Unannounced Inspection Report: Independent Healthcare

Service: St. Margaret of Scotland Hospice, Clydebank
Service Provider: St. Margaret of Scotland Hospice

16-17 August 2022
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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 9 December 2020

Requirement
The provider must notify Healthcare Improvement Scotland of specific events that occur in its premises, as detailed in Healthcare Improvement Scotland’s notification guidance.

Action taken
We saw processes for the reporting of incidents and accidents, and spoke with the accountable officer about reporting incidents to Healthcare Improvement Scotland. We were assured that all necessary events and incidents were being reported appropriately. This requirement is met.
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to St. Margaret of Scotland Hospice on Tuesday 16 and Wednesday 17 August 2022. We spoke with a number of staff and patients during the inspection. We received feedback from 47 staff members through an online survey we had asked the service to issue for us during the inspection.

The inspection team was made up of three inspectors and two external advisors with extensive experience in palliative medicine.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For St. Margaret of Scotland Hospice, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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### Key quality indicators inspected

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Systems and processes were in place to make sure patients were cared for in a clean and safe environment. Processes were in place to ensure the safe and secure handling of medicines. Regular audits were carried out and comprehensive systems were in place for monitoring and managing risk. However, we found that some emergency equipment was out of date.</td>
<td>✔️ Good</td>
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#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
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<th>Grade awarded</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was visible and accessible to staff. A comprehensive quality improvement plan helped to support innovation and change, and ensure a continuous culture of quality improvement.</td>
<td>✔️ Good</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 3 – Impact on staff

<table>
<thead>
<tr>
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<th>Summary findings</th>
</tr>
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<tr>
<td>3.1 - The involvement of staff in the work of the organisation</td>
<td>We saw good evidence of staff involvement, both in opportunities for training and extension of roles, to help improve how the service was delivered. Regular and wide-ranging educational programmes were in place for all staff. Staff surveys were carried out, with positive feedback received. These helped to gather views on how involved staff felt in the service, and about progressing in their roles.</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<tr>
<td>5.4 - Clinical excellence</td>
<td>A thorough process of documenting patient information and daily multidisciplinary team meetings took place to discuss patient treatment plans. However, patient care records should be streamlined to address the volume of clinical care and pastoral care information being documented. A more formal process of reviewing all patient deaths and associated learning from these should be developed.</td>
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### Domain 7 – Workforce management and support

<table>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A safe and effective recruitment process was in place for new staff. Staff files were comprehensively completed. A suitable induction programme was in place, along with an ongoing staff training and development plan. A process for contributing to and obtaining appraisals from staff employed by the NHS should be developed.</td>
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:  

Further information about the Quality Framework can also be found on our website at:  
What action we expect St. Margaret of Scotland Hospice to take after our inspection

This inspection resulted in one requirement and seven recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

St. Margaret of Scotland Hospice, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at St. Margaret of Scotland Hospice for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were provided with information about the hospice’s services and admission process. Systems were in place for gathering patient and family feedback, and feedback received was positive. However, patients and families should be invited to participate in influencing and informing how the service is delivered.

We were told that when patients were first introduced to the service they were sent information leaflets telling them about the services available in the hospice. We saw a range of information leaflets available to patients and families at the main reception. These included:

- general information leaflets for patients and families
- information on prevention of falls, and
- information on infection prevention and control.

Each leaflet included contact details for how to make suggestions to improve the service and how to make a complaint, including contact details for Healthcare Improvement Scotland.

Since the COVID-19 pandemic, the hospice had been providing a reduced service. However, as part of this, it had also developed a clinical outpatient day service. This allowed patients to attend for necessary treatments, for example blood transfusions, between 9.00am-5.00pm and then return home in the evening. This meant patients could attend as an outpatient and avoid the need for a hospital admission.
Despite having no formal day service, a rolling programme of activities was available for all inpatients. This included a movement to music session and a reminiscence group. We were told the education team was developing a feedback card for patients to evaluate this activities programme.

A multisensory room for inpatients, which used various lights and sounds, helped improve the symptoms of fatigue, stress and anxiety. We saw a number of areas that provided patients with spiritual support, including the chapel. Patients we spoke with told us they appreciated and looked forward to the daily visits from the chief executive officer.

The hospice participated in ‘voice banking’ for patients with life-limiting neurological conditions. This meant patients could record their own voices to help with end-of-life communication when their ability to speak was lost.

During the pandemic, the service further developed its patient transport service. This allowed patients to be transferred to and from the hospice for hospital appointments, or from the hospital to the hospice for admission, using the hospice transport. This benefitted patients by ensuring that transfers were made at times suitable for them and helped to reduce the burden on NHS services. Patients would be risk assessed to check whether hospice or Scottish Ambulance team transfers were most suitable. Appropriately trained volunteers provided the hospice patient transport service.

The service’s participation strategy outlined the importance of person-centred care and listening to patient and family experiences. The strategy also referred to patients and families being involved in the development of the hospice, where possible. It detailed the various ways that patient feedback could be obtained. We saw that both patients and family members were regularly invited to complete surveys of their experience of the hospice and to make suggestions for improvement. These were carried out regularly and feedback was positive. In June 2021, the service also carried out a patient and family survey on care and the hospice admission experience during the pandemic. We noted that feedback received was very positive about their experiences of the hospice and no actions to improve were noted.

We were told a plan was in place to reinstate either face-to-face or online patient focused groups.
Comments from patients and relatives that we spoke with during the inspection included:

- ‘The care is outstanding. If I was to mark the service I receive, I would give it 100%.’
- ‘They can’t do enough for me. From the receptionist to all nurses and doctors they are all the same every day, chatty and caring.’

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). We noted there had not been any instances requiring the need to implement duty of candour principles. We saw the service’s complaints policy was readily accessible in the ward areas for staff and patients, and were told there had been no complaints in recent months. The complaints policy also included contact details for Healthcare Improvement Scotland. We saw that new staff had received training in all policies and procedures during their induction.

**What needs to improve**

While we were told two ‘lay’ members were on the Board of trustees, we saw no evidence of patients, carers or family members participating in the strategic development of services in the hospice. This would ensure that hospice service users’ opinions and experiences would inform service delivery as well as the range of services offered and facilities available (recommendation a).

The service’s website contained details of services offered by the hospice and fundraising. We discussed with the service that some of the information on the website was out of date, for example the hospice news. We also noted there was no information about recent Healthcare Improvement Scotland inspections. There was also no information about how to make a complaint. We were told the service planned to update its website, and this was referenced in its quality improvement plan. The service should ensure that information on the current website is relevant and up to date for patients and families using or planning to use the hospice, while the new website is being developed (recommendation b).

The hospice continued to provide a restricted service due to the COVID-19 pandemic. As a result, the day service still remained closed. The senior management team told us a plan was in place to start gradually reopening this service and to introduce more up-to-date options. This may involve a mixture of face-to-face and online services for patients in the community. We will follow this up at the next inspection.

■ No requirements.
Recommendation a

- The service should invite patients, carers or family members to participate in groups or discussions about improving the service to ensure that the opinions and experiences of patients, carers and families are considered.

Recommendation b

- The service should ensure information on its website is accurate and up to date.

Domain 3 – Impact on staff

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

Our findings

Quality indicator 3.1 - The involvement of staff in the work of the organisation

We saw good evidence of staff involvement, both in opportunities for training and extension of roles, to help improve how the service was delivered. Regular and wide-ranging educational programmes were in place for all staff. Staff surveys were carried out, with positive feedback received. These helped to gather views on how involved staff felt in the service, and about progressing in their roles.

We saw an example of a recent staff questionnaire, completed in July 2022. Questions focused on what staff enjoyed about their role, and what they enjoyed most about working at the hospice. It also asked about support provided for both individuals and teams. Results had shown positive feedback with staff feeling supported both by colleagues and the senior management team.

A wide-ranging programme of education was in place for all staff groups covering areas such as causes and treatment of specific patient conditions, how to support children and young adults through death, and effective communication. Educational teaching sessions included ward-based teaching and monthly reflective practice meetings. Staff also carried out online NHS training and education modules.
Participants invited to these sessions included medical and nursing staff, allied healthcare professionals, such as physiotherapists, and social work colleagues. Educational teaching sessions were held weekly with attendance ranging from 5-15 people. We saw feedback forms were gathered following each session and these were reviewed and filed along with any presentation slides.

To help with staff advancement in their careers, training and educational courses were being introduced. For example, healthcare assistants had the opportunity to progress to associate practitioners. This meant they would be able to provide additional key care skills such as carrying out electrocardiography (ECG) tests (to check the rhythm, rate and electrical activity of a person’s heart) or taking blood samples.

Staff nurses were also encouraged to expand and enhance their care skills. At the time of the inspection, the hospice had two junior staff nurses and six senior staff nurses as a result of upskilling existing staff members. This helped to improve patient care and staff retention.

We saw evidence of staff supervision and appraisals carried out. Each staff group had an extensive competency document. These detailed defined skills and behaviours for each job role to reflect the organisation's performance expectations.

Staff could participate in discussions about patient care, as well as the operational day-to-day running of the service and more strategic groups, through various routes, including

- daily safety briefs
- patient handover meetings
- ward meetings
- daily multidisciplinary team meetings
- staff assessment meetings
- quality and risk meetings, and
- ward rounds and debriefs.

We saw evidence of staff input and involvement in continuing to adapt and improve the service. This included introducing its own patient transport service, and providing treatments such as blood transfusions as part of the new clinical outpatient day service.
Medical and nursing students from both the University of Glasgow and Glasgow Caledonian University were offered student placements ranging from a few days for medical students to extended placements for nursing students. Student mentors from Glasgow Caledonian University also attended the hospice to provide educational sessions to the students.

The hospice welcomed a number of students as healthcare assistants during their training to learn ‘soft’ skills, such as how to communicate with patients and families. They were also invited to the multidisciplinary team meetings to understand how a multidisciplinary approach was taken to patient care.

Staff were encouraged to keep a reflective journal to help them in what can be an emotionally challenging working environment. Opportunities were taken to discuss these during one-to-one meetings with line managers to reflect and learn from any experiences.

Staff who completed our online survey commented:

- ‘We do team work very well and that was evident during the pandemic.’
- ‘Supports staff and offers courses to further my career.’
- ‘Staff all approachable and willing to help.’

**What needs to improve**

Evidence such as the service’s staff surveys, and speaking with staff during the inspection, showed there was an open door policy and support from both peers and the senior management team. However, there was no whistleblowing policy or whistleblowing champion role in the service. This would allow staff to be protected should they wish to raise any confidential concerns if they became aware of any instances of harm or wrongdoing putting patient safety at risk (recommendation c).

Similar to many other services, the hospice was also finding staff recruitment challenging. These challenges may result in the potential for staff shortages on a day-to-day basis. A recognised safe staffing tool should be used to ensure safe staffing levels and the ongoing identification of risk associated with the limited staff resource (recommendation d).

Staff showed a willingness to take on additional tasks and extended roles to support the hospice at this time, for example facilities staff providing transport driving duties. The service told us it was considering introducing some form of staff recognition scheme to celebrate the successes and achievements of staff. We will follow this up at the next inspection.
Some comments from our online staff survey suggested:

- ‘It would be beneficial if day hospice was open to provide support to patients out in community.’
- ‘Funding from a national perspective to attract staff currently attracted to NHS T&Cs.’
- ‘Staff levels could be better.’

We fed back the key points from our online staff survey to the senior management team. Consideration should be given to producing an action plan to take into account all staff feedback to ensure action is taken, where appropriate. We will follow this up at our next inspection.

- No requirements.

**Recommendation c**

- The service should develop a whistleblowing policy and support staff to create a whistleblowing champion role. This would ensure that staff have the opportunity and confidence to raise concerns and promote a culture of speaking up.

**Recommendation d**

- The service should carry out a staffing review using a recognised safe staffing tool.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Systems and processes were in place to make sure patients were cared for in a clean and safe environment. Processes were in place to ensure the safe and secure handling of medicines. Regular audits were carried out and comprehensive systems were in place for monitoring and managing risk. However, we found that some emergency equipment was out of date.

We saw that the environment was clean, welcoming and equipment was maintained. We inspected a number of items of patient equipment, including mattresses, patient chairs, lockers and bed frames. We found these to be clean and in good condition. Cleaning schedules were completed and kept up to date. We saw evidence that staff were using appropriate chlorine-based cleaning products for sanitary fixtures and fittings, and colour-coded equipment such as mops and buckets. Staff cleaned equipment between each patient use and used stickers on the equipment to show this had been done.

An infection prevention and control policy was in place and we saw good compliance with infection prevention and control procedures. This included those for COVID-19, hand hygiene, the safe disposal of medical sharps such as syringes and needles, and clinical waste. We saw a good supply of personal protective equipment available such as face masks, disposable gloves and aprons. This was being stored safely and was located close to the point of care. We saw good staff compliance with the use and disposal of personal protective equipment.

Laundry was managed appropriately, including enhanced measures to deal with infected laundry. Staff changed into a uniform when entering the hospice and changed back into their own clothes before leaving. Staff laundered their own uniforms, and were able to describe how to do this at an appropriate temperature, in line with current guidance.
Safe management processes were in place for ordering, storing, prescribing and administering all medicines. A pharmacist and pharmacy assistant attended the service regularly to ensure systems remained safe. We saw monthly medicine audits carried out on a range of medicines, including on the use of liquid painkillers. Results and learning outcomes were discussed at the daily multidisciplinary team meetings and education sessions. New staff had training and support from senior staff in administering medicines and there was a regular review of staff competency. When appropriate, staff were encouraged to train further in single nurse drug administration. This allowed staff to administer drugs that would previously have relied on two staff members to administer and allows patients to receive pain relief more quickly.

Any incidents and accidents were initially documented on paper templates by the person involved in the incident. This information was then transferred to an electronic database and a senior member of staff carried out an investigation. Learning outcomes were discussed at the daily multidisciplinary team meetings.

A comprehensive range of policies and procedures were accessible to all staff. We reviewed a sample of these and found they were reviewed on a regular basis, with appropriate version control and review dates.

The service carried out a wide range of audits to monitor the quality and safety of the care and treatments provided to patients. Infection control audits covered standard infection control precautions such as hand hygiene, and the safe management of care equipment and the environment.

Additional audits included medicines management, checking mattress and mattress covers, and reviewing patient and relative feedback. Audit results we saw showed very good compliance. For example, results from the most recent hand hygiene audit achieved 100%. Where areas for improvement had been identified, planned actions and timescales for completion were documented. Results of audits were shared with staff at handover, at staff meetings and through the wider corporate governance structures, including senior management team and clinical governance meetings.

We saw an audit carried out to review the timings of therapy reviews following admission. This showed good outcomes for patients receiving assessments for mobility aids, transfer aids and adapted seating within the first 24 hours. Improvements were identified within the audit. We saw a related action plan from this audit and were told outcomes were being reviewed to help improve the patient experience. We saw continued processes of ongoing review of all audits.
Servicing and maintenance contracts were in place for the building, and all clinical and non-clinical equipment. This included electrical, gas, lift maintenance and water safety checks. We saw evidence of regular servicing and actions taken to address any issues. We noted that the Scottish Fire and Rescue Service had carried out a recent fire safety assessment and the service’s fire risk assessment had been updated this year.

We saw a proactive approach to building maintenance with a daily meeting and weekly walkthrough by maintenance staff to identify any issues. Staff were able to describe the process for reporting any maintenance issues. The electronic maintenance log book was checked every day and the service’s inhouse maintenance team carried out repairs quickly. Any specialist servicing and repairs that the maintenance team could not carry out was contracted to external specialists.

Reliable systems to manage risk, including a comprehensive risk register and appropriate risk assessments, were in place to protect patients, visitors and staff. Risk assessments were carried out in a range of areas, for example moving and handling, COVID-19, record keeping and managing challenging behaviour. Risk assessments were easy to follow and we saw that each risk had been reviewed on a regular basis and that all necessary action plans were in place.

**What needs to improve**

Arrangements were in place to deal with medical emergencies, including staff training. However, we found a small number of out-of-date items of equipment on an emergency trolley. These items were then disposed of and replaced at the time of inspection (requirement 1).

While we found all areas of the hospice were clean and tidy, some areas would benefit from refurbishment. We were told the service planned to refurbish the St Joseph’s Ward inpatient unit to meet the changing needs of patients, visitors and staff. Refurbishment had been delayed due to COVID-19. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must ensure that systems are in place to ensure emergency equipment is always in date.

- No recommendations.
Our findings

Quality indicator 5.4 - Clinical excellence

A thorough process of documenting patient information and daily multidisciplinary team meetings took place to discuss patient treatment plans. However, patient care records should be streamlined to address the volume of clinical care and pastoral care information being documented. A more formal process of reviewing all patient deaths and associated learning from these should be developed.

We saw evidence that a thorough process of gathering patient information took place before a patient was admitted to the inpatient service. This involved speaking to the patient and family before admission about any significant symptoms they may have, their expectations of the admission, their spiritual and social preferences, and their preferred place of care and death. Staff would also speak with other healthcare professionals before admission about patients’ care needs. This information was presented at the daily patient referral meeting and emailed to the senior management team, medical professionals and all staff who were going to be involved in the patient’s care.

We reviewed 11 patient care records. This included patients who were current inpatients and patients who had died in the last 12 months. We saw that a detailed process of documentation took place when a patient was admitted, including documenting patient’s next of kin and GP contact details. In most cases, we saw discussions about power of attorney, and about treatment escalation plans should a patient’s condition deteriorate. In relevant patient care records reviewed, a do not attempt to resuscitate form (DNACPR) was discussed and completed.

We saw a series of assessment processes in place, which included:

- pain assessment
- skin assessment
- patient weight, and
- review of fluid and nutrition.

A thorough, and documented, process of consent was in place for treatments, the sharing of information, and for taking photographs. Photographs were taken to record the condition of a patient’s skin, such as any pressure sores on heels or ears, the patient may have when they were admitted.
We were told the service was piloting the introduction of routine ECG tests being carried out on admission. Although unusual to see this in a hospice setting, staff explained this was to help address possible symptoms a patient may be experiencing.

A number of patient assessments were documented on paper templates and stored at the patient’s bedside, for example moving and handling assessments. This allowed staff to easily access this information before supporting patients to move. We saw thorough recording of how much patients were eating and drinking throughout their admission, including recording the amount of fluid a patient took in and passed out over a 24-hour period.

As part of the initial assessment process, blood samples were routinely taken to rule out any abnormal results that may be impacting on a patient’s condition. From the patient care records reviewed, we saw that a number of patients had been given various other treatments during their admission, for example intravenous (IV) fluids and blood transfusions, in an attempt to improve their symptoms.

The service used a mobile IV access team from NHS Greater Glasgow and Clyde. We found that a number of patients had a peripherally inserted central catheter (PICC) in place. This thin flexible tube is inserted into the vein in the upper arm to easily give patients continuous IV fluids. On review of patient care records, we found that a number of these patients continued to have fluids, treatments or blood tests until their death. This was of interest to us as it is not something we routinely see in other hospices. We saw that IV fluids given were documented consistently in the patient care records. We raised the continued use of IV fluids with the service’s medical consultant who told us that, although not standard practice, these were administered to make patients as comfortable as possible. While we are not aware of evidence to support or discourage this continued level of medical intervention, it is important that decisions relating to the ongoing use of IV fluids are discussed with the individual patient and balanced with the full range of palliative care needs of that patient.

Patients had buzzers within easy reach. However, staff were encouraged to have very regular patient interactions so that they could anticipate a need before the patient had to call for assistance.

Daily multidisciplinary meetings took place where patients’ treatment plans were discussed. Medical staff we spoke with felt these were beneficial and allowed them to discuss treatment plans with the whole team.
What needs to improve

We saw evidence of good conversations with patients and families about treatment plans while they were inpatients in the service. However, we discussed with the service about introducing more structured formal reviews following all patient deaths, particularly for the deaths of patients who had PICC lines and IV fluids in place at the time of death. These reviews should involve all staff. This would allow for a review of the patient treatment plan and an open discussion on how their care had been managed and may highlight learning outcomes for the future (recommendation e).

While patient care records were detailed and thorough, information was often duplicated. Reviewing patient care records and how information was displayed on the electronic record keeping system would help to streamline and reduce the volume of clinical care and pastoral care information being documented (recommendation f).

We were told that the service was considering publishing a series of case studies evaluating the use of PICCs, and the frequency of IV fluids and tests to explore the benefits and outcomes to patients and share learning. We will follow up progress with this at the next inspection.

- No requirements.

Recommendation e

- The service should develop a process of formally reviewing all patient deaths, including patients who had intravenous (IV) and peripherally inserted central catheters (PICC) in place at the time of death, to ensure learning outcomes are identified and taken forward to improve future practice.

Recommendation f

- The service should review patient care records and how information is displayed on the electronic record keeping system and improve how clinical care and pastoral care information is documented.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

A safe and effective recruitment process was in place for new staff. Staff files were comprehensively completed. A suitable induction programme was in place, along with an ongoing staff training and development plan. A process for contributing to and obtaining appraisals from staff employed by the NHS should be developed.

We saw that the service had followed its safer recruitment and selection policy from the five staff files we reviewed. This included staff granted practicing privileges (staff not employed by the provider but given permission to work in the service). We found all appropriate recruitment documents in place and all background checks completed. This included proof of identity, qualifications, insurance and references. We saw processes in place to ensure staff were enrolled in the Protecting Vulnerable Groups (PVG) scheme. Staff files were very well organised and contained job descriptions and signed contracts of employment. Staff had clear roles, responsibilities and accountabilities.

Professional registration checks were carried out for staff who were registered with a professional body. Revalidation status checks were also carried out for all clinical staff. Revalidation is where clinical staff are required to regularly gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the General Medical Council and the Nursing and Midwifery Council.

A competency framework for all clinical staff helped to ensure staff had the necessary skills and knowledge to carry out their role. This was being reviewed and updated. All posts had a probationary period of approximately 3 months with reviews carried out at 8 and 18 weeks. Volunteers had a 3-month review process for all those new into volunteer roles.

All new staff completed a corporate day of induction followed by a role-specific induction and probation period under the supervision of a nominated mentor, other trained staff and a senior manager. We found there was considerable emphasis on staff skills and competencies. Staff were given an induction programme and competence workbook. This set out the induction process and
covered topics such as infection control, health and safety, fire safety, education and training, policies and procedures, and core values. Induction meetings to monitor a new staff member’s performance, competence and compliance with the provider’s standards and procedures were held at regular intervals during the induction period. As the workbook was completed, the line manager assessed the knowledge of the new staff member and signed off each section when competence was demonstrated.

Staff were expected to complete mandatory and role-specific training on a range of topics relevant to their roles. The service used internal and external training and education materials to keep staff up to date with relevant practice. We saw that all staff were up to date with their training requirements.

Staff had access to a wide range of sector-specific learning tools and nationally recognised vocational training courses. Staff were able to work towards Scottish Credit and Qualifications Framework (SCQF) qualifications. The service also provided a ‘lunch and learn’ programme, where hospice staff and external healthcare professionals had lunch together while completing training, seminars and other education.

Staff told us they received good opportunities for ongoing training and development and to apply for promoted posts. We looked at examples of some staff members who had progressed in their roles. This included a registered nurse promoted to ward manager, and a physiotherapist who was now training to become a non-medical prescriber in their new advanced clinical practitioner role.

What needs to improve
Staff appraisals were carried out on a regular basis, including for those granted practicing privileges. However, we found no process in place for contributing to or obtaining appraisals for any staff members working under practicing privileges from their respective NHS employer. This would enable the service to determine that an appraisal had been completed and to see the supporting evidence required for effective governance oversight of their staff (recommendation g).

■ No requirements.

Recommendation g
■ The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer.
Vision and leadership
This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership
High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Leadership was visible and accessible to staff. A comprehensive quality improvement plan helped to support innovation and change, and ensure a continuous culture of quality improvement.

Staff told us that the leadership team was highly visible in the hospice, and this was confirmed in our staff survey. For example, the chief executive officer had daily contact with the night staff, and a ward manager was on every shift. A member of the senior management team was also on duty every day. A senior member of staff carried the out-of-hours phone to ensure help and support could be provided to any healthcare professional in the community, or for any patients and carers. For example, we noted a call had been taken from a relative to discuss a patient’s medication changes on the day of our inspection.

We saw arrangements were in place for a number of regular meetings, including staff and ward meetings, to provide opportunities to share important information about clinical governance, quality improvement and risk matters, as well as day-to-day issues. We saw minutes from the monthly clinical governance meetings and weekly senior nursing meeting which addressed aspects of staff professional development reviews and training.

We were told the hospice recently took over the community work of the previous community Macmillan service. This was an increase to the hospice’s established community caseload. This resulted in over 100 additional patients in the community currently supported by the hospice. This could be face to face in their own home, by telephone or as a part of the clinical outpatient day service, and could range from daily to monthly contact and intervention.

We reviewed the service’s annual quality improvement plan and 2019-2022 strategy document. We noted that this was discussed through a number of regular and frequent meetings, including staff and ward meetings. We noted
that a number of actions and improvements had been taken forward. However, due to the pandemic, others remained outstanding or were still in progress. For example, we noted that, as planned, the hospice had installed a new oxygen tank, and the service’s website and online systems were being upgraded with an external IT company commissioned to do the work. Cladding on the building was due to be replaced before the end of the year. The strategy document was shared with staff and included feedback from the staff survey, for example staff stating they wanted the day hospice facilities reinstated.

The hospice was a member of Hospice UK and benchmarked its service using the Hospice UK processes, reviewing itself against aspects such as:

- slips, trips and falls
- incidents and accidents, and
- tissue viability.

This allowed the service to be compared to similar sized services and identify any gaps and improve how the service was delivered.

In 2018, the hospice was awarded grant funding from St James Place Charitable Foundation to embed a philosophy of rehabilitative palliative care. The most recent benchmarking against this standard was in August 2021, where the hospice achieved 98 from a possible score of 111 (88%). We saw a copy of the benchmarking exercise. This clearly identified areas for the service to focus going forward.

The chief executive officer told us they gave a comprehensive report to the Board on all aspects of the hospice’s service, staff and environment.

The chairman visited the service several times a week, as well as attending any fundraising events. This helped to promote accessibility and visibility for patients, families and staff.

During the inspection, we experienced an open and engaged approach to the inspection. We noted the consistent and dedicated approach of staff in ensuring the service continued to provide a high level of care. Staff should continue to be supported and encouraged to challenge practice and seek out or suggest new ways of working that may benefit patients. This will help the service to promote an open culture of continuous learning and improvement.

■ 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 National Health Services (Scotland) Act 1978, 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.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th></th>
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<tbody>
<tr>
<td>None</td>
<td></td>
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<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>a</strong></td>
<td>The service should invite patients, carers or family members to participate in groups or discussions about improving the service to ensure that the opinions and experiences of patients, carers and families are considered (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6</td>
</tr>
<tr>
<td><strong>b</strong></td>
<td>The service should ensure information on its website is accurate and up to date (see page 12).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>
## Domain 3 – Impact on staff

### Requirements

None

### Recommendations

**c** The service should develop a whistleblowing policy and support staff to create a whistleblowing champion role. This would ensure that staff have the opportunity and confidence to raise concerns and promote a culture of speaking up (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22

**d** The service should carry out a staffing review using a recognised safe staffing tool (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.15

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirement

**1** The provider must ensure that systems are in place to ensure emergency equipment is always in date (see page 18).

Timescale – immediate

*Regulation 3(a)*

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

### Recommendations

**e** The service should develop a process of formally reviewing all patient deaths, including patients who had intravenous (IV) and peripherally inserted central catheters (PICC) in place at the time of death, to ensure learning outcomes are identified and taken forward to improve future practice (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

f The service should review patient care records and how information is displayed on the electronic record keeping system and improve how clinical care and pastoral care information is documented (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 7 – Workforce management and support

Requirements

None

Recommendation

g The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare 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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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