Announced Focused Inspection Report: Independent Healthcare

Service: Strathcarron Hospice, Denny
Service Provider: Strathcarron Hospice

24 November 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
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 20-21 September 2016

Requirement
The provider must ensure compliance with the requirements of Health Protection Scotland’s National Infection Prevention and Control manual for thermal disinfection of linen.

Action taken
Thermal disinfection is required to minimise the risk of cross-infection to patients from laundered items. Processes were now in place to make sure thermal disinfection temperatures could be reached and held for the minimum time periods required for items such as sheets and towels. An automated dosing system had been installed in the laundry and a cleaning programme for the laundry equipment was in place. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 20-21 September 2016

Recommendation
The service should review and update its risk assessment for non-compliant clinical hand wash basins to ensure that adequate control measures are in place.

Action taken
We saw that a number of the clinical hand wash basins had now been upgraded to meet the current national guidance requirements. However, the planned refurbishment had been temporarily stopped due to the COVID-19 pandemic. Risk assessments for the remaining non-compliant sinks were up to date. We will continue to follow this up at future inspections.

What the service had done to meet the recommendation we made following a complaint investigation in January 2018

Recommendation
The service should ensure the adult with incapacity form is in place in patient care records where applicable. This should be completed and signed at time of decision making and uploaded onto the system.

Action taken
We saw that the hospice had now uploaded all relevant adults with incapacity information. This was now included in the patient care records, as appropriate.
2  A summary of our inspection

We carried out an announced inspection to Strathcarron Hospice on Tuesday 24 November 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 Strathcarron 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>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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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The infection prevention and control team and staff had worked hard to ensure a safe service continued during the pandemic while taking account of Health Protection Scotland and Scottish Government guidance. Appropriate COVID-19 risk assessments were being carried out and actions had been taken to minimise the risk of transmission. Staff were following standard infection control precautions, and the hospice’s environment and patient equipment were clean. The frequency of hand hygiene audits should be increased.</td>
<td>✓ ✓ Good</td>
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Healthcare Improvement Scotland Announced Focused Inspection Report
Strathcarron Hospice: 24 November 2020
### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

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<td>9.4 - Leadership of improvement and change</td>
<td>By responding quickly to the onset of the COVID-19 pandemic, the actions taken had helped ensure the service continued as normally as possible for patients, their families and staff. The senior management team met frequently to ensure the rapid changes in guidance were quickly and fully cascaded to all staff. Staff felt they worked well as a team and were well supported by the senior teams, and the infection prevention and control team.</td>
<td>✅ Good</td>
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The following additional quality indicator was inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

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<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patients were screened for COVID-19 before admission. However, patient care records did not always record this information, or any patient COVID-19 risk assessments carried out.</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 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 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

The infection prevention and control team and staff had worked hard to ensure a safe service continued during the pandemic while taking account of Health Protection Scotland and Scottish Government guidance. Appropriate COVID-19 risk assessments were being carried out and actions had been taken to minimise the risk of transmission. Staff were following standard infection control precautions, and the hospice’s environment and patient equipment were clean. The frequency of hand hygiene audits should be increased.

A dedicated infection prevention and control team was in place. We saw staff were following standard infection control precautions, such as hand hygiene and the use of personal protective equipment including face masks, aprons and gloves.

Cleaning schedules had been updated to take account of the enhanced cleaning that was now taking place. The environment was well organised and appeared clean. All 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 received training in COVID-19 precautions and cleaning in line with national guidance.

Staff we spoke with 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 describing the use of this cleaning product.
COVID-19 staff training had taken place, and information and guidance posters were displayed in staff changing rooms and on noticeboards in the inpatient unit. Infection prevention and control training and updates were carried out electronically. Staff were then expected to provide further evidence of research on infection prevention and control. Staff told us they felt well supported in their training by the senior management team.

We saw personal protective equipment was readily available, and we were told the hospice had not had any issues with the supply of this equipment. At the time of inspection, no patients required isolation for COVID-19. However, staff were able to describe what additional measures and actions they would take when this was needed.

Aerosol generating procedures present an increased risk of cross-infection to the environment, due to the fine spray of air or water they generate. Patients who needed care involving aerosol generating procedures had initially not been admitted to the service. However, as the service adapted to working within the current restrictions, a programme of mask fit testing had begun to make sure these procedures could be carried out safely. Priority was being given to medical staff and the community nursing team. Some staff in the inpatient unit had been fitted for the appropriate fluid resistant surgical face masks. We also saw a supply of ‘Tornado’ hoods (specialist battery-powered respiratory hoods with visors) was also available, and training in how to use these had taken place. We were told that two staff members had been trained in mask fit testing. Health Protection Scotland could also provide fitting if required.

The senior management and nursing teams had worked together to consider what changes could be made to the ward environment to help reduce the risk of infection. For example, large bed screens had been removed from single patient rooms to remove unnecessary clutter, as other methods could be used to maintain the patient’s privacy and dignity.

Several risk assessments had been carried out and actions taken to minimise the risk of transmission of COVID-19. The provider’s operational risk register detailed all the high level risks for the service and included a brief summary of ongoing actions being taken to reduce the risks. This register was clear, easy to follow and regularly updated.
New policies and standard operating procedures had been developed, and existing ones had been updated, to reflect the risks identified in the risk assessment. These aligned closely with Health Protection Scotland’s *National Infection Prevention and Control Manual*. 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 practices.

The lead for infection control and the link nurses for hand hygiene delivered hand hygiene training to staff as part of an annual training programme. Staff objectives in personal development plans included completing both practical and online hand hygiene training. Hand hygiene posters were displayed throughout the hospice. Staff we spoke with were confident that good compliance with hand hygiene was maintained.

**What needs to improve**
We noted that the infection prevention and control monthly audits did not include hand hygiene compliance. Hand hygiene audits were only taking place once a year. The senior charge nurse told us that hand hygiene compliance would be incorporated into the monthly infection prevention and control monitoring (recommendation a).

We saw that one clinical hand wash basin in the inpatient unit was not easily accessible due to the proximity of other items of equipment. This meant that staff were not able to wash their hands at the point of patient care. This was highlighted to senior staff at the time of inspection and the area was cleared.

- No requirements.

**Recommendation a**
- The service should review the frequency of hand hygiene monitoring to ensure good compliance with hand hygiene practice.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients were screened for COVID-19 before admission. However, patient care records did not always record this information, or any patient COVID-19 risk assessments carried out.

Following referral to the hospice, patients were sent a letter by the clinical nurse specialists which detailed the COVID-19 precautions that would need to be in place during the initial home visit.

On admission to the hospice, all patients were screened for COVID-19 symptoms. Following advice from Health Protection Scotland, any patients with symptoms were nursed in isolation with appropriate control measures in place, such as allocating dedicated groups of staff to maintain consistency of care and to limit any risks of spread.

If patients were symptom free of COVID-19 on their admission to the hospice, there was the opportunity for them to choose to share a room with other patients. However, this was risk assessed regularly.

We reviewed five electronic patient care records and saw that comprehensive assessments and consultations were carried out before treatment started. They included:

- record of COVID-19 testing and result, and
- consent to treatment and sharing of information.

All visits to the hospice were risk assessed. Visits were booked through reception. 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 obtained.

What needs to improve

Although we were told that patients were screened for COVID-19 symptoms before admission, this was not formally recorded in the patient care records. There was also no record of COVID-19 risk assessments. The senior management team assured us this would be addressed in line with best practice for good record keeping (recommendation b).
No requirements.

**Recommendation b**

- The service should ensure that patient care records contain details of pre-admission COVID-19 patient screening and patient risk assessments.
**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**

By responding quickly to the onset of the COVID-19 pandemic, the actions taken had helped ensure the service continued as normally as possible for patients, their families and staff. The senior management team met frequently to ensure the rapid changes in guidance were quickly and fully cascaded to all staff. Staff felt they worked well as a team and were well supported by the senior teams, and the infection prevention and control team.

The senior management team oversaw the way that care and treatment in the hospice was adapted and developed due to the pandemic. The team met frequently and ensured staff were kept up to date with current guidance and ways of working to keep themselves, patients and their families safe. Safety huddles were held twice a day to provide staff with the latest information and updates. Staff noticeboards in the changing areas and in the inpatient unit were updated frequently.

The hospice’s director of nursing chaired the infection prevention and control committee. This committee included:

- ward manager
- day care manager
- team leader/infection control link nurse
- infection control link nurse
- domestic team leader
- consultant microbiologist from NHS Forth Valley, and
- infection control nurse from NHS Forth Valley.
The infection prevention and control committee was responsible for the governance of infection prevention and control in the hospice. This included reviewing the results from the infection prevention and control audits that were carried out each month. We were told that staff were given protected time to carry out this monthly monitoring.

Staff had been risk assessed to identify where and how they could safely work. We saw that policies were developed in line with ensuring safe spaces for non-clinical staff and for staff working from home. Staff told us they were clear about what they should do if they develop symptoms of COVID-19 or be required to self-isolate.

Despite the significant challenges the hospice was facing due to the pandemic, we saw that staff from the day service had established innovative ways to maintain support for their patients. Following consultation with patients, staff were offering online patient and peer support sessions. For patients who may not be able to access the internet, as well as those who may require symptom management advice or emotional support, staff were providing telephone support.

The hospice had also made significant progress in delivering online training to community healthcare professionals. For example, one online resource allowed services to build a training community with other services. The hospice had established a training network with eight care homes helping staff to learn from each other on a range of health and social care related topics such as managing end-of-life care.

The provider had sought additional support from the local NHS board’s infection prevention and control team and kept in contact with the local Health Protection Scotland team. This gave senior managers direct access to consistent public health, and infection prevention and control, 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.

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

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<tr>
<td><strong>a</strong> The service should review the frequency of hand hygiene monitoring to ensure good compliance with hand hygiene practice (see page 10).</td>
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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 4.11

| b The service should ensure that patient care records contain details of pre-admission COVID-19 patient screening and patient risk assessments (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
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