Announced Focused Inspection Report: Independent Healthcare

**Service:** Rachel House Children’s Hospice, Kinross  
**Service Provider:** Children’s Hospices Across Scotland  

27 October 2020
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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1  Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13-14 July 2016

Requirement
The provider must make proper provision for the health, welfare and safety of service users. The provider must ensure all recommendations made in the water risk assessment are addressed as a priority.

Action taken
Two further water risk assessments had been carried out by an independent specialist company since our last inspection in July 2016: one for the main hospice and a separate one for the jacuzzi. We saw that immediate action had been taken to address all the recommendations identified in both of the risk assessments. This requirement is met.

Requirement
The provider must have appropriate systems, processes and procedures in place for infection prevention and control. The provider must:

a) review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in Health Protection Scotland’s National Infection Prevention and Control Manual (2016).

b) ensure that all clinical hand wash basins comply with the requirements of Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies.

c) ensure compliance with the requirements of Health Protection Scotland’s National Infection Prevention and Control Manual for the management of blood and body fluid spillages.

d) ensure compliance with the requirements of Health Protection Scotland’s National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
a) New infection prevention and control audit tools had been developed. These closely aligned with the standard infection control precautions described in Health Protection Scotland’s National Infection Prevention and Control Manual.
b) Clinical hand wash basins in patient bedrooms had been upgraded to meet the current version of SHTM 64. A further SHTM 64 compliant clinical hand wash basin had also been provided in the patient lounge.

c) Biological spill kits had been provided for the safe management of any blood and bodily fluid spillages.

d) Colour-coded laundry bins had been installed in the laundry room, so that contaminated or infectious linen could be physically separated from other laundry. Guidance for staff was displayed detailing the time and temperature settings required to launder contaminated or infectious linen. Staff we spoke with understood how this type of linen should be handled and laundered.

This requirement is met.

Requirement
The provider must ensure that all staff have an up-to-date performance review and development plan in place.

Action taken
An electronic process for recording staff personal development reviews had been introduced. We saw that staff had up-to-date personal development reviews, including follow-up reviews 6 months later. The service was planning to review the personal development review process to include more frequent follow-up meetings throughout the year. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 13-14 July 2016

Recommendation
The service should keep an up-to-date record of all of the ways patients give feedback.

Action taken
A number of methods for children and families to provide feedback about their experience had been created. A ‘you said, we did’ board displayed in the main corridor contained feedback from children and families. Suggestion boxes were available throughout the building and an online customer service review site was also used.
**Recommendation**  
The service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

**Action taken**  
Staff carried out daily spot checks on the administration of medications. An annual process of reviewing staff when administering medications had also been implemented.

**Recommendation**  
The service should complete risk assessments by task rather than hazard.

**Action taken**  
Multiple risk assessments for both clinical and non-clinical risks had been carried out. These had all been completed in the same new format, assessing the task rather than the hazard.

**Recommendation**  
The service should recommence the health and safety committee meetings. Minutes of these meetings should be recorded.

**Action taken**  
The health and safety committee had recommenced and we saw minutes from several recent meetings.

**Recommendation**  
The service should develop a yearly work plan for the support services team.

**Action taken**  
We saw the support services team’s yearly action plan for 2020/21, detailing the team’s planned development work.

**Recommendation**  
The service should provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice.

**Action taken**  
Formal infection prevention and control training had been provided for the head housekeeper and the infection control link nurse. The head housekeeper had recently completed a degree in infection prevention and control, and the infection control link nurse had completed one of the degree modules.
Recommendation
The service should ensure all staff are fit to undertake the role for which they are recruited.

Action taken
Pre-employment guidance was provided to all applicants outlining the service’s process for ensuring staff are fit to undertake the role. This included a pre-employment health assessment.

Recommendation
The service should make sure an action plan is developed based on any feedback from the staff survey.

Action taken
A staff survey was carried out by the service every 2 years. We saw action plans from the most recent survey, which showed staff feedback had been acted on. This included setting up a short-life working group to address employee engagement.

Recommendation
The service should reintroduce the audit programme and ensure action plans are developed and completed to improve its quality assurance systems.

Action taken
The audit programme had been reintroduced and we saw evidence of several different audits being completed and results shared with staff.

Recommendation
The service should review its meeting calendar and make sure regular meetings are held.

Action taken
Regular weekly staff meetings were now being held.
2 A summary of our inspection

We carried out an announced inspection to Rachel House Children’s Hospice on Tuesday 27 October 2020. 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 three 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.

What we found and inspection grades awarded

For Rachel House Children’s 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>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>Admissions had been reduced to accommodate families in crisis and children nearing end of life. Online services had been introduced for other children and families to access from their home. Appropriate COVID-19 risk assessments had been carried out and actions had been taken to minimise the risk of transmission. A dedicated infection prevention and control team was in place, staff were following standard infection control precautions, and the hospice’s environment and patient equipment were clean. Current national guidance should be followed for cleaning sanitary fittings.</td>
<td>✔ ✔ Good</td>
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Key quality indicators inspected (continued)

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<th>Domain 9 – Quality improvement-focused leadership</th>
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<td>9.4 - Leadership of improvement and change</td>
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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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<tbody>
<tr>
<td>Quality indicator</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</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 Children’s Hospices Across Scotland to take after our inspection

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

We would like to thank all staff at Rachel House Children’s 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

Admissions had been reduced to accommodate families in crisis and children nearing end of life. Online services had been introduced for other children and families to access from their home. Appropriate COVID-19 risk assessments had been carried out and actions had been taken to minimise the risk of transmission. A dedicated infection prevention and control team was in place, staff were following standard infection control precautions, and the hospice’s environment and patient equipment were clean. Current national guidance should be followed for cleaning sanitary fittings.

The senior leadership team had responded quickly to the pandemic in March 2020. Admissions had been limited to families in crisis or children nearing end of life. Online entertainment and support services had been introduced for other children and families that could be accessed every day from their own home. Further closed online groups had also been set up to support parents while caring for their child at home.

Several risk assessments had been carried out and actions taken to minimise the risk of COVID-19 transmission. The provider had two risk registers: a senior leadership register and an operational register. These detailed all the high-level risks for the service and a brief summary of ongoing actions being taken to reduce these risks. Both risk registers were clear, easy to follow and were regularly updated.
New policies and standard operating procedures had been created, and existing ones updated, to reflect the risks identified in the risk assessments. Actions being taken to reduce the risks included:

- 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, and
- increased monitoring of infection prevention and control practice.

The clinical nurse manager had been appointed as the infection prevention and control lead during the pandemic. They led an infection prevention and control team which included:

- the head housekeeper
- an infection control link nurse
- a charge nurse, and
- a senior staff nurse.

The team met regularly and reported its activities to the children and families leadership team who, in turn, reported to the clinical and care governance committee.

The service’s infection prevention and control policy was comprehensive. This policy, the corresponding standard operating procedures, and the audit tools used to monitor compliance with standard infection control precautions, such as the use of personal protective equipment and hand hygiene, all aligned closely with Health Protection Scotland’s National Infection Prevention and Control Manual and Healthcare Improvement Scotland’s Quality Framework.

The hospice had been split into three zones to prevent any risk of COVID-19 transmission. Dedicated staff had been allocated to work in each zone, to minimise crossover.

All visitors entered the hospice through the front of the building, while staff used a keypad entry at the back door. Both entrances had alcohol-based hand rub dispensers and a supply of fluid-resistant surgical facemasks, which everyone entering the building was required to wear at all times. All visitors were asked a standard set of COVID-19 screening questions before signing an
attendance register. Visitors were not allowed to enter if there was a risk they could transmit COVID-19.

After signing in, visitors were guided by signage to keep 2 metres apart. All meeting rooms had been reconfigured with desks spread out to allow for appropriate distancing. Cleaning materials had also been provided.

Clinical staff changed into a uniform when entering the building and changed back into their own clothes before leaving. Changing facilities were available on-site, with shower and toilet facilities. Staff told us they had enough uniforms and laundered them at home, at the highest temperature recommended for the material.

We saw that the care environment and patient equipment were clean and well maintained. We raised with staff the few minor exceptions we saw during our inspection and these were dealt with immediately. Staff cleaned equipment between each patient use. Suitable lapses of time were being left following any aerosol generating procedures, to allow rooms and equipment to air before anyone else entered to clean them.

Housekeeping staff had received training in COVID-19 risks and cleaning methods. They were carrying out general cleaning at least twice a day, in line with the hospice’s revised cleaning procedures.

During our observations of staff practice, we saw good compliance with hand hygiene. Appropriate hand hygiene facilities were available, including clinical hand wash basins with hand soap and paper towels, and alcohol-based hand rub dispensers were available throughout.

We saw that personal protective equipment was stored appropriately, close to where patient care was delivered. During our observations, we also saw good staff compliance with the use of this equipment, including facemasks, goggles, face visors, gloves and aprons. Specific respiratory face masks and other personal protective equipment was also available for staff when carrying out aerosol generating procedures.

An infection prevention and control audit programme was in place. We saw several recent audits for hand hygiene, safe disposal of waste and personal protective equipment. Summarised results from the audits were being shared with staff, along with a reminder of the standard expected and any actions required to improve compliance.
What needs to improve
We were told that sanitary fittings were being cleaned with a detergent and disinfectant spray. Health Protection Scotland’s *National Infection Prevention and Control Manual* states that sanitary fittings should be cleaned with a 1,000 parts per million (ppm) available chlorine solution (recommendation a).

While cleaning checklists were generally well completed, there were some sections where housekeeping staff had recently written notes about not having enough time to clean an area. Housekeeping staff told us they did not always have enough staff to complete every cleaning task and had escalated this. However, it was unclear who they had escalated it to. We spoke with senior managers and they were unaware. However, they assured us they would investigate housekeeping resources and take appropriate action to make sure cleaning tasks were always fully completed. We will follow this up at future inspections.

- No requirements.

**Recommendation a**
- The service should follow the guidance in Health Protection Scotland’s *National Infection and Control Manual* for the recommended product for cleaning sanitary fittings.

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**Our findings**

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

Patient care records showed that appropriate patient assessments had been carried out before patients were admitted to the hospice. COVID-19 pre-assessments should be recorded more consistently, to make the information easier for staff to find. Families praised the efforts made by staff to normalise their child’s care and treatment.

We looked at three electronic patient care records and saw that COVID-19 discussions were carried out with each family before admission. COVID-19 testing was requested for children being admitted to the service from a hospital. Children were admitted to a dedicated zone with its own bedroom and sitting area, with separate staff delegated to each child and family.

Visiting had been individually risk assessed for each child and family. Different options were available for visiting, depending on the assessment outcome. These included garden visits, ‘through-the-door’ visits and use of online interactions.
Families we spoke with praised the efforts made by staff to normalise their child’s care and treatment during the pandemic.

**What needs to improve**
While we saw COVID-19 pre-admission assessments had been recorded, they were filed under different headings in the patient care records. This made the information difficult to find. Information should be recorded in patient care records consistently, so that it is readily accessible to staff (recommendation b).

We noted that written COVID-19 guidance was not provided to children and their family before admission or during discharge. Providing written guidance would help ease any concerns parents may have about their child’s care and treatment during the pandemic (recommendation c).

- No requirements.

**Recommendation b**
- The service should ensure COVID-19 pre-assessments are recorded consistently in patient care records.

**Recommendation c**
- The service should ensure all families have adequate COVID-19 guidance and information before admission and during the discharge process.
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

Staff, patients and families were being well supported throughout the pandemic. A pandemic response team had been set up and a quality improvement focused approach was evident throughout. Staff told us they felt well supported by the senior leadership team and infection prevention and control team.

As part of its swift response to the pandemic, the children and families leadership team oversaw the way care and treatment in the hospice was provided, under the guidance of the clinical and care governance committee. The committee had developed a comprehensive ‘Routemap Through Pandemic Recovery’. This used Scottish Government guidance to direct the changes made to the way the hospice provided its treatment and care during the pandemic. It also ensured the service continued as normally as possible for the staff, patients and families.

From recent minutes of the clinical and care governance committee, we saw discussions taking place about how the routemap would be implemented.

A pandemic response team had also been set up to ensure appropriate support was provided to the wider staff group. From minutes, we saw discussions had taken place on ensuring patients and their families were protected, and how it would monitor the provider’s response to the pandemic and ensure access to resources. The team met every day, following senior leadership team meetings. This helped to ensure any decisions and updates from senior leadership team meetings were quickly and coherently cascaded to staff.

Information and updates were provided to staff using a COVID-19 guidance document and a ‘Speed Read’. This provided a concise summary of the key information for staff to understand and implement. Staff could use a special
email address to ask questions about the pandemic response and any changes being made. We also saw recent COVID-19 staff updates by the chief executive officer, to make sure staff were kept informed about changes in the hospice.

The hospice had developed a working relationship with a named contact at Health Protection Scotland. This gave senior managers direct access to consistent public health expertise and advice during the pandemic.

■ 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.

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<tr>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should follow the guidance in Health Protection Scotland’s <em>National Infection and Control Manual</em> for the recommended product for cleaning sanitary fittings (see page 14).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td>b The service should ensure COVID-19 pre-assessments are recorded consistently in patient care records (see page 15).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</td>
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<td>c The service should ensure all families have adequate COVID-19 guidance and information before admission and during the discharge process (see page 15).</td>
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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
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