



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: St Vincent's Hospice

Service Provider: St Vincent's Hospice Ltd,
Johnstone

23–24 October 2018

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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 28 November 2017

Requirement

The provider must review the service against the Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016 and implement any improvements identified from the review.

Action taken

Staff providing care had received training around the management of pressure ulcers. The hospice had developed and implemented appropriate pressure ulcer assessment tools to help staff plan and evaluate patient risk factors and individual care. **This requirement is met.**

Requirement

The provider must review the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015 and implement any improvements identified from the review.

Action taken

After a review of its practice against the standards, the service had implemented a monthly audit and compliance record. The monthly audit for October 2018 showed 100% compliance with all standard infection control precautions. **This requirement is met.**

Requirement

The provider must develop and implement a suitable quality assurance programme that identifies any areas for improvement, actions and outcomes.

Action taken

The service had developed and implemented a suitable quality assurance programme with a number of audits to assess various aspects of care and risk. Actions plans were developed where necessary. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 28 November 2017

Recommendation

We recommend that the service should revise the patient information leaflet and information pack to ensure that it contains information that is important to patients, relatives and carers. This information should be presented in a format that is clear and easy to understand.

Action taken

The service reviewed patient information leaflets and information pack in partnership with the St Vincent's Hospice Community Voice group. Information is easily accessible, relevant and easy to read. **This recommendation is met.**

Recommendation

We recommend that the service should implement a system to manage the risks associated with the use of invasive devices.

Action taken

Vascular access procedures and practical guidelines had been implemented as part of a training programme. Patients who had invasive devices, such as syringe drivers were acknowledged as requiring more intensive support and care. **This recommendation is met.**

Recommendation

We recommend that the service should finalise the draft learning and development strategy, dated 3 May 2013. We recommend that the service should finalise the draft statutory and mandatory core training for staff, dated 3 November 2015.

Action taken

The service had finalised and implemented its learning and development strategy and the statutory and mandatory core training framework for staff. **This recommendation is met.**

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 23 and 24 October 2018. We spoke with a number of staff, patients and carers during the inspection

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.

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	Expectations and needs of patients and families were gathered which supported the service’s development. The service received the Queens Award for Voluntary Services for its strong volunteer input.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	A quality assurance framework helped manage risks in the service and the hospice was clean. Nursing staff carried out a falls risk assessment for each patient and had purchased fall alarms to minimise patient falls.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Quality assurance processes and leadership has progressed significantly since our last inspection in June 2017. The impact and outcomes for patients should be further evaluated to demonstrate progress.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)		
Domain 1 – Key organisational outcomes		
Quality indicator	Summary findings	
Domain 4 – Impact on community		
4.1 - The organisation's success in working with and engaging the local community	The service engaged and worked successfully with the local community and we saw example of projects that made a positive impact.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Appropriate assessments and good communication between staff, patients and carers helped to ensure patients' needs were met. Audits should be evaluated further to identify strengths and improvements.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	Staff induction and recruitment was good. However, additional regular staff safety checks must be implemented for employed staff and contracts addressed for on-call doctors.	

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 to take after our inspection

This inspection resulted in one requirement and three recommendations. 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. See Appendix 1 for a full list of the requirement and 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 address the requirement and 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

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

Expectations and needs of patients and families were gathered which supported the service's development. The service received the Queens Award for Voluntary Services for its strong volunteer input.

The service's participation policy described methods it used to regularly gather feedback from patients and families. The governance committee discussed and acted on the feedback and complaints. For example, posters had been added to patients' room doors with the names of key staff supporting them.

Information about the service was available in different formats, including on patient information boards, leaflets and its recently updated website. The information included a clear complaints procedure.

The service ran a variety of weekly groups to support patients and families, including a wellbeing group. One attendee told us that the music therapy group supported them and 'lifted my spirits.'

The service's participation group met monthly and contributed to service development. For example, the patients, family members and volunteers involved had been involved in updating the service's public information leaflets and website. Volunteers we spoke with told us that they felt valued and part of developing the service.

In 2018, the service received the Queen's Award for Voluntary Services, the highest award for a UK volunteer group for the outstanding contribution that its 239 volunteers provided to the local community. We saw volunteers in a variety of roles, such as kitchen assistants and gardeners.

A recent survey results showed patients, carers and families were happy with the care received and they felt listened to. Patients we spoke with told us that the service supported their needs through personalised and sensitive care which they were involved in planning. They told us their privacy and dignity was always respected. Comments included:

- ‘Staff do anything for you, even if it’s trivial.’
- ‘Care is excellent, staff explain everything in detail.’
- ‘Everything was confidential between family members and if they didn’t want to share information they didn’t have to.’

What needs to improve

In line with recent changes to data protection and information sharing regulations, the hospice had updated its privacy notices and reviewed all public facing documents, such as the patient information leaflet. However, the hospice had not yet reviewed internal policies such as health records management and record-keeping to reflect the regulations. The service agreed to update these internal policies.

The service did not have a participation action plan to record outcomes from the participation strategy. Outcomes were also not shared with service users and families. We discussed the benefits of this during feedback.

- No requirements.
- No recommendations.

Domain 4 – Impact on the community

High performing healthcare organisations have a proactive approach to engaging and working with the local community that inspires public confidence.

Our findings

Quality indicator 4.1 - The organisation’s success in working with and engaging the local community

The service engaged and worked successfully with the local community and we saw example of projects that made a positive impact.

The service was making make better use of social and local media to raise its profile in the community. A communications manager responsible for

community engagement and implementing the communication plan had been appointed.

The participation group was involved in many community engagement programmes and represented the community on governance committees. For example, the groups worked in partnership with the community and funders to develop the service's outdoor space. In line with its 2014-2019 strategic plan and as part of a development project to improve access to the hospice, a public footpath was completed during summer 2018.

The service had strong links with local schools and had developed bereavement resources for children, young people and teachers in partnership with one school. Feedback from teachers and pupils demonstrated that it provided guidance on how to support a bereaved pupil.

Service representatives were involved in partnership groups, such as the Renfrewshire Health and Social Care Partnership. This representation allowed for joint working and sharing best practice and resources.

What needs to improve

The service had started good work around engagement, such as a community ambassador programme. However, it had not yet measured the impact or outcomes of the work. We will follow this up at future inspections.

- 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

A quality assurance framework helped manage risks in the service and the hospice was clean. Nursing staff carried out a falls risk assessment for each patient and had purchased fall alarms to minimise patient falls.

A maintenance and financial plan for the hospice and gardens helped staff plan actions to reduce risks in the service. The service’s maintenance team carried out basic repairs and maintenance contracts with external contractors were in place.

Each department used a health and safety quality assurance framework and audit tool with risk assessments. Health and safety checks of water, fire, gas and electric minimised risks and actions from the checks were completed.

An infection prevention and control group included staff from clinical and non-clinical areas of the hospice and produced staff guidance for minimising the spread of infection and associated risks. It met every 3 months to discuss best practice, audit results, staff training needs and take actions. For example, infection control link nurses and a member of the group had delivered staff training on the safe disposal of waste and clinical bins had been purchased for all patient rooms.

Nursing staff carried out a falls risk assessment as part of the patients’ admission and were aware of the changing needs of the patients. Fall alarms had been purchased to minimise patient falls.

The ward manager had improved signage in the ward following an assessment carried out after our last inspection in November 2017. Staff told us that, since

the new signage, fewer patients asked where the bathroom was and visitors found the patient lounge without asking staff for directions.

What needs to improve

While we found all areas of the hospice to be clean and tidy, some areas would benefit from refurbishment, such as the patient day room and disabled bathroom. We also saw a shower curtain tied back to the hand rail of the disabled bathroom and were advised that this shower was never used (recommendation a).

- No requirements.

Recommendation a

- We recommend that the service should carry out an infection prevention and control management review of the day room and disused shower area.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Appropriate assessments and good communication between staff, patients and carers helped to ensure patients' needs were met. Audits should be evaluated further to identify strengths and improvements.

As part of the admission process and patient feedback strategy, patients were asked about their likes and dislikes so staff and volunteers could meet their needs. For example, catering staff spoke to patients regularly to plan menus and individual requests. The patients we spoke with said the food was good: 'I was expecting the food to be like aeroplane food but it's definitely not that, it's amazing.'

All staff we spoke with were aware of their responsibilities for making sure patients' support needs were met. We saw evidence of good communication, such as minutes from a communication meeting that took place twice a day and discussed patient care plan details and changes to patients' condition.

The service had introduced an electronic system to document patient care. Staff delivering care told us the electronic patient care record system's prompts had improved the standard of their documentation. For example, the electronic record had a dedicated text box for staff to complete information about

consent. Medical staff carried out weekly visual checks of the electronic patient care documentation and told us that they found that consent had been consistently documented on the system.

Staff training had helped to improve the service's management of pressure ulcers. An evidence-based assessment tool had been implemented to provide a framework for assessing pressure ulcers. Ward staff had also implemented a pressure ulcer safety cross tool to help identify any increased risks which could have been avoided and plan appropriate measures to minimise further risks.

What needs to improve

The clinical governance committee had discussed a strategy to further minimise patients developing the risk of pressure ulcers. However, the impact of staff training and implementation of assessment tools had not been evaluated at the time of our inspection (recommendation b).

While weekly documentation checks were carried out, the service did not formally record the outcomes.

- No requirements.

Recommendation b

- We recommend that the service should evaluate the impact of staff training and implementation of pressure ulcer assessment tools on patient care.

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

Staff induction and recruitment was good. However, additional regular staff safety checks must be implemented for employed staff and contracts addressed for on-call doctors.

The service had good systems for staff recruitment, induction and training. We reviewed a number of staff employment files and completed a safe recruitment

audit. All files were easy to follow and had the appropriate employment checks completed, including candidate references and Protecting Vulnerable Groups (PVG) memberships. A system monitored the yearly revalidation for staff that belonged to a professional organisation as part of staff safety checks.

We saw that staff were issued with updated job descriptions and guidance explaining the changes, such as including role specific infection control responsibilities. All staff and volunteers received appropriate, role-specific inductions.

The service had introduced a learning and development strategy in line with its strategic plan to support workforce development. A newly-appointed quality improvement practitioner was responsible for the strategy. It aimed to make sure that learning and development would support and improve service delivery for patients, families and carers.

The strategy was supported by a statutory and mandatory core training framework for staff. The service's training programme included statutory, mandatory and role-specific training. Training was monitored monthly and discussed at the operational management meetings, to track compliance with training targets. The service aimed to achieve a training target compliance rate of 90% by March 2019.

Staff participated in yearly appraisals to identify goals and training needs for the year. Staff confirmed that their training needs were discussed and recorded during the appraisals. Staff told us that the amount and variety of training was good, which include internal, external and online training and study days.

- 'the learning opportunities here are great.'
- 'my manager is very approachable to ask to attend training. But they also bring ideas to us of training that would be good for us.'

Staff were encouraged to become involved in the service's developing continuous quality improvement culture. For example, staff could attend staff forums and feedback sessions to increase two-way communication.

What needs to improve

We saw some doctors who provided on-call services did not have employment contracts with the service (requirement 1).

While the service completed some yearly safety checks on staff, it did not have a system in place to regularly review the PVG status of staff.

Requirement 1 – Timescale: immediately on receipt

- The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

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

Quality assurance processes and leadership has progressed significantly since our last inspection in June 2017. The impact and outcomes for patients should be further evaluated to demonstrate progress.

The service had an overall quality assurance programme, with designated leads responsible for carrying out audits in their area. For example, the ward manager was responsible for auditing documentation of care in the ward and reporting any concerns to the senior management team. The service had recruited more staff to the quality improvement team to help identify risks earlier and plan improvement actions.

The operational management team met monthly to share audit results, progress or risks. Progress was followed up at the following operational management team meeting.

As a result of recognised areas for improvement, a board assurance framework programme was introduced and shared with the service's board of trustees. The programme provided details of hospice risk assessments and ongoing improvement work. The board met every 3 months to discuss strategies, policies, budgets, plans and performance.

A community and business review was part of the service's evaluation of the 2014–2019 strategic plan. Part of the review informed health professionals, members of the public and stakeholders about the hospice's enhanced services. The review focused on the needs of the community and would be used to help inform the hospice's next strategic plan.

Staff told us that senior management was very approachable and they were confident they could raise concerns or ask for help. The service had a plan for

board members to visit the hospice. This will make leadership more visible in the hospice and provide opportunities for patients, staff and relatives to ask any questions or share feedback.

Staff told us they were able to develop their leadership skills. For example, the cook was asked to carry out aspects of risk management in the kitchen area and promote more social interactions with the patients. The cook told us they were pleased their knowledge and skills were valued in the service, stating: 'I don't see myself as just the cook, I am part of the wider team and have a key role to play in meeting the patients and carers needs from a variety of perspectives.' Other staff members led programmes of interest to increase their leadership skills and specialist knowledge to help improve patient and carer and experiences.

What needs to improve

While we saw actions had been taken to improve since our last inspection, we did not see a consistent improvement methodology embedded in the service. In addition to this, some staff we spoke with did not understand the importance of measuring the impact of audits and actions taken to show improvement. For example, we saw no evidence of the recorded impact of improved signage in the hospice or pressure ulcer management (recommendation c).

- No requirements.

Recommendation c

- We recommend that the service should implement a robust system to record and evaluate the impact of its improvement actions.

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	
Recommendations	
a	We recommend that the service should carry out an infection prevention and control management review of the day room and disused shower area (see page 13). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17
b	We recommend that the service should evaluate the impact of staff training and implementation of pressure ulcer assessment tools on patient care (see page 14). Healthcare Improvement Scotland Prevention and Management of Pressure Ulcers Standards 2016.

Domain 7 – Workforce management and support	
Requirement	
1	<p>The provider must ensure that employment or practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 16).</p> <p>Timescale – by immediately on receipt of report</p> <p><i>Regulation 12(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
c	<p>We recommend that the service should implement a robust system to record and evaluate the impact of its improvement actions (see page 18).</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>

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.



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, 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:

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