

Unannounced Focused Inspection Report: Independent Healthcare

Service: Ayrshire Hospice, Ayr

Service Provider: Ayrshire Hospice Ltd

18 February 2021

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First published April 2021

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 5 June 2019

Recommendation

The service should create an audit system that is consistent and offers assurance, is sustainable and leads to improvements.

Action taken

An audit programme had been introduced that covered the key clinical audits carried out in the service, such as the monitoring of controlled drug errors. We saw evidence of improvements being made as a result of audit, for example staff education. Summary results and actions were gathered on a spreadsheet that was reported to the clinical governance group.

Recommendation

The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks.

Action taken

The service are now using a combined detergent and chlorine-based agent 1:1000 parts per million active chlorine (ppm ac) for cleaning all high-touch areas, including all sanitary fittings and sinks.

2 A summary of our inspection

We carried out an unannounced inspection to Ayrshire Hospice on 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 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 satisfactory self-evaluation.

What we found and inspection grades awarded

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

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Appropriate COVID-19 risk assessments had been carried out and actions had been taken to minimise the risk of transmission. Admissions had been reduced to allow infection prevention and control measures to be effectively managed. A dedicated infection prevention and control team was in place and staff were following standard infection control precautions. The hospice's environment and patient equipment were clean.	✓ Satisfactory

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The hospice was aiming to support patients and their families through the pandemic. A COVID action group had been set up and we saw evidence that the hospice was taking a quality improvement-focused approach.	✓ Satisfactory

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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Each patient had comprehensive person centred care plans in place which outlined the patient's preferences and care needs. The service should make sure that a COVID-19 specific care plan is included in the patient care record.

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

What action we expect Ayrshire Hospice Ltd to take after our inspection

This inspection resulted in one requirement and one recommendation (See Appendix 1).

The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration.

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

Ayrshire Hospice Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ayrshire 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

Appropriate COVID-19 risk assessments had been carried out and actions had been taken to minimise the risk of transmission. Admissions had been reduced to allow infection prevention and control measures to be effectively managed. A dedicated infection prevention and control team was in place and staff were following standard infection control precautions. The hospice's environment and patient equipment were clean.

Several risk assessments had been carried out and actions taken to minimise the risk of COVID-19 transmission.

Policies and standard operating procedures had been updated to reflect the risks identified in the risk assessments. Actions being taken to reduce the risks included:

- restricted access to the building with designated visiting times
- personal protective equipment, such as face masks, aprons and gloves, for patients, staff and visitors to wear as appropriate
- increased cleaning of the environment, patient equipment and high touch areas such as door handles, and
- increased monitoring of infection prevention and control practice.

The hospice's risk register detailed the key risks and a brief summary of ongoing actions being taken to reduce these risks. It was clear, easy to follow, regularly updated and discussed at clinical governance meetings.

Admissions had been limited to help the hospice manage the stricter infection prevention and control measures brought about by the pandemic. Visiting had been restricted to two family visitors, with two designated visiting times each day. This helped the service manage visiting times. Each visitor went through a strict sign-in process and were not allowed to enter if there was a risk they could transmit COVID-19.

After signing in at reception, visitors were guided by signage to keep 2 metres apart. All meeting rooms had been reconfigured with desks spread out to allow for appropriate distancing. Cleaning materials had also been provided with instructions for staff and visitors to clean any space used.

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

Housekeeping staff had received training in COVID-19 risks and cleaning methods. They were carrying out general cleaning at least twice a day, in line with the hospice's revised cleaning procedures. We saw that housekeeping staff were using appropriate chlorine-based cleaning products and colour coded cleaning equipment. We saw that the care environment and patient equipment were clean and well maintained. Staff cleaned equipment between each patient use.

All patient linen was treated as infected linen and was laundered in line with national guidance for thermal disinfection washing.

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

We saw that personal protective equipment was stored appropriately, close to where patient care was delivered. During our observations, we also saw good staff compliance with the use of this equipment, including face masks, goggles, face visors, gloves and aprons. A supply of fluid-resistant surgical facemasks were available throughout the hospice, along with good signage to remind visitors to use them.

Specific respiratory FFP3 face masks and other personal protective equipment was also available for staff when carrying out aerosol-generating procedures.

An infection prevention and control audit programme was in place. We saw several recent audits for hand hygiene, cleaning the environment and personal protective equipment.

What needs to improve

As the hospice did not have its own infection prevention and control policy, it used NHS Ayrshire & Arran's infection prevention and control policy. Minutes from recent clinical effectiveness group meetings showed that some staff were unsure of where to find the infection prevention and control policy and what the hospice's own procedures were (requirement 1).

Requirement 1 – Timescale: by 18 March 2021

- The provider must develop its own infection prevention and control policy that reflects the way it operates and aligns with Health Protection Scotland's National Infection Prevention and Control Manual.

- No recommendations

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Each patient had comprehensive person centred care plans in place which outlined the patient's preferences and care needs. The service should make sure that a COVID-19 specific care plan is included in the patient care record.

We saw that before admission, each patient had been informed of the actions the service was taking to minimise the risk of infection. This included how often the patient would be tested for COVID-19, and how they would be cared for in a single room. They were also informed of the restricted amount of visitors and visiting times and that staff would be wearing personal protective equipment at all times.

We saw that the service had a generic risk assessment and management plan that showed how the service would minimise the risk of infection for each patient from COVID-19.

Staff we spoke with explained how they managed each patient's care. They told us that each patient was tested upon admission and the test was repeated on day 5 of their stay in the hospice. At the time of inspection, all patients were

being cared for in single rooms or in a shared room with only one patient bed being used. Each had ensuite facilities. The communal bathrooms and lounge areas had been closed off. We saw appropriate door signage displayed on the patient's door to remind staff and visitors that infection prevention and control precautions were required, such as personal protective equipment when entering the room.

We examined three electronic patient care records and saw that each record detailed the patient's medical and nursing assessment. This included pressure areas, nutrition and pain assessments. We saw that there had been discussions with the patient and significant others that detailed how the patient's preferences would be met. Anticipatory care plans were in place which showed the patient's preferred place of care and their preferred place of death. All consent forms were seen to have been completed.

What needs to improve

While the service had a comprehensive generic risk assessment in place for COVID-19, we saw that the risk assessment was not included in the patient's care record (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that patient care records contain details of patient risk assessments for COVID-19.

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

The hospice was aiming to support patients and their families through the pandemic. A COVID action group had been set up and we saw evidence that the hospice was taking a quality improvement-focused approach.

As part of its response to the pandemic, a COVID action group oversaw the way care and treatment in the hospice was provided under the guidance of the clinical and care governance group. A '*Routemap Through Pandemic Recovery*' had been developed, using Scottish Government guidance to direct the changes made to the way the hospice provided its treatment and care during the pandemic. It also helped make sure the service continued as normally as possible for the staff, patients and families.

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

Senior management provided appropriate support to the service's staff. We saw email communications to staff about the changes to government guidance and what this meant for the ways of working to keep themselves, patients and families safe. This helped to make sure any decisions and updates from senior leadership were quickly and coherently cascaded to staff.

An infection prevention and control team was in place which included a:

- care assistant
- doctor
- housekeeper, and
- nurse.

The team met regularly and reported to the clinical effectiveness group, which reported to the clinical governance group. The team carried out infection prevention and control audits. The audits summarised the results that had been shared with staff, along with a reminder of the standard expected and any actions required to improve compliance. Results were also reported to the clinical effectiveness group.

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

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

Requirements

- 1** The provider must develop its own infection prevention and control policy that reflects the way it operates and aligns with Health Protection Scotland's National Infection Prevention and Control Manual (see page 10).

Timescale – by 18 March 2021

Regulation 3(d)(i)

The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

Recommendations

- a** The service should ensure that patient care records contain details of patient risk assessments for COVID-19 (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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.



Before

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.



During

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.



After

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
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Email: his.ihcregulation@nhs.scot

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