

Unannounced Inspection Report: Independent Healthcare

Service: Ardgowan Hospice, Greenock

Service Provider: Ardgowan Hospice Limited

7–8 August 2025

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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 16–17 May 2023

Requirement

The provider must ensure there is an active risk assessment addressing all clinical and non-clinical sinks in the inpatient unit. As the clinical sink does not comply with national guidance about sanitary fittings in healthcare premises, this should be replaced at the next refurbishment.

Action taken

While a risk assessment was included in the risk register, it focused only on the size of the clinical sink in the treatment room. The rest of the sinks in the inpatient unit had not been risk assessed. The risks associated with the clinical sink not being compliant with current standards had not been assessed. **This requirement is not met** and is reported in Domain 7: Quality Control (see requirement 2 on page 28).

Requirement

The provider must ensure that a copy of the power of attorney document is filed in the patient care records.

Action taken

Patient care records we reviewed included a copy of the power of attorney document where applicable. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 16–17 May 2023

Recommendation

The service should ensure relevant staff are trained in the principles of duty of candour.

Action taken

As part of the ongoing staff education program, duty of candour training was included for relevant staff.

Recommendation

The service should ensure staff are trained in the management of complaints.

Action taken

Relevant staff had completed training for the management of complaints.

Recommendation

The service should ensure relevant staff are trained in the process of obtaining informed consent.

Action taken

We saw that staff were trained in and completed informed consent consistently.

Recommendation

The service should carry out regular staff and volunteer surveys and share the results. Staff and volunteers should then be involved in developing any resulting action plans.

Action taken

The service carried out regular staff and volunteer surveys and included them in informing in the direction of the hospice in a variety of ways.

Recommendation

The service should review storage facilities throughout the hospice and ensure treatment and storage rooms are being used for the correct purpose.

Action taken

Treatment and storage rooms had been re-organised and were appropriately stocked.

Recommendation

The service should develop a more formal document to record checks on expiry dates of emergency medicine and equipment.

Action taken

A process for recording expiry dates of emergency medicines and equipment had been developed.

Recommendation

The service should ensure a recognised assessment tool is used when assessing patients' ability to understand information and make decisions.

Action taken

We saw that a recognised tool was used and documented on every patient admitted to the hospice.

Recommendation

The service should introduce a system of routinely rechecking the Protecting Vulnerable Groups (PVG) status of staff appointed to work in the service.

Action taken

We saw that appropriate PVG documentation was completed for all staff in line with Disclosure Scotland guidance.

Recommendation

The service should develop a formal training programme and monitor staff compliance with the completion of mandatory training.

Action taken

The service had a programme of mandatory training in place and produced a report which assessed compliance. We saw evidence of good compliance for the majority of training.

Recommendation

The service should develop and implement a template to record one-to-one meetings held between staff and their line manager. This would help to contribute to the staff personal development and review process.

Action taken

Regular one-to-one meetings between staff and line managers were not consistently recorded. Some departments recorded the information and others did not. This recommendation is reported in Domain 7: Quality control (see recommendation c on page 28).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Ardgowan Hospice on Thursday 7 and Friday 8 August 2025. We spoke with a number of staff, patients and families during the inspection. We received feedback from 25 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Greenock, Ardgowan Hospice is an independent hospital (a hospice) providing palliative end of life care.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Ardgowan Hospice, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
A strategic 5-year plan was in place which set out service aims and objectives. A clear governance structure was in place. Leadership was visible and staff told us they were confident that their views were considered. Staff spoke positively about the culture and their involvement in developing the vision for the hospice.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Good processes were in place to gather feedback from patients, families and the public alongside the staff and volunteers. Services in the community provide support to families and carers. Patient and staff feedback helped develop the wellbeing team and community team. A clear complaints procedure was in place. Patient assessment and consultation was thorough. Staff recruitment followed a safe process.</p> <p>A current risk assessment for all non-clinical and clinical sinks must be updated in line with national infection prevention and control guidance. Formal training should be in place for volunteers.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment was in a good state of repair and storage rooms were appropriately organised. A thorough process was in place to fully document patient care and treatment. Patients spoke positively of their experience. Staff told us that they felt they could influence the service provided.</p> <p>The secure storage of medicines must be reviewed. One-to-one meetings between staff and manager should be documented.</p>	✓✓ Good

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:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Ardgowan Hospice Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and four recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must update the risk assessment for the clinical and non-clinical hand wash basins in the service to comply with Health Protection Scotland's national infection prevention and control guidance until they can be upgraded as part of a future refurbishment plan (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the May 2023 inspection report for Ardgowan Hospice.</p>
Recommendations	
a	<p>The service should ensure all volunteers are provided with appropriate training in line with their role and responsibilities (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>

Implementation and delivery (continued)	
Recommendations	
b	<p>The service should consider adding a field to the incident/accident reporting form to document the time an incident or accident is reported to medical staff, where a medical assessment is necessary (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results	
Requirement	
2	<p>The provider must ensure the secure storage of all medicines and single-use equipment (see page 28).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should develop a process of documenting expiry dates of all medicines and single-use equipment (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
d	<p>The service should develop a format for recording all staff one-to-one meetings with their line manager (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Ardgowan Hospice Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ardgowan Hospice for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A strategic 5-year plan was in place which set out service aims and objectives. A clear governance structure was in place. Leadership was visible and staff told us they were confident that their views were considered. Staff spoke positively about the culture and their involvement in developing the vision for the hospice.

Clear vision and purpose

Ardgowan Hospice provides specialist palliative care services for people aged 16 years and over living with a life-limiting illness in the Inverclyde area. The hospice provided a range of services, including:

- an inpatient unit
- specialist community palliative care, and
- wellbeing services.

The service had developed a clear 5-year strategic plan in 2024 and published it on its website. The strategic plan clearly set out the hospice's values of:

- appreciation
- compassion
- equality, and
- respect.

The strategic plan was developed in consultation with a wide range of stakeholders, including:

- service users
- staff
- trustees, and
- volunteers.

The strategy had been discussed at the staff conference and the trustee away day, before being approved at the board meeting in October 2024. Other key stakeholders included the Inverclyde Healthcare and Social Partnership and the Inverclyde Council for Voluntary Services to help make sure that strategic aims for Inverclyde were aligned. It set out how the hospice would monitor its progress against the strategic plan.

The hospice's mission was to be a blended specialist and expert generalist palliative care organization. It aimed to become a centre of clinical and care excellence, as well as the best hospice in the UK.

The hospice's four strategic aims were:

- to be a centre of excellence
- to be financially and environmentally sustainable
- to have fit-for-purpose premises, and
- to travel alongside the people it served.

These aims were part of the service's clinical governance processes and the reporting system was based on performance against objectives. Staff teams set yearly strategic goals in their programmes in line with the strategic aims. The strategic aims and objectives were displayed in the hospice on a variety of TV screens for the public and staff.

The service had key performance indicators (KPIs) in place and each team provided a quality report every 3 months, which was discussed at the board meeting. KPIs included:

- complaints and feedback
- falls, pressure ulcers
- incidents, and
- staff supervision.

KPIs were rated as either being met, not met or significantly missed. We saw that any issues of concern were risk assessed and actioned.

- No requirements.
- No recommendations.

Leadership and culture

The service provided a wide range of care and support through the:

- community palliative care team
- inpatient unit
- MYlife team (which provided support to bereaved people and those with life-limiting illnesses - encouraging connection, social engagement and enjoyment of life), and
- wellbeing team.

The hospice employed a mix of clinical and non-clinical staff, with support from around 200 volunteers who contributed to service delivery. A board of trustees met every 3 months, giving oversight of leadership. Sub-committees were also in place for:

- care governance and performance
- finance and resources, and
- people, patient and public engagement.

The terms of reference for these groups had recently been updated.

The service held a variety of operational and clinical meetings. Outcomes were reported into sub-committees, such as those for falls risk meetings, clinical reviews and education. Daily handovers and safety briefs helped make sure staff across departments were kept up to date on current issues. Information was also shared through a staff newsletter and an internal online social platform, which highlighted service updates and events. Weekly senior management meetings addressed hospice programmes, staffing and operational concerns, with actions clearly recorded and monitored.

We saw that a staff conference held on 11 June 2025 focused on:

- fundraising
- future vision
- promotion of the hospice's work, and
- staff support.

Staff teams had each presented a poster showcasing that department's achievements, including:

- catering
- fundraising
- housekeeping
- transport, and
- volunteers.

Staff reported that the event was engaging, collaborative and beneficial in strengthening team identity. Leadership was described as visible and approachable, with senior managers (including the CEO) regularly providing support and advice. Staff felt well involved in shaping the future development of the hospice.

The service had also established three work groups to explore key strategic questions, which were named:

- 'How do we pay for it all'
- 'Our future models of Care', and
- 'Telling our Story'.

Staff who completed our online survey told us:

- 'The management team make it a priority to show appreciation to staff which makes me feel valued as an employee.'
- 'I've seen a big change over the last few years I've worked here, definitely for the better.'
- 'I have worked here for 15 years, and the current management team have really changed the organisation for the better.'
- 'There is some positive leadership at the highest level of the service. However, this can vary between members of Senior Management.'

What needs to improve

The hospice governance framework included a range of committees and work groups. Plans were in place to develop a visual framework to clearly set out the responsibilities and reporting arrangements for each meeting in the structure for staff information. We will follow this up at future inspections.

- No requirements.

- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Good processes were in place to gather feedback from patients, families and the public alongside the staff and volunteers. Services in the community provide support to families and carers. Patient and staff feedback helped develop the wellbeing team and community team. A clear complaints procedure was in place. Patient assessment and consultation was thorough. Staff recruitment followed a safe process.

A current risk assessment for all non-clinical and clinical sinks must be updated in line with national infection prevention and control guidance. Formal training should be in place for volunteers.

Co-design, co-production (patients, staff and stakeholder engagement)

Ardgowan Hospice actively involved its stakeholder in developing its vision, purpose and strategic aims. The stakeholders involved were:

- service users
- the public
- trustees, and
- volunteers.

The service engaged these stakeholders through a variety of ways, including structured feedback systems, community initiatives and recognition of staff as well as volunteer contributions.

The hospice used the 'Tell Us What You Think' system to gather feedback through complaints, compliments and suggestions. This was available in a web-based form on the hospice's website and feedback cards were in place in the hospice. All submissions are collated, reviewed and actioned, where necessary. A 3-monthly complaints and feedback report was prepared for the care governance and performance subcommittee. This report set out the type of feedback received and the department, as well as any improvements made as a result. We saw that feedback had directly led to positive changes, including the

installation of baby-changing facilities for families and the creation of a family room with facilities for older children.

Surveys were also used as part of the service's patient engagement. During the monthly walkround, patients were asked about:

- food
- staff
- suggestions for improvement
- the environment, and
- their care.

The majority of responses were very positive. We saw that the hospice communicated changes made through the clear approach of 'you said, we did.' The hospice also participated in the FAMCARE survey as part of its membership of the Association for Palliative Medicine (APM). This nationally recognised audit tool allowed benchmarking of services across the UK and was sent every year to recently-bereaved relatives or designated carers. We saw that the hospice's most recent results highlighted very high levels of satisfaction with the quality of care, the support provided and the accessibility of the service.

Patient and staff feedback had also helped to inform developments in the wellbeing team and community teams. For example, group members led the MYlife group's activities and agendas and we saw that a special MYlife session had taken place to support the group after the loss of a member. This demonstrated a flexible, person-centred approach and members we spoke with told us that the peer support in MYlife had been very beneficial.

The hospice also contributed to wider community awareness and support. The 'My Grief Matters' programme delivered grief awareness sessions in schools across Inverclyde, which had been positively received. Funding from the Health and Social Care Partnership also allowed the hospice to provide specialist palliative care training for care home staff, which participants had welcomed. A health and social care helpline had also been implemented to provide professionals with advice and support in caring for people at the end of life.

To promote and embed its values, the hospice had introduced a staff and volunteer care award, which recognised individuals who demonstrated these values in their work.

Overall, Ardgowan Hospice showed a strong commitment to involving patients, families and staff, as well as volunteers and the wider community in shaping and

improving its services. Feedback was actively sought, listened to and acted on, which led to meaningful improvements in care, facilities and community engagement.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The senior management team was fully aware of Healthcare Improvement Scotland's notification process and when to inform Healthcare Improvement Scotland of certain events or of any changes in the hospice.

The hospice had a wide range of up-to-date policies and standard operating procedures (SOPs). These included those for:

- adult and child safeguarding
- health and safety
- infection control and prevention
- medicines management
- patient confidentiality, and
- safe disposal of sharps.

The hospice was updating all policies in line with clinical and care standards, such as its guidance for record-keeping and person-centred care plans. This would help care staff assess patients and tailor care plans to their health, social and personal needs. Policies and SOPs were part a range of documents stored in a new electronic system. Using this system, documents were comprehensive, easy to find and easy to read.

The hospice had a policy in place for incidents and near misses. The new system maintained a record of incidents, accidents and adverse events. We saw three examples of incidents logged on the system and could see how the incidents were recorded, reported and resolved. The hospice had followed its own policy in the examples we reviewed. All steps taken when dealing with the incidents were dated and it was clear who the responsible staff were.

The hospice had a clear complaints policy in place and a complaints process published on its website. The advice on the website made it clear that complaints could be made to Healthcare Improvement Scotland at any time.

We looked at two complaints on the system, one of which was the second complaint to be entered on the new system. It appeared that the timelines for this complaint had not been met and the complaint was acknowledged several days after the 5-day period set out in the policy. We were told this was because the system was new and events had been entered late. The more recent complaint showed that the timelines were compliant with the hospice's policy, demonstrating ongoing improvement.

The service had an up-to-date duty of candour policy in place. Duty of candour is where the organisation has a professional responsibility to be open and honest with patients when something goes wrong. Staff were trained in the principles of duty of candour and a current duty of candour report was available on the service's website.

We reviewed how medicines were managed. We were told the pharmacy team was responsible for ordering and storing medicines, regularly reviewing prescribing practices and making sure all prescriptions were clearly written. The pharmacy team was involved in supporting new staff during their induction process and ongoing staff training in medicine management. The service had a SOP for the single-nurse drug administration (SNDA). This allowed nursing staff to train in SNDA and meant they could then administer some medicines which normally required two members of staff, on their own.

All nursing and pharmacy team was responsible for correctly storing controlled drugs (medicines that require to be controlled more strictly, such as painkillers). The hospice took part in a medicine management training, which was available for all nursing staff and involved staff from six other local hospices.

Patient care records were stored electronically on a password-protected secure system. The hospice had recently introduced a new electronic patient care system and was supporting staff in using the system. Information stored included patients' contact details, next-of-kin and GP contact details. As part of the admission process, information was included on the patient's hobbies, what mattered to the patient and how they liked to spend their day.

The hospice was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential information was safely managed.

We saw a thorough process of patient consultation and ongoing assessment in place in the service. Information was documented on where the patient's preferred place of care and preferred place of death was. A 'do not attempt cardiopulmonary resuscitation' form was completed and available in the patient care records. This refers to the emergency treatment given when a patient's heart stops or they stop breathing. Power of attorney documentation was stored in the patient care records, where applicable. Power of attorney is when someone is given legal authority to make decisions on behalf of another.

Care plans and assessment tools were completed on admission and updated in the days following admission. These included those for:

- oral and nutritional assessment
- pain assessment
- pressure area assessment
- risk of falls, and
- sleep and resting care plan.

A safe staff recruitment process was in place. Appropriate background checks included checks on:

- identification
- immunisation history
- qualifications, and
- two references.

Employees had Disclosure Scotland Protecting Vulnerable Groups (PVG) checks completed. The hospice had recently introduced a new electronic human resource system.

A program for mandatory and statutory training for all staff was in place and we saw an up-to-date report for the completion of training. Most training topics in this report had achieved 90% completion. Staff were encouraged to consider developing new projects as part of their professional development. This included the development of room signage which would highlight when a patient was in the last days of life or had recently died.

An induction process was in place for all staff. The staff appraisal process had recently been updated and included objectives as part of the continual professional development.

The hospice is the only hospice in Scotland participating in Hospice UK's 'Volunteer To Career' (VTC) programme. This supports individuals who are considering training as a healthcare professional. These individuals provide care as a volunteer, with support from a programme of training and support from clinical staff. Staff involved in the programme felt supported and enjoyed the experience.

What needs to improve

The hospice had approximately 200 volunteers and had an initial induction in place for the volunteers. However, we did not see a formal volunteer training programme in place, including mandatory training requirements (such as training in adult support and protection and confidentiality) (recommendation a).

We saw that incidents and accidents were logged and followed up on the new electronic system and that the different steps had dates and times entered. However, for incidents involving patients that escalated to a doctor, the system did not include a field to document the time the doctor was informed (recommendation b).

- No requirements.

Recommendation a

- The service should ensure all volunteers are provided with appropriate training in line with their role and responsibilities.

Recommendation b

- The service should consider adding a field to the incident/accident reporting form to document the time an incident or accident is reported to medical staff, where a medical assessment is necessary.

Planning for quality

A comprehensive quality improvement and audit plan was in place, with a focus on clinical and non-clinical aspects of the service. Each team had individual quality improvement plans, which reflected the service's aims. A 3-monthly quality report was submitted which detailed outcomes of assurance activities, such as:

- audits
- complaints, and
- data about incidents and KPIs.

This report was monitored through the clinical care governance and performance committee. The role of this group included reviewing the clinical performance of the hospice, making sure best practices in clinical governance are followed and making sure processes are in place to manage key clinical risks. The hospice had improved the data collection and implemented an electronic platform for recording incidents, accidents, near misses and any complaints activity. This had improved trackability.

We saw evidence of audits carried out and evidence of where these led to service improvements. We saw an audit plan that included audits to be carried out and frequency of audits. For example, audits of:

- environment of both buildings (such as linen, waste and sharps)
- hand hygiene
- patient care equipment, and
- spillages.

A weekly walk-round of both buildings was also carried out to identify issues requiring attention. Improvements we saw as a result of audits and walk-rounds included:

- creating a 'mattress dashboard', where all mattresses in use or in store were regularly checked and inspected for damage or wear and tear
- introducing a mealtime co-ordinator to make sure staff follow the service's food hygiene policy, and
- introducing a separate storage area to make sure confidential patient information is secure.

The service used an extensive online programme to manage maintenance. QR codes were located at multiple points in both buildings in the hospice. If any member of staff found an issue, they could use this code to upload photographs and descriptions of it onto the system. This was saved and the maintenance manager was then alerted. All communication, including maintenance or repair reports, was saved on the system. We were able to see extensive records of maintenance and repairs carried out, in progress, and outstanding. Records we saw included:

- fire safety reports
- lift maintenance
- portable appliance testing, and
- water testing, including legionella testing.

We also saw records of repairs made to the intruder alarm and CCTV monitor.

Regular cleaning duties, such as of the inpatient unit kitchen environment and equipment, outside wheelie bins and the toilet brush sanitizer were captured on the system.

The maintenance system assisted with audits, as all tasks entered were saved for future review.

We saw the installation report for a new gas boiler system installed in January 2025. The service had a washing machine and drier under warranty and the supplier carried out maintenance on these.

What needs to improve

The risk assessment for sinks in the hospice had not been updated to include an assessment of the implications of not meeting current standards (requirement 1).

The service had three improvements plans in place. We discussed how a combined plan for oversight purposes may be useful and easier for senior management to monitor. We were told that senior management had discussed this and that the new platform would be able to produce a composite plan. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must update the risk assessment for the clinical and non-clinical hand wash basins in the service to comply with Health Protection Scotland's national infection prevention and control guidance until they can be upgraded as part of a future refurbishment plan.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was in a good state of repair and storage rooms were appropriately organised. A thorough process was in place to fully document patient care and treatment. Patients spoke positively of their experience. Staff told us that they felt they could influence the service provided.

The secure storage of medicines must be reviewed. One-to-one meetings between staff and manager should be documented.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment was clean, tidy and freshly decorated. Storage rooms were tidy and organised. We spoke with housekeeping staff and saw that appropriate cleaning products and equipment were used. Detailed cleaning checklists were up to date and completed. Laundry was managed in-house and we saw an appropriate process in place to help make sure processes of all types of laundry were safe, such as those for sheets and patients' personal clothing.

Personal protective equipment including gloves and aprons were stored appropriately and available throughout the hospice.

We reviewed five patient care records and saw a thorough process of documenting information. The new electronic system provided a clear process of finding the required information, including:

- the external healthcare professionals involved in the patient's care, including the GP
- the patient's contact details, and
- the next of kin contact details.

All patient care records we reviewed included a thorough assessment and consultation process involving all members of the multidisciplinary team. Conversations with the patient and their family were recorded. We saw a thorough process in place for documenting patient consent. This included recording consent obtained for treatment or sharing information with next of kin and external practitioners.

During our inspection, we attended a patient handover meeting where relevant staff were updated on the patient's condition. This included staff involved in caring for the patient at home and staff supporting the family. We also attended a weekly multidisciplinary team meeting and saw that all staff contributed to the discussion about the patient's treatment and future care.

Patients and families told us:

- 'The care is second to none.'
- 'Staff are so helpful and supportive.'
- 'I feel relief that [...] is here in the hospice.'

Staff that we spoke with and who completed our online survey told us:

- 'I feel completely empowered to influence the organisation's journey.'
- 'The majority of staff help to create a warm, welcoming and happy environment to work in.'
- 'Happy in my work - of course not every day is great but overall it is a nice place.'

What needs to improve

During our inspection, we saw two issues about the secure storage of medicines:

- In a frequently-used controlled drugs cupboard, GP10 prescription pads were stored. GP10 prescription pads are pre-printed and must be stored in a locked facility that only appropriate staff can access.
- The pharmacy room was made up of two exits at each end, which were not locked and were accessible to all staff. This room must be more secure and only available to appropriate staff (requirement 2).

We saw that checklists for documenting expiry dates of controlled drugs and emergency medicines were being developed. However, this should be in place for all medicines and single-use equipment (recommendation c).

While we were told that regular one-to-one staff meetings between staff and their line manager were in place, this was not always documented. The hospice should develop a process that would consistently capture the discussion in the meeting across all departments (recommendation d).

Requirement 2 – Timescale: immediate

- The provider must ensure the secure storage of all medicines and single-use equipment.

Recommendation c

- The service should develop a process of documenting expiry dates of all medicines and single-use equipment.

Recommendation d

- The service should develop a format for recording staff one-to-one meetings with their line manager.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@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
or email his.contactpublicinvolvement@nhs.scot

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