Unannounced Focused Inspection Report: Independent Healthcare

**Service:** St Vincent’s Hospice, Johnstone  
**Service Provider:** St Vincent’s Hospice Ltd  
18 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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1  Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 23-24 October 2018

Requirement
The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

Action taken
Practicing privileges contracts were in place for staff. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 23-24 October 2018

Recommendation
The service should carry out an infection prevention and control management review of the day room and disused shower area.

Action taken
The disused shower area had been refurbished. The planned refurbishment of the day room was currently on hold due to the COVID-19 pandemic and a recent organisational restructure that had taken place. We will follow this up at future inspections.

Recommendation
The service should evaluate the impact of staff training and implementation of pressure ulcer assessment tools on patient care.

Action taken
In the electronic patient care records reviewed, we saw that each patient had a pressure ulcer assessment tool completed regularly from the day of admission. Staff told us they felt adequately trained in completing pressure ulcer assessments.
Recommendation

The service should implement a robust system to record and evaluate the impact of its improvement actions.

Action taken

Although the service had a quality improvement plan, it was not clear what improvement activities had been identified by the service, what actions and timescales were planned and no system was in place to evaluate the impact of its improvement actions. This is reported in Quality indicator 9.4 (see recommendation g).
2 A summary of our inspection

We carried out an unannounced inspection to St Vincent’s Hospice on Thursday 18 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 three inspectors.

As part of the inspection process, we ask services 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. As part of this inspection, a self-evaluation was not requested from the service.

What we found and inspection grades awarded

For St Vincent’s 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 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<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** | A number of measures were in place to minimise the risk of transmission of COVID-19 to staff and patients. However, we found a lack of governance and assurance structures to lead and support staff and patients during the current COVID-19 pandemic. | Unsatisfactory |
The following additional quality indicator was inspected against during this inspection.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records included comprehensive documentation of essential nursing and medical assessments carried out. However, COVID-19 risk assessments should be completed for all patients.</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 St Vincent’s Hospice Ltd to take after our inspection**

This inspection resulted in four requirements and seven recommendations. The 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

St Vincent’s Hospice Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at St Vincent’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

The environment was clean and in a good state of repair. Good supplies of personal protective equipment were available. Staff had a good understanding of the cleaning products to be used, and what and how cleaning should take place. Current Health Protection Scotland COVID-19 guidance should be followed at all times.

Patients were being cared for using either a red or green pathway. If one or more patients had either suspected or confirmed COVID-19 infection, they were cared for using the red pathway. The green pathway was used where there were no patients with suspected or confirmed COVID-19 infection. Staff reviewed the status of the inpatient unit every day. A visible colour indicator was placed on the main entrance to the unit to alert staff, patients and visitors. We saw that patients in the red pathway also had signage placed on their door to show that enhanced infection prevention and control precautions were in place.

All new admissions to the hospice were tested for COVID-19 within 24 hours of arrival. Patients were nursed in single ensuite rooms on the red pathway until the test result was returned as negative. Patients were not routinely tested for COVID-19 again, unless they became symptomatic.

Only essential visitors were permitted into the hospice, in line with national guidance. Visitors were restricted to two named visitors for each patient and family. Relatives could pre-book a visit, to last one hour. Staff told us that all visitors were verbally asked COVID-19 screening questions at the time of booking their visit and when they arrived at the hospice. The service told us that a check box was ticked in the ward diary against the relative’s name and time of
appointment to record that verbal COVID-19 screening checks had been completed. All visitor contact details were recorded in the hospice’s patient management system and would be available for test and trace, if required. During the inspection, we heard staff asking the COVID-19 screening questions during a telephone call. When patients and visitors arrived at the service, they were asked to enter the unit through a dedicated entrance and were asked to wear a surgical face mask and clean their hands using the alcohol-based hand rub. Visitors were supported to wear personal protective equipment when visiting their relatives, including a surgical face mask, apron and gloves. For patients being nursed in isolation, relatives were asked to also wear a face visor.

Measures had been put in place to help promote social distancing for staff. This included repurposing some areas to create additional staff changing areas and to increase office space. We also saw that some areas had signage to indicate the number of staff that could be in that area at one time. In general, where possible, we saw staff were observing social distancing.

Hand hygiene facilities were available, including alcohol-based hand rub and clinical hand wash sinks. Liquid soap, paper hand towels and appropriate clinical waste bins were located beside the sinks. We saw staff were carrying out hand hygiene appropriately.

Good supplies of personal protective equipment were available, including face masks, face visors, gloves and aprons. This was being stored safely and was located close to the point of care. Staff demonstrated good compliance with face masks, and with other items of personal protective equipment. Used personal protective equipment was being disposed of appropriately as clinical waste.

The environment was clean and in a good state of repair, which helped effective cleaning to take place. Staff could describe the correct cleaning products used and the national colour-coding system of cleaning equipment for the environment. Staff told us they had enough time and equipment to carry out their duties effectively and that they could escalate any concerns or outstanding tasks. High touch areas were being cleaned with the correct cleaning product twice a day.

We inspected a number of items of patient equipment including mattresses, bed frames, patient chairs and patient hoists. We found these to be clean and generally in good condition. We saw that nursing staff completed assurance checks of the cleanliness of the environment and equipment every month. Staff told us that they were using the nationally recommended product for cleaning equipment between patients.
Clean linen was being stored in a dedicated linen cupboard. All used linen was being treated as infectious and was being managed effectively and safely. Some linen and staff uniforms were being laundered on site, while bed sheets were taken off site to be laundered. The laundry was clean and tidy, and the service confirmed that uniforms and linen were laundered separately and at the recommended temperature, in line with national guidance.

A rolling programme of infection prevention and control audits was in place, including for hand hygiene and the use of personal protective equipment. We saw evidence of audits completed over the last year, with good compliance rates.

**What needs to improve**

The service did not have an infection prevention and control policy. The service told us that staff were using Health Protection Scotland’s *National Infection Prevention and Control* Manual. Only a limited range of COVID-19 policies and procedures had been developed describing the control measures that the service was taking to minimise the risks from COVID-19. For example, the service had developed a policy for testing patients for COVID-19, and a policy for the use of personal protective equipment. However, the policy for testing patients which described the red and green pathways was aligned to national hospital guidance rather than national hospice guidance (requirement 1).

Although we saw that appropriate measures were in place to minimise the risk of cross-infection, no documented COVID-19 risk assessment was in place. The service provided a copy of a ‘COVID-19 risk assessment’, which had been completed by an external company in August 2020. However, this document was in the format of an audit rather than a risk assessment. The audit had also been completed in line with national guidance for care homes rather than for hospices. A risk assessment should detail the identified risks and control measures that are in place to minimise the transmission of COVID-19 infection (recommendation a).

When we arrived at the hospice for our inspection, we were not asked to complete a COVID-19 screening questionnaire. We also saw no evidence of documented screening questionnaires completed for essential visitors to the inpatient unit (recommendation b).

Although the environment was generally tidy, two areas were being used for the storage of patient equipment. We saw that used linen awaiting uplift was being stored next to clean equipment in the bathroom. The day hospice dining room had been repurposed during the pandemic and was being used for storing equipment and ironing clean linen. These presented a risk of cross-infection. We
highlighted this to senior staff with the expectation that they will review storage. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

■ The provider must develop, implement and regularly review an infection prevention and control policy and procedures that are in line with current national guidance including Healthcare Improvement Scotland’s HAI Standards (2015) and Health Protection Scotland’s National Infection Prevention and Control Manual. Current national guidance for COVID-19 must also be taken into account.

Recommendation a

■ The service should ensure that all control measures in place for the management of COVID-19 are reflected in the service’s risk assessment documentation.

Recommendation b

■ The service should ensure that a documented COVID-19 screening questionnaire is completed for all visitors to the service.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included comprehensive documentation of essential nursing and medical assessments carried out. However, COVID-19 risk assessments should be completed for all patients.

We reviewed three electronic patient care records and found essential nursing and medical assessments were being thoroughly completed from the time of the patient’s admission to the hospice. This included assessments for nutrition, pressure ulcers and pain. Where relevant, we also saw anticipatory care documentation including the patient’s preferred place of care and preferred place of death. This included detailed, significant conversations with patients and their families over a period of time.

Consent to share information, such as with other relevant healthcare professionals, was documented in all three patient care records reviewed. We also saw evidence of verbal consent given by one patient before a procedure.

On the day of the inspection, the inpatient unit had three patients and three members of nursing staff on duty. We were shown the staff shift rota and saw
that numbers were consistent with three staff on duty on day shift and night shift. Staff we spoke with felt there was adequate staffing in place.

What needs to improve
Staff told us that patients were asked COVID-19 screening questions before, and on the day of, their admission. We saw that the electronic patient care record contained a questionnaire for staff to complete with patients. However, of the three patient care records reviewed, only one had a completed screening questionnaire (recommendation c).

We saw evidence of discussions taking place with patients before their admission to the hospice. However, there was no evidence that these discussions included information about the current restrictions in place due to the COVID-19 pandemic, such as the need to isolate in a single room, the testing and screening that would take place and visiting restrictions. These discussions should be recorded in the patient care records (recommendation d).

The service could consider producing a pre-admission information leaflet for patients and their families about COVID-19.

■ No requirements.

Recommendation c
■ The service should ensure that a documented COVID-19 screening questionnaire is completed for all patients before, and on the day of, their admission to the hospice.

Recommendation d
■ The service should ensure that all conversations with patients and families about COVID-19 restrictions in the service are documented in the patient care records.
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

A number of measures were in place to minimise the risk of transmission of COVID-19 to staff and patients. However, we found a lack of governance and assurance structures to lead and support staff and patients during the current COVID-19 pandemic.

An organisational restructuring of the service had recently taken place, mainly impacting non-clinical roles. We noted this had resulted in a number of administrative, fundraising and human resource staff vacancies. Outwith this restructuring, there had been changes to the senior management team over the course of the pandemic.

At the beginning of the government lockdown in March 2020, inpatient services were temporarily combined at another hospice site. Clinical services continued to be provided from the St Vincent’s site. This included telephone and face-to-face assessments, hospice community response visits and virtual services such as day hospice, patient and family support and counselling. This was to ensure that hospice services and patient care could be maintained with appropriate staffing levels. The inpatient unit at St Vincent’s Hospice reopened in July 2020.

We saw minutes from the service’s infection prevention and control meetings which were being held every 3 months. Any areas for improvement identified were reported to and discussed at the clinical governance meetings.

As a response to concerns about increased footfall in the inpatient unit, we were told that senior management walkrounds were put on hold.

Staff were tested twice a week for COVID-19. Any staff found to be positive were asked to self-isolate at home and seek a COVID-19 test through the
national system. At the time of the inspection, we were told that the majority of staff had received their first dose of the COVID-19 vaccination.

We saw evidence that the majority of staff had completed online NHS Education for Scotland (NES) infection prevention and control modules, and had been given the opportunity to watch videos about the correct use of personal protective equipment. Staff told us they had received COVID-19 updates by email or verbally from senior colleagues.

What needs to improve
Although we saw staff taking appropriate measures to keep staff and patients safe, we saw little evidence of enhanced leadership and governance arrangements in relation to how the service was managing COVID-19. For example, we found that the service was not keeping up to date and implementing current national guidance, such as national hospice-specific guidance published in January 2021. We noted that the service had developed and implemented a coronavirus action plan at the start of the pandemic. However, this has not been updated since October 2020 (requirement 2).

Healthcare Improvement Scotland’s notifications guidance is a list of specific events and circumstances which services are required to report to us. On the day of the inspection, we were told that a new service manager had been appointed and that one patient had tested positive for COVID-19. Healthcare Improvement Scotland had not been formally notified of either event. Following our inspection, the service submitted all retrospective notifications to Healthcare Improvement Scotland (requirement 3).

Locum GPs provided out-of-hours support to the hospice’s patients through a practicing privileges arrangement with the service. Staff with practicing privileges are not employed directly by the provider but given permission to work in the service. Although appropriate practicing privileges contracts were in place for staff, we did not find any evidence of a practicing privileges policy. This would help set out the service’s expectations for staff working under this arrangement and should detail the frequency of fitness to practice checks, Protecting Vulnerable Groups (PVG) updates and support arrangements (requirement 4).

From the two staff files we reviewed, we found that a COVID-19 staff risk assessment had only been completed for one staff member. This meant it was not clear how the service could show how specific risks for individual staff members had been identified and appropriate actions taken (recommendation e).
We saw no evidence of ongoing background and identity checks being completed for staff that had been granted practicing privileges, such as Disclosure Scotland background checks and indemnity insurance checks (recommendation f).

Although we saw the service’s quality improvement plan, no system was in place to evaluate the impact of its improvement actions (recommendation g).

**Requirement 2 – Timescale: immediate**
- The provider must review its governance and accountability arrangements to ensure senior members of the team help staff to drive forward the ongoing delivery of high quality, safe, person-centred care.

**Requirement 3 – Timescale: immediate**
- The provider must notify Healthcare Improvement Scotland of specific events that occur, as detailed in Healthcare Improvement Scotland’s notifications guidance.

**Requirement 4 – Timescale: immediate**
- The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities.

**Recommendation e**
- The service should carry out individual risk assessments for staff and review these on a regular basis to identify specific risk and actions required as a result of the COVID-19 pandemic.

**Recommendation f**
- The service should ensure that a system is in place to carry out and record ongoing checks of staff working in the service, including Disclosure Scotland background checks and indemnity insurance checks.

**Recommendation g**
- The service should implement a robust system to record and evaluate the impact of its improvement actions.
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>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
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| 1 | The provider must develop, implement and regularly review an infection prevention and control policy and procedures that are in line with current national guidance including Healthcare Improvement Scotland’s *HAI Standards* (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*. Current national guidance for COVID-19 must also be taken into account (see page 11).

Timescale – immediate

*Regulation 3(d)(i)*

_The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011_

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<th><strong>Recommendations</strong></th>
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</table>
| a | The service should ensure that all control measures in place for the management of COVID-19 are reflected in the service’s risk assessment documentation (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

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| **b** | The service should ensure that a documented COVID-19 screening questionnaire is completed for all visitors to the service (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **c** | The service should ensure that a documented COVID-19 screening questionnaire is completed for all patients before, and on the day of, their admission to the hospice (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **d** | The service should ensure that all conversations with patients and families about COVID-19 restrictions in the service are documented in the patient care records (see page 12).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

### Domain 9 – Quality improvement-focused leadership

**Requirements**

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| **2** | The provider must review its governance and accountability arrangements to ensure senior members of the team help staff to drive forward the ongoing delivery of high quality, safe, person-centred care (see page 15).  
Timescale – immediate  
*Regulation 2  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
### Domain 9 – Quality improvement-focused leadership (continued)

#### Requirements

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<th>Requirement</th>
<th>Description</th>
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| 3           | The provider must notify Healthcare Improvement Scotland of specific events that occur, as detailed in Healthcare Improvement Scotland’s notifications guidance (see page 15). Timescale – immediate  
*Regulation 5(1)(b)*  
*The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011* |
| 4           | The provider must develop and implement a practicing privileges policy for staff working in the service. This should set out the appropriate pre-employment safety checks in place and clearly identify individual responsibilities and accountabilities (see page 15). Timescale – immediate  
*Regulation 8(1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |

#### Recommendations

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<th>Description</th>
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| e              | The service should carry out individual risk assessments for staff and review these on a regular basis to identify specific risk and actions required as a result of the COVID-19 pandemic (see page 15).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| f              | The service should ensure that a system is in place to carry out and record ongoing checks of staff working in the service, including Disclosure Scotland background checks and indemnity insurance checks (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 3.14 |
## Domain 9 – Quality improvement-focused leadership (continued)

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

This was previously identified as a recommendation in the October 2018 inspection report for St Vincent’s Hospice.
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