Unannounced Focused Inspection Report: Independent Healthcare

**Service:** Strathcarron Hospice, Denny

**Service Provider:** Strathcarron Hospice Ltd

11 February 2021
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 Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
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2 A summary of our inspection

We carried out an unannounced inspection to Strathcarron Hospice on Thursday 11 February 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

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 in August 2020.

What we found and inspection grades awarded

For Strathcarron Hospice, the following grades have been applied to the key quality indicators inspected.

<table>
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<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<td>5.1 - Safe delivery of care</td>
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Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Strathcarron Hospice had experienced two significant COVID-19 outbreaks since the last inspection on 24 November 2020. They were currently closed to admissions. A COVID-19 working group was created and this resulted in a review of processes and procedures, staff education and training in lateral flow testing. Good working relationships with public health have been established. We heard from staff that the senior management team were seldom present in the clinical setting. |
|好 | Good |

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td>All patients were tested for COVID-19 and all patients had their consent to treatment and sharing of information documented in the electronic patient care record.</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: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
**What action we expect Strathcarron Hospice to take after our inspection**

This inspection resulted in two recommendations (see Appendix 1).

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

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

Staff were following standard infection control precautions, and the hospice’s environment and patient equipment were clean. All of the staff we spoke with were clear about their respective responsibilities in relation to infection prevention and control systems and processes. We saw all cleaning schedules were up to date. However the service should make sure there is a documented programme of water flushing for less-frequently-used water outlets to reduce the risk of infection.

We were told by the nurse manager that the following actions were being taken to reduce the risks including:

- Restricted access to the building, with a separate entrance for staff and visitors.
- Personal protective equipment, such as face masks, aprons and gloves, for patients, families and staff to wear as appropriate.
- Increased cleaning of the environment, patient equipment and high touch areas such as door handles.
- Increased monitoring of infection prevention and control practices.
- Staff were being tested four times a week for COVID-19.
- The majority of staff had now been vaccinated for COVID-19.

During our walk round observing the hospices general environment, we saw that alcohol based hand rub was available in all areas and offices. Detergent wipes were widely available to allow staff to decontaminate hard surfaces and that windows were open where appropriate to improve ventilation. Where
more than one person was in an office we observed that they were socially distancing two meters apart wearing face masks. Where they could not be two meters apart in an office we saw that there were clear screens in place.

We saw that a one way system was in place around the building to reduce the risk of staff members being in close contact.

Cleaning schedules had been updated to include the enhanced cleaning that was now taking place. The general environment of the in-patient unit was clean. We inspected four empty in-patient rooms for cleanliness including lockers, beds, mattresses and en-suite bathrooms. We found that all equipment was clean and that the clean patient equipment was labelled, stating the date it had been cleaned. We found that some mattresses had a cleaning form attached which told us when the mattress was last cleaned.

All the staff we spoke with were clear about their respective responsibilities in relation to infection prevention and control systems and processes. Where bank staff carried out domestic services such as cleaning, they were familiar with the environment and had received training in COVID-19 precautions and cleaning in line with national guidance.

We spoke with a wide variety of staff on duty and all staff were able to describe the appropriate cleaning materials and dilution rates for chlorine-releasing disinfectant and detergent. Guidance posters for staff were displayed on the wards and in the domestic utility room describing the use of the cleaning product.

Further COVID-19 staff training had taken place. Information and guidance posters were displayed in staff changing rooms and on noticeboards in the in-patient unit. Infection prevention and control training and updates were carried out online. Staff we spoke with had either completed or were in the process of completing the training. All staff were observed to undertake hand hygiene at the appropriate times. All staff wore surgical masks and were able to explain when they would change them. We observed staff changing these masks at regular intervals.

We saw personal protective equipment was readily available. We saw that appropriate infection control measures and actions were in place including appropriate pathway signage. Personal protective equipment was available on trolleys outside isolation rooms. Staff were able to describe the correct procedure for donning and doffing of personal protective equipment and what personal protective equipment they would use, including single use visors.
We were told that with exception of immediate end of life care, all routine visits to the hospice were currently suspended. A visiting protocol was in place with clear instruction about how to do this and the safety measures in place. Screening questions were asked before any visits and the visitor’s contact details were obtained.

**What needs to improve**

The inpatient ward environment was clean. However, there was unnecessary clutter at the reception desk of the in-patient ward. We also observed that some of the staff offices were also cluttered. Unnecessary clutter makes the cleaning of high touch areas more difficult to achieve. This was brought to the attention of the ward manager and service manager at the time of inspection.

Whilst we found that the lockers, beds and mattresses were clean and free of any visible contamination, staff were not always following the hospice process in completing the form that confirmed that the mattress had been cleaned.

We were told that domestic staff flush all water outlets on a weekly basis including taps, showers and any baths in the patient rooms. This was recorded on a domestic checklist, which we were shown. However, the domestic checklist does not give appropriate assurance that it is being done on a weekly basis as it does not record what has been flushed or the date it was undertaken and by whom.

**Requirement**

- No requirements.

**Recommendation a**

- The service should make sure that they further develop the checklist to highlight the frequency of water flushing for less-frequently-used individual water outlets to reduce the risk of infection.

**Recommendation b**

- The service should make sure that all unnecessary clutter on high touch areas and at reception area is removed.
**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

All patients were tested for COVID-19 and all patients had their consent to treatment and sharing of information documented in the electronic patient care record.

We saw that patients were being nursed in isolation whilst awaiting the results of their COVID test. We saw that appropriate control measures were in place, such as allocating dedicated groups of staff to maintain consistency of care and to limit any risks of spread.

We reviewed the care records for these patients and saw that comprehensive assessments and consultations were carried out before treatment started. They included:

- record of COVID-19 testing and result where this was available, and
- consent to treatment and sharing of information.

The service was developing a specific COVID-19 information page in each patient’s electronic care records. This will include information on screening, testing and vaccines and will be a useful reference tool for each patient.

**Requirement**

- No requirements.

**Recommendation**

- No recommendations.
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-centered 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

Strathcarron Hospice had experienced two significant COVID-19 outbreaks since the last inspection on 24 November 2020. They were currently closed to admissions. A COVID-19 working group was created and this resulted in a review of processes and procedures, staff education and training in lateral flow testing and good working relationships with public health. We heard from staff that the senior management team were seldom present in the clinical setting.

The COVID-19 group which consisted of heads of all departments have met twice weekly for the past twelve months during the pandemic. During the recent hospice outbreak The COVID-19 group meet three times a week. The senior management team including the infection prevention and control committee reviewed all COVID-19 related policies and procedures and a short life working group was created to address further staff education, audits and lateral flow testing. The short life working group members included:

- The Director of Nursing
- Medical consultant
- Ward manager
- Head of Education & Practice Development
- Practice educator
- Family support lead
- Day care sister

We saw the minutes of these meetings. This group had put infection prevention and control training in place for non-clinical staff departments. Currently 11 staff from all departments are undergoing training allowing them to carry out hand hygiene audits throughout the hospice.
Processes have been reviewed including the admission policy during the outbreak. This has been adapted in line with national guidance. All patients are now tested on admission, as previously, this was only carried out for patients over 70 years of age. All patients are now cared for in single rooms, as in the past, there was an opportunity for patients to share rooms.

We saw evidence that the risk register in relation to COVID-19 has been updated regularly and included aspects such as guidance on patient placement and all standard infection control precautions in place.

Community visit procedures were reviewed during the outbreak. Information was accessible for the community team regarding risk assessing visits, personal protective equipment and the use of COVID-19 triaging questions to screen patients before admission.

Currently, staff were being tested four times a week for COVID-19 during the outbreak. All staff have had training in carrying out lateral flow testing. The staff take self-tests at home and there was also twice weekly staff testing carried out within the service. Any staff testing positive were told to remain at home and self-isolate.

The senior management team and ward manager met regularly with NHS Forth Valley’s public health and infection prevention and control nurse as an incident management team. These meetings were to discuss the outbreak and to make sure that all aspects of safe practices were in place.

**What needs to improve**
We could see that the senior management team had responded to the COVID-19 outbreak and had put processes in place to make sure that the hospice was a safe environment. We heard from staff that the senior management team were seldom present in the clinical setting. However, staff told us they felt well supported in their training and education by the ward manager.

**Requirement**
- No requirements.

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

#### Recommendations

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| a | The service should make sure that there is a documented programme of water flushing for less-frequently-used water outlets to reduce the risk of infection (see page 9).  
Health and Social care Standards: My support, my life. I have confidence in the organisation providing my care and support statement 4.11 |
| b | The service should make sure that all unnecessary clutter on high touch areas and at reception area is removed (see page 9).  
Health and Social care Standards: My support, my life. I have confidence in the organisation providing my care and support statement 4.11 |
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
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
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
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