

Unannounced Inspection Report: Independent Healthcare

**The Prince & Princess of Wales Hospice | The Prince & Princess of Wales Hospice |
Glasgow**

9–10 November 2015

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 contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2016

First published January 2016

The publication is copyright to Healthcare Improvement Scotland. All or part of this publication may be reproduced, free of charge in any format or medium provided it is not for commercial gain. The text may not be changed and must be acknowledged as Healthcare Improvement Scotland copyright with the document's date and title specified. Photographic images contained within this report cannot be reproduced without the permission of Healthcare Improvement Scotland.

This report was prepared and published by Healthcare Improvement Scotland.

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	Progress since our last inspection	7
<hr/>		
3	What we found during this inspection	9
<hr/>		
	Appendix 1 – Requirements and recommendations	22
	Appendix 2 – Grading history	23
	Appendix 3 – Who we are and what we do	24
	Appendix 4 – How our inspection process works	26
	Appendix 5 – Inspection process flow chart	28
	Appendix 6 – Details of inspection	29
	Appendix 7 – Terms we use in this report	30
<hr/>		

1 A summary of our inspection

About the service we inspected

The Prince & Princess of Wales Hospice, Glasgow, is a charity which offers a specialist palliative care service.

People can use the hospice in a number of ways. They can:

- visit the day care service
- visit the symptom control clinic
- receive visits from specialist nurses to their home, or
- be admitted to the hospice inpatient unit.

The hospice has 14 inpatient beds with single and shared rooms and a day care service for a maximum of 20 people each day. There is also a room for the Butterfly scheme. This scheme helps children to cope with bereavement.

The day care service is situated on the ground floor and has a range of facilities, including therapy rooms, a dining area and lounge areas.

The hospice accepts referrals from hospital consultants, GPs or any healthcare professional, with consent of the appropriate doctor managing the patient's care.

The hospice aims 'to provide high quality clinical, emotional, social and spiritual care for patients who have a progressive, life-threatening illness and support for those who care for them'. Family support is available through the family support services team.

At the time of inspection, plans and a large fundraising effort were well under way to fund the rebuilding of the hospice in the grounds of Bellahouston Park. It is anticipated the new build will be completed in 2017.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to The Prince & Princess of Wales Hospice on Monday 9 and Tuesday 10 November 2015.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

- Quality Theme 0 – Quality of information: 6 - Excellent**
- Quality Theme 1 – Quality of care and support: 5 - Very good**
- Quality Theme 2 – Quality of environment: 5 - Very good**
- Quality Theme 3 – Quality of staffing: 6 - Excellent**
- Quality Theme 4 – Quality of management and leadership: 6 - Excellent**

The grading history for The Prince & Princess of Wales Hospice can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events
- the previous inspection report of 27–28 January 2014, and
- the website.

During the inspection, we gathered information from a variety of sources. This included:

- the audit plan and action plans
- checking systems for registration verification
- cleaning schedules
- information leaflets about the service
- maintenance records
- policies and procedures
- sampling five staff files and two volunteer files
- sampling five patient care records
- the strategic plan, and
- induction resources.

We spoke with a number of people during the inspection, including:

- the chief executive
- the director of clinical services
- the lead consultant (also the Caldicott Guardian)
- the director of human resources and volunteer services
- the senior nurse manager
- the clinical governance co-ordinator
- the pharmacist
- the inpatient unit senior charge nurse
- the inpatient unit deputy charge nurse
- staff nurses

- healthcare assistants
- the clinical educator
- the senior clinical administrator
- the support service manager
- the maintenance supervisor
- one domestic
- three inpatient unit patients
- one day care services patient, and
- one relative.

We viewed the following areas:

- administration areas
- day care service
- inpatient ward, toilets and bathrooms
- lounges
- reception area
- complementary therapy rooms
- physiotherapy room, and the
- Butterfly room.

What the service did well

- The service had excellent quality assurance systems and processes that involved service users, carers and staff to assess the quality of service.
- The service had thorough systems in place to manage clinical and non-clinical equipment.

What the service could do better

- The Prince & Princess of Wales Hospice should improve the system and process for recording medicines reconciliation.
- The Prince & Princess of Wales Hospice should develop the infection control audit plan to include other standard infection control precautions, such as waste and linen management.

This inspection resulted in no requirements and four recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff, volunteers and patients at The Prince & Princess of Wales Hospice for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 27–28 January 2014

Requirement

The provider must have records that demonstrate follow-up investigation on serious incidents and accidents, to ensure learning and action to prevent or minimise recurrence of incidents and accidents.

Action taken

We saw that the service had reviewed all its procedures for accident and incident reporting including the accident and incident reporting policy. All the reporting forms had been reviewed and staff had been trained on the new incident reporting policy and procedures.

This requirement is met.

Requirement

The provider must develop an adult support and protection policy with training for staff in recognising and referring adult protection concerns. This must be implemented and notification made to Healthcare Improvement Scotland of any incidents of allegations of abuse.

Action taken

We saw that the service had implemented a Protecting and supporting adults at risk of harm policy. Staff had received training on adult support and protection which also included child safety. The training introduced staff to adult support and protection procedures, made use of case studies and scenarios, and covered staff responsibilities. A safeguarding practice development group met every 2 months and Healthcare Improvement Scotland had received the appropriate notifications in relation to adult support and protection concerns. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 27–28 January 2014

Recommendation

The Prince & Princess of Wales Hospice should complete a formal participation strategy and include methods of providing feedback on the results obtained from consultations. This would set out a clear process to follow when consulting with, or asking for feedback from, patients and their relatives.

Action taken

The service had developed a participation strategy which outlined the different approaches taken by the hospice to respond to feedback received. This is discussed further under Quality Statement 1.1. **This recommendation is met.**

Recommendation

We recommend that The Prince & Princess of Wales Hospice should develop care plan records to be more reflective of individual preferences for care and ensure that care plans are produced and agreed to document care.

Action taken

The service used an electronic patient care record system. We saw care plan records documenting patients' wishes, for example:

- their preferred place of death
- things they wish to achieve, and
- things they like to do.

As the service had been using the electronic system for a while, they had gradually added additional functions which now made the system more complicated than necessary. For example, the information on personal preferences was being held in different sections of the system. The service was aware this needed to be improved and was actively working to improve this. **This recommendation is met.**

Recommendation

We recommend that The Prince & Princess of Wales Hospice should ensure that the policy and practice relating to the storage of patients' personal belongings and valuables is reviewed.

Action taken

The service had reviewed and updated its policy relating to the storage of patients' personal belongings and valuables. A safe had been placed in a locked area of the inpatient unit. **This recommendation is met.**

Recommendation

We recommend that The Prince & Princess of Wales Hospice should develop an audit programme with defined frequencies to monitor and improve key areas of practice, including:

- completing patient care records
- medication records
- follow-up to incidents and accidents, and
- infection control.

Action taken

The service had developed an annual audit plan that included core audits for patient safety with defined frequencies. This is discussed further under Quality Statement 4.4. **This recommendation is met.**

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent

We inspected five patient records on the electronic patient care record system and found they all contained consents to care and treatment. The consents covered:

- palliative care
- blood transfusion
- physiotherapy
- occupational therapy
- family support
- complementary therapy, and
- therapeutic activities.

We saw the consent to treatment policy had been reviewed in August 2014 and an audit of compliance of documenting consents on the electronic system had also taken place. Do not attempt cardiopulmonary resuscitation (DNACPR) decisions were clearly recorded and the electronic system had been customised to alert staff to these decisions each time they looked at individual records.

The public partner spoke with patients and all said they had been fully involved in discussions about their plans of care which helped them to understand their care and treatment.

- No requirements.
- No recommendations.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 6 - Excellent

The service's lead consultant is the Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing. The Caldicott Guardian had good links with NHS Greater Glasgow and Clyde for advice and support on information governance. The service had plans for the Caldicott Guardian to have an input into the mandatory training for next year. We saw specific guidance issued to staff on the secure use of email and the service also had a data protection officer.

The service had a confidentiality policy which was reviewed in September 2015. This included comprehensive information for staff on:

- duty of maintaining confidentiality
- responsibilities and accountability
- what is confidential information
- acting on duties
- disclosing information, and
- gaining consent for sharing information.

Confidentiality is a topic covered during staff induction. We saw the induction workbook included information on confidentiality, information technology and data protection. Staff sign the workbook to confirm that they understand the information and it is then initialled by their manager. The staff handbook and staff contracts contained a section on data protection and confidentiality. Volunteers received guidelines on confidentiality and this was also contained within the volunteer agreement forms.

Patients were given a leaflet called 'Confidentiality and your health records'. This included information for the patient on how to access their health records. The patient booklet also contained information on confidentiality. We inspected five patient care records and saw that all the patients had consent recorded for sharing information.

We spoke to staff about their awareness of the need for confidentiality and how they guarded against disclosing personal information inappropriately. All the staff interviewed talked confidently about their duties to protect patient information. This included, for example, how to deal with telephone callers asking for information about patients.

We found the system for electronic patient care records was secure and required staff to have individual user identification and passwords to access it.

We found the arrangements for storing and archiving patients' paper files were secure and organised. The service had several large, locking filing cabinets in the clinical administration office for files still in use and a locked room specifically for archiving files for up to 6 years.

The service had a contract with a local storage company for archiving older files. When the files were due for destruction, they were brought back to the service and another company shredded the information on site.

At the time of inspection, the management of information policy was under review as the service's clinical department had conducted a self-assessment exercise about data protection within the hospice. This assessment was with the service's information governance group to assess the likelihood of confidentiality breaches in the service. The self-assessment looked at data breaches and the clinical department considered categorising these at low, medium or high risk. The policy will be revised depending on the findings of this self-assessment.

Area for improvement

The information governance group should progress with assessing the self-assessment in order to update the management of information policy and inform staff of any changes.

- No requirements.
- No recommendations.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent

We found that patients and their relatives were routinely involved in evaluating and developing the services provided.

The hospice's strategy, Vision & Values 2 (2013-2018) includes participation as a key principle to achieve the hospice's goals. A participation implementation group was formed and the group developed a participation strategy in September 2014. This outlined the approaches to be used to encourage participation of patients, their families and the wider community. The group had produced an action plan to take forward the strategy.

We found evidence that the views of patients and relatives were being sought using a variety of methods. Questionnaires were used and these included questions about:

- services provided
- facilities available
- staff attitude
- quality of care, and
- hospice environment.

The questionnaires were available on the hospice website and the results gathered electronically.

Leaflets were available that ask for comments, suggestions or complaints about the service. The leaflets and a collection box for responses were kept in several patient and visitor areas throughout the hospice. The chief executive read any responses and took action as required.

We saw that feedback from patients and families was regularly obtained as part of the Caring Behaviours Assurance System (CBAS). This is an approach to assuring the quality of caring and compassion and is adaptable for use by staff in all health and social care settings (see Quality Statement 3.4 for more information) and looks at the:

- environment
- quality of care, and
- support, staffing and management.

We saw evidence that the service consulted with patients, service users and carers on the core values of the hospice as part of its values implementation work. This was achieved using:

- online questionnaires
- patients' cards
- values walls, and
- tablecloths in the cafe and day care services.

We saw information and feedback received from patients and families, and the hospice team's response was displayed in:

- the day care services
- the cafe, and
- the inpatient unit in a 'You said, Our response' format.

This information identified the issues raised and how they had been dealt with. For example, we saw feedback from a patient about discharge and how that might be improved, which had led to a review of the discharge processes.

In collaboration with patients' families and other services users, the carers group had been involved in the development of two new leaflets: 'What is hospice care' and 'Hospice information for patients and families'. These were now being used for patients.

The service had held a public open day in October 2014, in conjunction with national hospice care week, to promote the service and feedback from the event was gathered. The service planned to hold an open day to gather feedback from professional stakeholders.

The hospice had done a lot of work to engage the wider community such as:

- ethnic communities
- people with learning disabilities, and
- those affected with homelessness.

This included the service being involved in local and national events and ensuring that information about the hospice was provided in different languages and in a suitable format.

We also saw, from patient care records, that patients were fully involved in the assessment, planning and review of their care needs. The patients we spoke with said they felt fully involved in any decisions made. For example, one patient said:

- 'Fully involved in all my care, it is an amazing place, can't thank them enough.'
- No requirements.
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user's journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

The service has a good governance structure in place for medicines. The hospice had a service level agreement with NHS Greater Glasgow and Clyde for pharmacy support. The service had on site:

- a clinical pharmacist

- a pharmacy technician
- a pharmacy technician assistant, and
- an accountable officer for controlled drugs.

We saw minutes of medicines management group meetings and risk management meetings held every 3 months. We saw evidence that these were reported into the clinical governance structure of the hospice.

We spoke with the clinical pharmacist and saw that a comprehensive medicines policy was in place. We saw that further development was taking place around the management of systemic anti-cancer treatment (SACT). We also spoke with nursing staff who were able to describe the processes for ordering, storage, administration and safe disposal of medicines.

The clinical pharmacist had an overview of the prescribing practices and checked prescriptions to make sure medicines have been prescribed appropriately.

We looked at six prescription sheets during the inspection. We found that all the prescriptions had:

- the person's name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been completed fully.

We spoke with the education facilitator who was able to discuss the competency training package for nurses. This training, when complete, allowed them to carry out 'single-nurse drug administration' which means they can administer some medications on their own. The training included:

- a period of study practice
- a self-assessment, and
- an observational assessment by an assessor.

Registered staff attend medicines update days every 2 years and all had recently completed an online module on medicines reconciliation. Staff were able to show us the process for medication errors and how that was reported and managed at the medication incidents meeting. Staff we spoke with were happy with the amount of training and education provided.

The hospice had introduced an audit of omitted doses to reduce the incidence of drug omissions in response to medicines incident data.

Patients we spoke with told us they had discussions with their consultant and said they were fully informed about the medications they were taking and why. For example, one patient said: 'It's been really good, fabulous, see the doctor every day and the nurses are great. I can ask about my medicines and get an explanation.'

The hospice used the NHS Greater Glasgow and Clyde patient medication guide on discharge to help patients organise and understand the medicines they need to take. This document was updated if any changes were made in the community.

Areas for improvement

The service had moved over to an electronic patient care record system. Previously, the service had used the medication administration record to record medicines reconciliation. This information was now being recorded electronically. When we checked the patient care records, we noted the information was being recorded in different parts of the care record and not all of the records had information recorded. The system and process for recording medicines reconciliation should be improved (see recommendation a).

We saw that staff undergo observation of their practice when they are administering medication as part of their initial training, but this is not repeated. It is good practice to periodically observe staff practice when administering medication to ensure they are doing so safely (see recommendation b).

The hospice pharmacist had designed a medicines compliance auditing tool for inpatient unit drug prescription charts. This was to be carried out at least once a month and will be good practice when implemented.

- No requirements.

Recommendation a

- We recommend that the service should improve the system for recording medicines reconciliation.

Recommendation b

- We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Quality Theme 2 – Quality of environment

Quality Statement 2.3

We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: Grade 6 - Excellent

We saw that the service had thorough systems in place to manage clinical and non-clinical equipment.

We spoke with the facilities manager and maintenance manager who showed us the service records for clinical and non-clinical equipment, including the equipment serviced by outside contractors. They showed us the process for reporting and recording issues with equipment and how that was dealt with each day. All staff we spoke with knew how to report issues with equipment. A timetable was in place to make sure checks were carried out routinely. These included servicing security systems, fire systems and clinical equipment with medical physics at Glasgow Royal Infirmary. We saw that equipment servicing was up to date.

The ward manager showed us the system for syringe drivers (a syringe driver is a small pump which releases a dose of painkiller at a constant rate) and how the maintenance and servicing was managed. Nursing staff showed us how routine safety checks of equipment

were carried out. We carried out spot checks on a sample of equipment. This included patient lifting equipment and a vital observations monitor. We saw that they were serviced and checked. We also noted that nurse call bells were checked and recorded during bed space cleaning.

The service currently used a paper-based system for managing the service records of clinical and non-clinical equipment. However the service had plans to move to an electronic system when they move to the new building. This would allow them to have an electronic assets register and asset tagging which would allow easy identification and tracking of equipment for maintenance and repair.

- No requirements.
- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good

The hospice had an infection control policy which referenced Health Protection's Scotland, National Infection, Prevention and Control Manual as well as adopting the NHS Greater Glasgow and Clyde infection control manual. Staff were able to show us where this information was accessed.

We saw minutes of the infection control working group which is a subgroup of the health and safety committee. Infection control was also reported at the risk management group. We saw that the infection control working group recently undertook a self-assessment Healthcare Improvement Scotland's Healthcare Associated Infections Standards (February 2015). Results of the self-assessment were being used to inform infection control action plans.

Walking round the hospice, we saw that the service was well maintained and free from hazards. We saw good infection control signage and good access to alcohol gel for visitors and staff for decontaminating their hands.

We spoke with the support services manager who was able to show us domestic cleaning schedules and how the process was managed. We spoke with domestic staff who confirmed the process for managing cleaning within the hospice.

We spoke with nursing staff who were able to show us clinical cleaning schedules and were able to describe how this was managed. We saw bed space cleaning checklists which detailed the cleaning required after a patient was discharged.

We looked at a number of different pieces of equipment, including patient lifting equipment, baths, commodes and vital signs monitor, and saw that they were all clean. We saw evidence that an environmental audit was carried out in June 2015.

We spoke with the education facilitator who was able to describe staff training. All staff had infection control training as part of their annual mandatory face-to-face training. Clinical staff also completed an online module and staff we spoke with were able to confirm this. The hospice was also in the process of rolling out the cleanliness champions' programme for clinical staff which was being taken forward by the senior nurse manager.

The infection control working group had been reviewing a variety of audit tools for the audit of hand hygiene to monitor compliance with hand hygiene opportunities. These will be used to inform the service's infection control audit programme in 2015.

Flu vaccination was offered to all staff, particularly those staff with patient contact, as part of an annual flu vaccination programme in conjunction with NHS Greater Glasgow and Clyde's occupational health department.

We saw evidence of water risk-assessments and Legionella testing taking place.

All patients we spoke with rated the cleanliness of the hospice as very high and commented:

- 'They Hoover twice a day.'
- 'They never stop cleaning.'
- 'The toilets are spotless.'

Areas for improvement

We saw that there was no suitable hand wash facility available in the domestics' cupboard and that many of the clinical hand wash basins were not compliant with current standards. It would be advisable for the service to carry out a risk-based assessment of all the hand wash basins and put in place an action plan to replace them or minimise risk until the service moved to the new building (see recommendation c).

Although the infection control working group was about to start the hand hygiene audits, no other standard infection control precautions (SICPs) audits were planned. The infection control audit plan should be developed to include other SICPs such as waste and linen management (see recommendation d).

- No requirements.

Recommendation c

- We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards, should be used with an appropriate risk assessment or replaced in line with a risk-based plan that takes into account the use of the basin, its design and the current plans to develop a new building for the hospice.

Recommendation d

- We recommend that the service should carry out a rolling programme of infection control audits to ensure patients are receiving the best possible care.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 6 - Excellent

The service had a robust recruitment and retention policy in place. We reviewed the staff files of five staff and two volunteers. We found that all staff files contained:

- a job description
- an application form
- interview notes
- a health declaration form
- two references
- a professional registration information from the Nursing and Midwifery Council (NMC) or the Health Professions Council (HPC) if required, and
- copies of any qualifications.

All staff had a completed application checklist on the front of their file. We saw that the Protecting Vulnerable Groups (PVG) Scheme's Disclosure Scotland numbers were kept in a separate electronic record.

All staff were given a staff handbook and undertook comprehensive induction and mentorship training programmes specific to their staff role, which covered:

- health and safety
- fire awareness
- communication
- understanding palliative care
- moving and handling
- infection control, and
- any role-specific mandatory training.

All new staff met with the chief executive for a coffee as part of their introduction to the service.

We saw that the registrations for nurses, allied health professionals and doctors were checked and recorded, using online verification systems where possible. A system was in place to check these every month. At time of the inspection, the service was about to complete its retrospective PVG checks and only had four staff to check.

- No requirements.
- No recommendations.

Quality Statement 3.4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 6 - Excellent

Staff in the service had an excellent ethos of respect towards patients and each other. This came through very strongly when we interviewed staff and patients. Patients told us:

- 'I haven't had a bad experience here, not one.'
- 'When I came in here, I felt calm right away.'
- 'These are genuine people (the staff), all of them.'
- 'It's a happy place to be.'

Staff told us how much they enjoyed working in the service. They felt listened to, well supported and said that communication throughout the hospice was excellent. We heard that information on any new service developments was given to staff in a variety of ways, for example:

- on information boards in the ward
- in the staff duty room
- at ward handovers, and
- issued with payslips.

The staff and volunteer handbooks contained the service mission statements and outlined the expected code of conduct which included respect. Staff told us:

- 'It's a lovely place to work.'
- 'The in-house training is very thorough.'
- 'I couldn't be better supported.'

The service was in the process of implementing the Caring Behaviour Assurance System commissioned by the Chief Nurse for NHSScotland. The system supports staff to identify behaviours that are consistent with service values and provides a framework for staff to collect evidence of their behaviours and the behaviour of their colleagues. Some staff we spoke with had been involved with this and they all said that they had a chance to speak about the core values of the service. Staff said that part of the system was to experience aspects of care from the patient and visitors' perspective. For example, being brought into the service on an ambulance trolley or trying out the art therapy. Staff told us that these had been very powerful experiences and gave them a greater insight into how patients and visitors might feel.

Staff told us that the system supported them to learn about the different parts of the service and how they function. They had greatly appreciated this and felt they had been encouraged to be more proactive in all areas of the service.

The service had a dignity at work policy which included:

- a definition of dignity
- how the hospice promoted dignity, and

- what the service expected from staff and volunteers.

Staff completed a dignity and person-centred care workbook and we saw details of the training session on dignity.

The service was awarded the Investors in People Award at gold level in 2011 and is working towards achieving the gold level of the Healthy Working Lives Award next year. The service had a health promotion group for staff and volunteers, and its aims and objectives were:

- promote good health and wellbeing for all staff and volunteers
- organise two main health events and 12 monthly information campaigns, and
- work within the healthy working lives framework.

We saw evidence of the health promotion work that had taken place, including:

- migraine awareness
- complementary therapy tasters
- a yoga class, and
- a day out to Millport, focusing on cycling and walking.
 - No requirements.
 - No recommendations.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2

We involve our workforce in determining the direction and future objectives of the service.

Grade awarded for this statement: 6 - Excellent

The service was excellent at involving its workforce and we saw that a consultation process had taken place. Service values had been developed and agreed with the input of staff, volunteers, patients and families, and had been presented to the Board of directors in March 2015. The values were:

- care and compassion
- feeling valued as part of the hospice team
- fairness and integrity
- dignity and respect, and
- striving for excellence.

Ward meetings took place every month and staff were invited to contribute to the agenda. Ward staff at all levels told us they had the opportunity to attend the multidisciplinary team meetings to discuss patient care.

Staff spoke specifically about the plans for the new build and said they were invited to all of the meetings and had been able to contribute to ideas about its development.

We saw examples of the clinical services management meeting minutes. These had a feedback session recorded at the end of each meeting called 'appreciation shown'. This session was where staff gave thanks to each other for specific things they had done in the service that had been appreciated by their colleagues.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 6 - Excellent

The service submitted a highly detailed and comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed itself against the quality themes and National Care Standards. We found excellent information on quality assurance that we were able to verify during our inspection.

We saw that the service had an annual audit plan in place which looked at the audits planned for 2015-2016. The following core audits for patient safety are conducted every year:

- falls prevention
- pressure ulcer prevention
- medicines safety, and
- infection prevention and control.

The service's clinical governance co-ordinator closely monitored the audit plan. The clinical governance group met every 2 months and set priorities for audits, assessed audit findings and decided on action plans. Each audit was registered using a 'clinical effectiveness project registration form' and given a project registration number. The clinical governance co-ordinator kept an electronic spreadsheet of all audits and liaised with the person leading the audit to track progress and make sure the timescales were met. Over and above the core audits, we saw that the plan also had details of the other audits that were taking place. For example, an audit of the quality of the patient assessment and care plan documentation in the inpatient unit, and of accident and incident recording.

The service audited all new developments, and patient and carer experience was sought as part of this process. This is helped by the Caring Behaviours Assurance System which involves patients, families, staff and stakeholders to assess the quality of the service. For example, patients and carers were asked how they felt about:

- service information
- care and support received
- the environment
- staff and volunteers, and
- how the management of care was organised.

We saw that the service was also using 'emotional touchpoints' to get in-depth feedback from family members. This is a recognised technique which helps to get in-depth feedback from people who use the service by enabling them to talk in detail about how they feel about aspects of the service. We saw examples of 'caring walks' and patient and family conversations that had taken place and the action plan to address the findings. We also saw the changes the service had made as a result of these findings. For example:

- more information in other languages in the reception, and
- plans to have an information board that displays photographs of the staff that the patients will see every day.

The changes to the ward staffing structure had also been influenced by feedback from patients and carers.

- 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 Act, 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.

Quality Statement 1.4

Requirements

None

Recommendations

We recommend that the service should:

- a** improve the system for recording medicines reconciliation (see page 14).
National Care Standards – Hospice Care (Standard 8.1 – Medicines)
- b** undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely (see page 14).
National Care Standards – Hospice Care (Standard 8.1 – Medicines)

Quality Statement 2.4

Requirements

None

Recommendations

We recommend that the service should:

- c** identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be used with an appropriate risk assessment or replaced in line with a risk-based plan that takes into account the use of the basin, its design and the current plans to develop a new building for the hospice (see page 17).
National Care Standards – Hospice Care (Standard 7.3 – Infection control)
- d** carry out a rolling programme of infection control audits as a tool to ensure patients are receiving the best possible care (see page number 17).
National Care Standards – Hospice Care (Standard 7.1 – Infection control)

Appendix 2 – Grading history

Inspection date	Quality of information	Quality of care and support	Quality of environment	Quality of staffing	Quality of management and leadership
09/02/2012	Not assessed	6 - Excellent	6 - Excellent	Not assessed	Not assessed
27–28/01/2014	6 - Excellent	5 - Very good	6 - Excellent	6 - Excellent	5 - Very good

Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net

Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the service provider **will not be given any advance warning** of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.

For example:

Quality Theme 1 – Quality of care and support: 4 - Good

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 5 – Inspection process flow chart

We follow a number of stages in our inspection process.



Appendix 6 – Details of inspection

The inspection to **The Prince & Princess of Wales Hospice** was conducted on **Monday 9 to Tuesday 10 November 2015**.

The inspection team was made up of the following members:

Julie Miller
Lead Inspector

Winifred McLure
Inspector

Stella MacPherson
Public Partner

Appendix 7 – Terms we use in this report

Terms and explanation

- provider** A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.
- service** A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



Edinburgh Office

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Phone: 0131 623 4300

Glasgow Office

Delta House
50 West Nile Street
Glasgow
G1 2NP

Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.