

Unannounced Inspection Report: Independent Healthcare

Service: St. Vincent's Hospice, Johnstone

Service Provider: St. Vincent's Hospice Ltd

25–26 August 2021

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First published October 2021

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 18 February 2021

Requirement

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

Action taken

This requirement is met and is reported in Quality Indicator 5.1.

Requirement

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

Action taken

This requirement is met and is reported in Quality Indicator 9.4.

Requirement

The provider must notify Healthcare Improvement Scotland of specific events that occur, as detailed in Healthcare Improvement Scotland's notification guidance.

Action taken

Since the last inspection, we have seen consistent notifications submitted as required. The hospice has also updated Healthcare Improvement Scotland on the changes made to the board of trustees. **This requirement is met.**

Requirement

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

Action taken

This requirement is met and is reported under Quality Indicator 7.1.

What the service had done to meet the recommendations we made at our last inspection on 18 February 2021

Recommendation

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

Action taken

A revised COVID-19 risk assessment was in place. This detailed all control measures that were in place to manage the risk of COVID-19 in the service.

Recommendation

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

Action taken

A procedure was in place to screen all visitors to the hospice using a COVID-19 questionnaire. As part of the procedure, visitors were required to provide proof of a negative COVID-19 lateral flow test. Questionnaires were deposited into a post box for the administration team to collect and document in records. We saw a separate room adjacent to the main reception entrance was being used for visitors to complete lateral flow tests if they had not done so before visiting the hospice. This area had sufficient space to maintain social distancing and appropriate infection prevention control procedures were in place.

Recommendation

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

Action taken

On review of the patient care records, all patients were screened for COVID-19 before, and on the day of admission to the inpatient unit.

Recommendation

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

Action taken

The patient care records demonstrated that the community nursing team documented conversations about potential restrictions in place in the inpatient unit.

Recommendation

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

Action taken

COVID-19 risk assessments were completed for all staff every 3 months. This was followed up with a one-to-one meeting between the staff member and their line manager to discuss the outcomes.

Recommendation

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

Action taken

This recommendation is reported in Quality Indicator 7.1.

Recommendation

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

Action taken

This recommendation is reported in Quality Indicator 9.4.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to St. Vincent's Hospice on Wednesday 25 and Thursday 26 August 2021. We spoke with a number of staff, patients and carers during the inspection.

The inspection team was made up of three inspectors.

As part of this inspection, we did not request a self-evaluation from the service.

What we found and inspection grades awarded

For St. Vincent's Hospice, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The service had a participation policy with details of how it would gather and share information in a variety of ways from patients, carers and staff. Patients were positive about their experience of care. Improvements were shared with staff and visitors in a variety of ways.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Systems and processes were in place to make sure patients were cared for in a clean and safe environment. A variety of policies and procedures were in place to ensure safe delivery of care to patients. Staff were following standard infection control precautions. Regular audits were	✓✓ Good

	carried out and the risk register was up to date. The service had a medicine governance procedure in place.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	New staff had been appointed to the senior management team to strengthen the leadership in the hospice. A range of policies supported these changes and a policy review programme was in place. Improving staff education and training was a focus of the management team. Staff told us the senior leadership team was visible and approachable.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	We saw comprehensive patient care records. This included both paper copies and an electronic format. All assessments were completed on the day of inspection and included completion of a care round checklist which demonstrated that the patient was regularly reviewed throughout the day.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	New systems and process were in place to ensure a safe process of recruitment. Staff files were on electronic format and were comprehensively completed. This included updating the files of long established staff. We saw that electronic learning was recorded and induction programmes completed. The service should ensure that there is documented evidence of statutory and mandatory training for all staff with a practicing privileges contract.	

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 St. Vincent's Hospice Ltd 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

St. Vincent's Hospice Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at St. Vincent's Hospice for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

The service had a participation policy with details of how it would gather and share information in a variety of ways from patients, carers and staff. Patients were positive about their experience of care. Improvements were shared with staff and visitors in a variety of ways.

The service took a person-centred approach to communicating with patients and carers. The service had developed a patient information booklet with an easy-read format about the facilities available in the hospice. This included information about:

- meals
- providing comments and suggestions, and
- visiting arrangements.

This leaflet was updated when legislation or national guidance changed. Staff, patients and carers we spoke with viewed this booklet positively.

An information booklet for visitors had also been implemented that detailed similar key information and included COVID-19 procedures. This was also updated in line with guidance and was easily accessible in the hospice's visitor area.

The hospice provided information to service users and their carers in a variety of different formats and languages, including British Sign Language and Braille. Electronic devices had also been made available to patients, so they could communicate with others during COVID-19 visiting restrictions.

The service had reviewed its participation policy to reflect how care had changed during the COVID-19 pandemic. The hospice board of trustees had also approved a new 'feedback, comments, concerns and complaints' policy.

A patient participation group met regularly before the COVID-19 pandemic. While the group had met less frequently during the pandemic, the service planned to increase the frequency of these meetings again.

The service worked and engaged with local clergy through the health and social care partnerships. This was a non-denominational service, which included religious and non-religious spiritual care. The service had recently contacted an organisation to discuss how best to engage with patients from black and minority ethnic communities about the service in the future. We saw that the service had also started exploring ways to increase opportunities for younger patients to access support.

All patients and carers we spoke with at the time of our inspection told us they felt valued, included and involved in discussions around care. Comments we heard about their quality of care and experience included:

- 'You can talk to them anytime in confidence.'
- 'I feel safe.'
- 'They look after you well and don't talk about cancer if I don't want to.'

From minutes of meetings, we saw that complaints, concerns and comments were discussed at monthly committee meetings along with actions, outcomes and learning or areas to improve. For example, the inpatient unit manager developed a reference guide for staff for out-of-hours and weekends. This included information and protocols on how to deal with emergency medical situations and general maintenance repairs and queries. It helped make sure the service followed a consistent approach to delivering care. Information given to patients and their carers advised that Healthcare Improvement Scotland could be contacted at any stage to make a complaint.

- No requirements
- No recommendations

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

Systems and processes were in place to make sure patients were cared for in a clean and safe environment. A variety of policies and procedures were in place to ensure safe delivery of care to patients. Staff were following standard infection control precautions. Regular audits were carried out and the risk register was up to date. The service had a medicine governance procedure in place.

The hospice had created a local infection prevention and control policy for staff, which included staff responsibilities and main safeguards for prevention of infection. A folder was also available with the service infection prevention and control standard operating procedures, based on Health Protection Scotland's *National Infection Prevention Control Manual*. Staff we spoke with knew where to find these documents in the inpatient unit and online. We saw that staff followed the standard infection control procedures in line with the manual.

The service's inpatient unit was made up of eight single en-suite rooms. Each room had a specialist bed to manage pressure areas. Four bedrooms had a built-in, additional pull-down bed so that carers and family members could stay overnight.

Medicine incidents meetings were held every 3 months as part of the risk management group. Members of this meeting included:

- clinical lead
- inpatient service charge nurse
- inpatient services manager, and
- lead clinical pharmacist.

This allowed for feedback on incident investigation outcomes and learning to all clinical staff in the form of self-valuations, supervision sessions, annual appraisals, electronic correspondence, newsletters and staff meetings.

We saw evidence of regular audits carried out on the single-nurse-administration of controlled drugs and training on sub-cutaneous syringe drivers for staff. We saw evidence of the outcomes of these audits shared with staff in a variety of methods, including podcasts, online meetings and newsletters. We also saw evidence of controlled drug errors and incidents reported to Healthcare Improvement Scotland and the outcomes of investigations.

An audit programme had been implemented and regular audits were carried out, including those for:

- environment
- health and safety
- infection prevention and control, and
- patient care records.

We saw examples of completed audits and where areas for improvement had been identified, planned actions and timescales for completion were documented.

We saw servicing and maintenance contracts for the building and clinical equipment. This included fire safety, water safety, lifting equipment and beds. A risk register was in place and up to date. The senior management team reviewed this at health and safety meetings every 3 months.

- No requirements
- No recommendations

Quality indicator 5.2 - Assessment and management of people experiencing care

We saw a comprehensive process of documenting in patient care records. This included both paper copies and an electronic format. All assessments were completed on the day of inspection and included completion of a care round checklist which demonstrated that the patient was regularly reviewed throughout the day.

At the time of our inspection, the hospice had four inpatients and we reviewed three patient care records.

Patient care records were in paper and electronic formats. Each patient had a folder with paper copies of nutritional assessments, moving and handling assessments and a COVID-19 support risk assessment document. A care-round checklist was also in place which demonstrated that patients were assessed every few hours to check:

- how alert they were
- their pressure areas
- their pain,
- fluids, food and nutritional intake, and
- their environment.

This showed that the nursing team assessed the patient at least every 4 hours and we saw this was completed for each patient.

Each patient had an electronic patient care record with a history of their care from the point of referral to the hospice. This showed patient assessments and conversations with community specialist palliative care nurses and doctors from the service. All electronic patient care records were password-protected.

On admission to the hospice inpatient unit, a comprehensive electronic process was carried out, which included consent to treatment and consent to sharing their information.

Assessments carried out included for oral care and nutritional assessment, which included nutritional requirements and preferences. A pressure ulcer daily risk assessment (PUDRA), a falls risk assessment and a pain assessment document were all started on admission.

We saw documented evidence of conversations with patients about their expectations and aims. This also included conversations with the patient's next of kin and family to help make sure patients were supported.

We saw that, in each patient care record the patient's anticipatory care plan was discussed and completed. An anticipatory care plan is a document that tells healthcare staff what care the patient would wish, should their condition deteriorate. This included their preferred place of care and death. We saw 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms completed for each patient and stored appropriately. We saw conversations documented about the patient's wishes if their condition deteriorated rapidly. This addressed whether the patient would wish to be transferred to hospital for further treatment.

Patients who had a power of attorney nominated, had details of this documented and a copy was stored in the patient's care record.

We were told that a detailed online team meeting was held every morning to discuss:

- community patients
- inpatients, and
- possible new admissions and referrals to the hospice.

We saw that nursing staff had a completed handover of information document highlighting important aspects on each patient. Staff updated this at the end of each shift to help continuity of care.

When accessing a patient's electronic care records, a brief summary of the patient's DNACPR status, and wishes for transfer to hospital and recent COVID-19 testing would appear as an alert. This allowed staff to access this information quickly if required.

What needs to improve

Consent for treatment and for sharing information was obtained for all patients. Some nursing staff told us they could access this information on the patient care record, while others could not (recommendation a).

- No requirements.

Recommendation a

- The service should ensure all clinical staff have access to and can document consent in the patient care record.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

New systems and process were in place to ensure a safe process of recruitment. Staff files were on electronic format and were comprehensively completed. This included updating the files of long established staff. We saw that electronic learning was recorded and induction programmes completed. The service should ensure that there is documented evidence of statutory and mandatory training for all staff with a practicing privileges contract.

A comprehensive process was in place for recruitment and making sure all safety checks were recorded and updated regularly. The service's new human resource team told us about the improvements it had made to the recruitment process and its documentation. For example, electronic processes had been implemented that recorded each individual's protecting vulnerable groups (PVG) status and highlighted when it was to be reviewed. We saw that the service planned to develop a similar system to record professional registration checks on healthcare staff.

The service also had a comprehensive practicing privileges policy which included the required safety checks of staff using the arrangement. This included up-to-date performance and development reviews, as well as an immunisation record. A checklist of the necessary recruitment checks was in place and included when these had been completed. We saw these checks were completed for all staff.

We reviewed four staff records, including two members of staff working under a practicing privileges contract and found that the staff files were complete and up to date. Each member of staff had a list of requirement checks completed.

All new staff had an induction programme in place, which made sure that new staff met with their line manager after 4, 8 and 12 weeks in their new job. New staff had time to discuss concerns, expectations and learning requirements during the induction process. The service planned to further develop its induction programme to address the individual's skills development using a training needs analysis. An updated induction pack for this would include a more detailed programme of education.

The new inpatient manager told us that they had face-to-face meetings with all nurses to provide support and assess their training needs. We saw that a new programme of performance and development reviews for all nursing staff had been implemented. It was planned that this appraisal would address each individual's goals and outcomes and include 6-monthly catch-ups to update the outcomes.

We saw a programme of staff training during our inspection. This included training in:

- duty of candour
- infusion device training, and
- single-nurse drug administration of controlled drugs.

The service used the NHS online learning modules for mandatory training, which included adult support and protection and safeguarding. Evidence of completion of these modules was apparent from staff files and general training records for staff. This was kept electronically by the In-Patient Services Manager.

Staff we spoke with felt enthusiastic about the new developments in training and well supported in their roles.

What needs to improve

The service did not have a system in place to check the status of mandatory and statutory training for staff working under practicing privileges (recommendation b).

The service was reviewing its human resource policies at the time of our inspection through an external company. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should demonstrate that staff working under practicing privileges contracts with the service have completed mandatory training in line with the provider's mandatory training policy.

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

New staff had been appointed to the senior management team to strengthen the leadership in the hospice. A range of policies supported these changes and a policy review programme was in place. Improving staff education and training was a focus of the management team. Staff told us the senior leadership team was visible and approachable.

The service had implemented a new governance structure and process to approve key organisational documents, such as budgets and policies.

Governance committees checked internal documents before the full board received them to formally record their approval. The governance structure had been reviewed to help make sure lines of reporting and accountability were clear. This review also clarified the roles and responsibilities of the senior leadership team.

A range of policies and procedures were in place to help the service deliver care safely. The service had implemented a programme of review to help make sure its policies and procedures were up to date. We saw it had identified new policies and procedures to be developed and this work was in progress.

The senior management team had hired new members recently to help improve the delivery of person-centred care. A key focus of the senior management team was to promote the education, practice development and leadership of staff.

A new inpatient unit manager had started in the service and was meeting with all staff. Staff were supported to increase their knowledge, skills and experience in palliative care and to identify areas for interest for their development. Four registered nurses planned to attend the online palliative care graduate certificate course with St Columba's Hospice and Queen Margaret University

and the service plans to introduce Scottish Vocational Qualifications for Health Care Support staff in autumn 2021.

The service used different methods to engage staff members in service improvement. For example, an 'ideas' mailbox had been created for staff to share their ideas or feedback. We saw the ideas had been considered and the response or changes made had been fed back to staff. For example, a staff member had suggested introducing different catering options and the service had introduced a new brunch-style option for patients.

Staff meetings were held every 2 weeks to share updates with staff, allow them to ask questions or make service improvement suggestions.

A monthly journal club had been introduced where staff could meet virtually to discuss a journal article of interest. A recent article about 'emotional touchpoints' had been used to introduce the concept to staff, as well as exploring different approaches to person-centred care in the hospice.

A monthly staff newsletter was distributed to staff and helped to share updates. This was also available on the staff noticeboard and the service manager had recently introduced a podcast as an alternative way of communicating key updates to staff.

The service planned to host quality improvement workshops, starting in September 2021. The aim of these workshops is to introduce the 'quality circle' methodology to staff as a tool to aid continuous improvement in the service.

Staff we spoke with told us that the senior management team was visible and approachable. They told us they felt comfortable sharing ideas about how to improve patient care in the hospice.

The service had developed clinical and non-clinical action plans for April–September 2021 with clear actions, risks and target date for completion.

A combined audit and quality improvement plan was in place. The plan prioritised key improvement projects and detailed challenges, successes and actions required. We saw evidence of improvement work, such as the development of a new incident reporting system and the new feedback, comments, concerns and complaints policy. A new quality lead had been appointed to review the service's improvement programme and implement improvements required.

- 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

None

Recommendation

- a** The service should ensure all clinical staff have access to and can document consent in the patient care record (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 7 – Workforce management and support

Requirements

None

Recommendation

- b** The service should demonstrate that staff working under practicing privileges contracts with the service have completed mandatory training in line with the provider's mandatory training policy (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

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
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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