Announced Inspection Report: Independent Healthcare
Bethesda Hospice Stornoway
17 July 2012
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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’), 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**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

Bethesda Hospice is situated in a residential area near the centre of Stornoway, the main town of the Western Isles. Accommodation is provided in four single en-suite rooms and is attached to Bethesda Care Home. It is purpose built, with ground level and car parking.

The hospice cares for people with a range of needs, managing symptoms, providing rehabilitation and end of life care.

The service is provided by the Board of Bethesda Nursing Home Trust. This is an interdenominational Christian charity. It receives 50% funding from NHS Western Isles. The Bethesda Board is responsible for the quality of the service and employs a manager to oversee the day- to-day running of the hospice. The Medical Director provides medical cover and is employed by Bethesda Trust. Allied healthcare, for example physiotherapy or occupational therapy is sourced from NHS Western Isles.

The service was previously registered and inspected by the Scottish Commission for the regulation of care. Responsibility transferred to the new regulatory body, Healthcare Improvement Scotland on 1 April 2011.

Bethesda Hospice states that it aims to provide physical, psychological, social and spiritual care in a calm, peaceful and welcoming environment.

We carried out an announced inspection to Bethesda Hospice on 17 July 2012. One inspector visited the service.

We assessed the service against five Quality Themes related to the National Care Standards.

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

- **Quality Theme 0 – Quality of information**: 5 - very good
- **Quality Theme 1 – Quality of care and support**: 4 - good
- **Quality Theme 2 – Quality of environment**: 6 - excellent
- **Quality Theme 3 – Quality of staffing**: 4 - good
- **Quality Theme 4 – Quality of management and leadership**: 5 - very good

In this inspection, evidence was gathered from various sources. This included:

- annual return
- self-assessment
- notifications made to Healthcare Improvement Scotland
- samples of policies and procedures
- staff recruitment files
- staff induction records
- the service’s brochure
- information leaflets
- the provider’s annual report
• significant event log
• newsletter
• satisfaction surveys
• minutes of meetings held in the service
• a sample of a care record of a person who used the service, and
• audits carried out in the service.

We had discussions with a variety of people, including:
• the manager of the service
• the charge nurse of the hospice
• one care assistant
• the doctor working in the service, and
• one person who used the service

We viewed the following areas of the hospice premises:
• the parking and garden area
• the reception area
• a sample of the bedrooms and en-suite facilities
• staff work area
• the manager’s office
• communal lounge and visitor areas, and
• treatment /relaxation room.

We spoke informally with one person who used the service who was very complimentary about the staff working in the home.

During the inspection we took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

Overall, we found evidence in Bethesda Hospice that:
• the service was part of the community
• staff working in the hospice were very committed and proud of the care they delivered
• care was person centred and people were treated with dignity and respect, and
• people who used the service were positive about all aspects of the service.

We did find that improvements were needed in specific areas which included:
• care planning in tissue viability (care of skin) and nutrition
• aspects of recruitment (having appropriate staff checks in place before taking up post), and
• auditing of care records and recruitment files.

This inspection resulted in two requirements and one recommendation. 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 recommendation can be found in Appendix 1.

The provider must address the requirements and the necessary improvements as a matter of priority.

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

Quality Theme 0

Quality Statement 0.2

We provide full information on the services offered to current and prospective people who use the service. The information will help people who use the service to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

Bethesda Hospice has a variety of ways of telling people about the service which help them decide whether the service could meet their needs.

The hospice website gives a pleasant, welcoming introduction to the service. The hospice gives DVD’s to groups and organisations to raise awareness.

The information brochure tells people the philosophy of the hospice, how people could be referred, details of funding and additional costs, and general advice on what they could expect. This information is available in both English and Gaelic.

The service has close links with professionals in the hospitals, social work department and GP practices.

The hospice raises its profile by holding annual fundraising events. This is referred to as ‘Hospice Awareness Week’. The hospice holds open days and encourages the public to visit, welcoming them with refreshments. We saw examples of previous newspaper articles which celebrated the 20th anniversary of the hospice.

It was evident that the hospice was a central part of the community and encouraged involvement. There was a real sense of pride in the staff and they wanted to ensure that the hospice had a high profile in the area.

Areas for improvement

The self-assessment completed by the service stated that they wished to include a virtual tour of the hospice on their website.

There was a commitment by staff to continue to raise the profile of the service by giving talks to professional and local groups.

We thought that working on these areas for improvement would help to maintain and enhance the grade awarded. We will monitor this statement at a future inspection.

■ No requirements.

■ No recommendations.
Quality Theme 1

Quality Statement 1.1
We ensure that people who use the service 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
The hospice had a variety of methods of gaining views of people. A participation strategy is in place. Information at the reception keeps people informed and asks for views along with a suggestion box and newsletters. Complaint information is also available and tells people how to raise issues. The manager maintains daily face-to-face contact with people who use the service and encourages them to tell her about any issues they may have.

Before the inspection, we sent satisfaction questionnaires to the service for distribution to people who use the service and their relatives. We received one response and this gave positive comments on the quality of the service.

We saw three A4 size files which contained thank you cards, pictures and press cuttings which gave praise for the care given in the hospice. We were given examples of acknowledgements which had been included in the local paper. These gave high praise to staff from families.

At the time of the inspection, the manager was in the process of collating satisfaction questionnaires which were dated June 2012. The questionnaire asked for views on the quality of nursing staff, accommodation, catering, housekeeping, care of clothing and management of the service. Some of the comments included, ‘always nice and clean’, ‘staff always friendly and approachable’ and ‘the sitting room and garden are brilliant’. The manager planned to audit these when all the information had been gathered and set out a plan of action as she had done in previous years.

The manager had consulted with members of the local community and people who used the service for suggestions on ways in which the service could be enhanced. As a result, a day/relaxation room was added. This area was calm, pleasant and comfortable. The manager gave examples of how people had used this room. She described one instance where one person attended on a daily basis for support. This helped them remain in their own home.

Areas for improvement
The complaint information used in the hospice had not been updated to reflect Healthcare Improvement Scotland. This was discussed with the manager who planned to address this.

The service should continue to encourage people to participate, particularly in giving their views to us as an external source. The complaint information should also be amended and made available to relevant people. We will monitor progress at future inspections.

- No requirements.
- No recommendations.
Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet people who use the service’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 - Good
The service was not operating at full capacity at the time of the inspection. We looked at one patient care record. This had good summary information at the beginning which staff could access instantly. Staff had developed this after their experiences of using NHS 24 and of them being aware of the most crucial information that needed to be given. This included details of medical and social history, a discharge plan and wishes of the person who used the service and their carers.

The admission assessment gave information on the status and needs of the person who used the service. This took into account any symptoms they may have, how they looked, their preferences in aspects of daily life and a history. People who used the service were given the chance to care for themselves as much as they wished and this included being able to take responsibility for some of their medication. Daily pain assessments were carried out and evaluated. All entries were signed and dated by staff.

In the service, there was evidence of multidisciplinary working (groups of different people for example, doctors, nurses, social work and physiotherapist communicating and working together to meet the needs of the individual). This multidisciplinary group working included a chaplaincy service and staff explained that this was an important part of the culture of the community.

We saw that staff were attentive and got to know people who use the service and their needs very well.

Areas for improvement
We noted that the admission form had a section to record a ‘Waterlow’ score. This is an assessment used to calculate the risk of the person using the service developing pressure ulcers. The assessment was not completed and there was no tissue viability (skin) care plan in place. The person using the service did have pressure reducing equipment in place. This was discussed with the manager and charge nurse. We acknowledged that staff monitored the person’s skin regularly and had included the use of pressure relieving equipment in a care plan for assessment of mobility. However best practice would be to make the assessment, document in the patient care records and record the care to be delivered in respect of tissue viability.

Daily notes indicated that the person who used the service had specific needs in relation to nutrition. Staff were able to discuss the care and monitoring of the individual. Assessment, the details of care to be delivered and evaluation in respect of nutrition were not included in a plan of care. A requirement is made (see requirement 1).

Whilst we saw examples of good assessments and care plans, tissue viability and nutrition are key aspects of care and we would expect that care plans were in place to guide staff in the care to be delivered. This has impacted on the grade awarded.
Requirement 1 – Timescale: On receipt of this report.

The provider must ensure that care plans are developed and used following assessment for tissue viability and nutrition for all people who use the service.

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: 6 - Excellent

We did not look at all areas in the hospice, for example the kitchen. We looked at the areas used by people who use the service and their carers.

Bethesda Hospice is a purpose built four-bedded unit attached to a care home. The unit is at ground level with easy access into the building, including wheelchair access. There is car parking available near the entrance to the building. The reception area is welcoming and pleasant. Bedrooms are single rooms with en-suite facilities. This gives people who use the service and their visitor’s privacy. People who use the service are able to control heating, lighting and ventilation. Staff make the environment comfortable for visitors and family members, and give people the opportunity to stay in overnight accommodation if they wish. A small kitchen area is available for use. A day/relaxation room has recently been installed and could be used for people visiting on a day care basis. All areas are clean, smell fresh and looked well maintained.

Comments that we saw from people who use the service were positive about the cleanliness of the service. People also commented on how they enjoyed the garden area.

Areas for improvement

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

No requirements.

No recommendations.

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect people who use the service and staff.

Grade awarded for this statement: 4 - Good

We reviewed three staff files. These were from staff carrying out different roles in the hospice. Application forms asked for appropriate information such as the applicant’s health status, previous employment history, training, education, names and contact details of two referees, and included declarations of offences. References were sought and dated when received. Letters confirming appointment and start dates were issued stating that this was subject to relevant checks and references. Terms
and conditions were sent to the successful applicant. A system was in place to check if Registered General Nurses were registered with their regulatory body.

The service has an induction programme in place for new recruits which cover areas of practice relevant to their role. General issues were also included which directed staff in ensuring the privacy and dignity of people who use the service, the service’s policies, complaint procedures and meals and breaks. Staff signed when they had been given information and guidance on these issues. Training needs were identified and we saw details of one training course being accessed for a new recruit. When the training was completed, this was signed off by the manager and staff member.

Areas for improvement
We re-checked the information in two staff files with the manager and person responsible for applying for Disclosure Scotland checks. These checks are necessary to assess whether the applicant is suitable to work in the service. There were considerable time lapses between staff starting work and the disclosure information being received. For example, one person started in October 2011 and the disclosure was dated March 2012. The manager stated that recruits were mainly from the local community and that they were well known and that staff started and worked under supervision at all times. We acknowledged that there could be delays in obtaining disclosure information. The timescales we noted were excessive and not due to the issuing authority, but the service’s approach to checking. We discussed the new process for ensuring that all staff members were checked via the Protection of Vulnerable Groups (PVG) scheme. The authority had contacted the service and had given it guidance on introducing the PVG system in a phased manner. The manager planned to ensure that this was done. We will monitor progress at the next inspection.

While the manager stated that staff worked together and new recruits were supervised, individuals should only take up employment when relevant checks have been made. We saw that the disclosure checks in the files eventually came back satisfactory and that the issue had been resolved with no staff member working in the service without satisfactory checks at the time of the inspection.

We have concluded that this issue was one method of ensuring that people could be safe in the service and we have made a requirement in relation to recruitment. A requirement is made (see requirement 2).

■ Requirement 2 – Timescale: On receipt of this report.

The provider must ensure that staff are not employed unless a proper check has been carried out in accordance with the Protection of Vulnerable Groups (Scotland) Act 2007.

■ No recommendations.

Quality Statement 4.4
We use quality assurance systems and processes which involve people who use the service, carers, staff and stakeholders to assess the quality of service we provide.
Grade awarded for this statement: 5 - Very good

The provider produced an annual report of the hospice. The report included a message from the Chairman, stating ‘Resting on ones laurels is never an option’. This was found to be the ethos of the staff working in the service during the visit. It was clear they wished to provide a high quality service and to make improvements.

The service had retained the quality mark of Investors in People award for 2010-2011.

There are a number of groups working in the hospice which look at the quality of the service provided in specific areas. This included a health and safety group. Their last meeting was March 2012 and we saw evidence of patient involvement, issues being identified and steps taken to address these. For example, the water jugs of people who use the service were heavy and these were planned for replacement.

Staff were encouraged to participate and there was discussion about findings from inspections and how any areas for improvement could be made. Feedback was encouraged from student nurses who had been on placement in the hospice.

There was evidence of ongoing audit year upon year of many areas of practice in the service. We saw an example of auditing the use of aprons and gloves in the service and saw that significant progress in compliance had been made between 2007 and 2012.

Areas for improvement

We have stated that there are areas for improvement in respect of safer recruitment and care planning in the service in other statements of this report. (See quality statement 3.2 for safer recruitment, and quality statement 1.5 for care planning.)

Auditing of the recruitment process and care records would be useful in the service to highlight gaps and make improvement (see recommendation a).

- No requirements.

- Recommendation a

  We recommend that Bethesda Hospice should introduce an audit of recruitment files and care records to identify gaps and make improvements where needed.
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 the 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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<th>Quality Statement 0.2</th>
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<tr>
<td>Requirements</td>
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<td>None</td>
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<td>Recommendations</td>
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<td>Requirements</td>
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<th>Quality Statement 1.5</th>
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<tr>
<td>Requirement</td>
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<td>The provider must:</td>
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<td>1 ensure that care plans are developed and used following assessment for tissue viability and nutrition for all people who use the service.</td>
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<td>Timescale: Immediate</td>
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<td>SSI 2011 No.182 – Regulation 4 (1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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<tr>
<td>National Care Standards Hospice Care 2.7 - Assessing your needs</td>
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### Quality Statement 2.2

**Requirements**

None

**Recommendations**

None

### Quality Statement 3.2

**Requirement**

*The provider must:*

2. ensure that staff are not employed unless a proper check has been carried out in accordance with the Protection of Vulnerable Groups (Scotland) Act 2007.

**Timescale:** Immediate

*SSI 2011 No. 182 – Regulation 9 (2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulation 2011*

*National Care Standards Hospice Care 6.2 - Staff*

**Recommendations**

None

### Quality Statement 4.4

**Requirements**

None

**Recommendation**

*We recommend that Bethesda Hospice should:*

a. Introduce an audit of recruitment files and care records to identify gaps and make improvements where needed.

*National Care Standards Hospice Care, Standards 5.2 and 5.6 Quality of care and treatment.*
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.

More information about the Healthcare Improvement Scotland, our inspections and methodology can be found at:

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 Bethesda Hospice was conducted on Tuesday 17 July 2012.

The inspection was carried out by Associate Inspector, Janet Smith.
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](http://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.

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