nothing but respect for them all. It is like a five star hotel”
• “I have had a pressure sore since August......they sort it out here”,
• “Staff do not bring their own problems into work”.

People visiting the service told us that they were made welcome and staff supported them. Thank you cards and letters gave people’s views of the hospice and allowed them to express their gratitude. Comments included:

• “For the love and care shown to all the patients and their relatives when they need it most”.
• “Thank God he was with people who really cared” and
• “I will be fundraising for your amazing hospice”.

Staff in the day hospice and wards communicated with each other and explained how they worked together.

Areas for improvement
While we observed and heard that staff treated people with respect and dignity, there was no formal training recorded to show that the values and ethos of the hospice had been shared. We were told that all staff would be part of new induction sessions planned for a later date. The service should consider reinforcing the values and culture of the service as part of the induction programme. We will monitor this at the next inspection.

■ 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: 4 - Good
Information relevant to this statement can be found in Quality Statement 1.1 of this report.

Areas for improvement
The areas for improvement identified under Quality Statement 1.1 are also relevant to this statement.

■ No requirements.
■ No recommendations.

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our
workforce.

**Grade awarded for this statement: 4 - Good**

We saw evidence that staff had been involved in leading on work taking place in the service. For example, ward sisters had been asked to conduct audits of the patient care records and take the lead make sure that improvements are made. Also, one of the nurses in the service has been asked to take a prominent role in the roll-out of the new patient care documentation.

Two senior members of staff had been given the opportunity to undertake training in coaching and mentoring. The intention is to cascade this training throughout the staff group.

All staff we spoke with told us that they feel they are able to speak to the management team about improving the service. They told us that they felt their point of view was listened to.

**Areas for improvement**

During the inspection, several members of staff told us that some people within the service were resistant to changes being made. We were told that some people within the service will comment that they do not need to change as: “this is how we have always done it”. It is important that staff within the service are committed to learning and continuous professional development. The service need to make sure to have robust clinical governance structures in place to ensure that staff are adhering to current best practice. Staff should be aware of their own accountability for their practice and should be encouraged to become involved in the development of the service. We looked at minutes of staff meetings and did not see that this culture was being promoted. A requirement is made (see Requirement 6).

**Requirement 6 – Timescale: 31 March 2013**

- The provider must develop robust clinical governance structures to ensure that all staff are adhering to current best practice. The provider must also develop a plan to engage with staff who are resistant to changes being made within the service.

- 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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

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

### Quality Statement 1.1

#### Requirements

The provider must:

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<tr>
<td>1</td>
<td>ensure that the complaint procedure, policy and relevant brochures are reviewed. Information must detail the remit and contact details of Healthcare Improvement Scotland in respect of complaints.</td>
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**Timescale** – by 31 January 2013

*SSI 2011 No. 182 – Regulation 15(6)(a)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011  
National Care Standards 21 – Expressing your views [Hospice Care]*

#### Recommendations

We recommend that St Andrew’s Hospice should:

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<td>a</td>
<td>consider how to feedback to people the actions taken by the service when they have made suggestions or comments for improvement.</td>
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</table>
### Quality Statement 1.4

#### Requirements

The provider must:

2. ensure that staff are competent to administer medication. To do this they must ensure:

   a) staff have access to routine training about dispensing medication
   b) staff have periodic reviews of their practice to ensure they maintain competency, and
   c) staff involved in medication errors are given access to appropriate training and have their competency assessed before they are allowed to start dispensing medication again.

**Timescale** – by 31 January 2013

*SSI 2011 No. 182 – Regulation 3(a)*

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

*National Care Standards 8 – Medicines [Hospice Care]*

3. ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not at the prescribed time. The provider must also ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

**Timescale** – immediate on receipt of this report

*SSI 2011 No. 182 – Regulation 4(2)(d)*

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

*National Care Standards 8 – Medicines [Hospice Care]*

### Quality Statement 1.5

#### Requirements

None

#### Recommendations

None
### Quality Statement 3.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 3.3

**Requirements**

The provider must:

<table>
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<th>No.</th>
<th>Requirement</th>
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| 4   | a) review the content of mandatory training  
b) develop a plan of training to include infection control, medication management and adult support and protection access training in these aspects of care and ensure that staff are supported to attend, and  
c) ensure that training records are kept up to date to show who has attended and to identify when staff members are due to be updated. |

Timescale – immediate on receipt of this report

SSI 2011 No. 182 – Regulation 12(c)(ii)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards 6 – Staff [Hospice Care]

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<td>5</td>
<td>having regard to the size and nature of the service, and the number and needs of people who use the service, ensure that all staff have regular and appropriate appraisal performance reviews and validation.</td>
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Timescale – 31 March 2013

SSI 2011 No. 182 – Regulation 12(c)(i)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standards 6 – Staff [Hospice Care]

**Recommendations**

We recommend that St. Andrew’s Hospice should:

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<th>No.</th>
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<td>b</td>
<td>develop action plans when areas for improvement are identified from meetings, surveys and questionnaires and auditing. These should show the steps taken to make the improvements and signed by the responsible person when complete.</td>
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</table>
### Quality Statement 3.4

**Requirements**

None

### Quality Statement 4.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 4.3

**Requirements**

The provider must:

6. develop robust clinical governance structures to ensure that all staff are adhering to current best practice. The provider must also develop a plan to engage with staff who are resistant to changes being made within the service.

**Timescale** – 31 March 2013

*SSI 2011 No. 182 – Regulation 13(1)*

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

National Care Standards 5 – Quality of Care and Treatment [Hospice Care]

**Recommendations**

None
Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

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

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

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

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

We do not give one overall grade for an inspection.
**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

Prior to inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland
- Self-assessment submission is reviewed to inform and prepare for on-site inspections

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

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

The inspection to St Andrew’s Hospice was conducted on Tuesday 27 November 2012.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Janet Smith
Associate Inspector

Observing:

Jill Sands
Project Officer
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

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge
Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.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.

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

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

www.healthcareimprovementscotland.org

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