



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Focused Inspection Report: Independent Healthcare (online inspection)

**Service:** Bethesda Hospice, Stornoway

**Service Provider:** Bethesda Nursing Home &  
Hospice

29 March 2021

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## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 5 March 2018**

#### **Recommendation**

*The service should develop and continually review its website to ensure up-to-date information about the service is shared.*

#### **Action taken**

A new, more user-friendly and informative website had been launched.

#### **Recommendation**

*The service should implement Healthcare Improvement Scotland's Standards for Prevention and Management of Pressure Ulcers (2016). The standards provide a framework for managing pressure ulcers which will promote quality and consistency of patient care.*

#### **Action taken**

From the day of admission, patients' skin and pressure areas were regularly reviewed. We saw good use of an adapted Waterlow scale, which is a patient risk assessment carried out to determine the development of pressure sores.

#### **Recommendation**

*The service should develop a quality assurance framework which provides details and outcomes of audits, levels of risks in the service and action plans with timescales for completion.*

#### **Action taken**

This is reported under Quality indicator 9.4 (see recommendation e).

## 2 A summary of our inspection

We carried out an announced inspection to Bethesda Hospice on Monday 29 March 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service's infection prevention and control policies and procedures, and spoke with the service manager, a doctor and the infection control link nurse during an online video conferencing call.

The inspection team was made up of two inspectors.

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

### What we found and inspection grades awarded

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

| Key quality indicators inspected  |   |                |
|---|---|----------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |   |                |
| Quality indicator   | Summary findings  | Grade awarded  |
| 5.1 - Safe delivery of care   | Appropriate risk assessments had been carried out since the start of the COVID-19 pandemic and actions had been taken to minimise the risk of infection transmission. Hospice admissions had been reduced to allow infection prevention and control measures to be effectively managed. A dedicated infection prevention and control team was in place and the hospice's environment was clean. The service should review some of its key policies to ensure appropriate Scottish guidance is being followed. | ✓ Satisfactory |
| Domain 9 – Quality improvement-focused leadership                             |   |                |
| 9.4 - Leadership of improvement and change                                    | The hospice looked to make sure that patients, their families and staff were well supported through the pandemic. COVID-19 guidance had been published on the hospice's   | ✓ Satisfactory |

|  |   |  |
|--|---|--|
|  | website and there was good communication between staff. The service should develop a quality improvement plan to record and evaluate the impact of its improvement actions. |  |
|--|---|--|

The following additional quality indicator was inspected against during this inspection.

| <b>Additional quality indicators inspected (ungraded)</b>                            |  |
|--|--|
| <b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b> |  |
| <b>Quality indicator</b>   | <b>Summary findings</b>  |
| 5.2 - Assessment and management of people experiencing care                          | COVID-19 care plans formed part of a patient’s routine assessment and were appropriately recorded in patient care records. Evidence of communication with patients and their next of kin was recorded in patient care records. However, the service should make sure that the patient’s consent to treatment is documented and, where applicable, the patient’s power of attorney is discussed and documented. |

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

### **What action we expect Bethesda Nursing Home & Hospice to take after our inspection**

This inspection resulted in five 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

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

## 3 What we found during our inspection

### Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

#### **Our findings**

#### **Quality indicator 5.1 - Safe delivery of care**

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**Appropriate risk assessments had been carried out since the start of the COVID-19 pandemic and actions had been taken to minimise the risk of infection transmission. Hospice admissions had been reduced to allow infection prevention and control measures to be effectively managed. A dedicated infection prevention and control team was in place and the hospice’s environment was clean. The service should review some of its key policies to ensure appropriate Scottish guidance is being followed.**

Several risk assessments had been carried out since the start of the pandemic and the service had taken actions to minimise the risk of COVID-19 transmission. Policies and standard operating procedures had been updated to reflect the risks identified in the risk assessments. Actions taken to reduce the risks included:

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

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

Admissions had been limited to help the hospice manage the stricter infection prevention and control measures from the pandemic. Visiting had been restricted to one visitor a day, apart from in exceptional circumstances. Each visitor went through a strict sign-in process and were not allowed to enter until they had completed a lateral flow test and tested negative for COVID-19. Each visitor's details were recorded for contact tracing purposes and they were issued with appropriate personal protective equipment before entering the patient's room.

Staff were carrying out lateral flow testing twice a week and full PCR testing once a week.

Clinical staff changed into a uniform before starting their shift and changed back into their own clothes at the end of their shift before leaving the building. Changing facilities were available on site, with shower and toilet facilities. Staff laundered their own uniforms at home, at the highest temperature recommended for the material.

Housekeeping staff had received training in COVID-19 risks and cleaning methods. They carried out general cleaning once a day and also cleaned high-touch areas three times a day. Recent cleaning schedules we saw demonstrated that the standard and frequency of cleaning was regularly monitored. Staff told us they cleaned equipment between each patient use. We saw that housekeeping staff were using colour-coded cleaning equipment and the care environment was clean and well maintained.

Appropriate hand hygiene facilities were available, including clinical hand wash basins with hand soap and paper towels. Alcohol-based hand rub dispensers were also available throughout the service. We observed good staff compliance with hand hygiene.

We saw that personal protective equipment was stored appropriately, close to where patient care was delivered. During our observations, we also saw good staff compliance with the use of this equipment, including:

- aprons
- face masks
- face visors, and
- gloves.

A supply of fluid-resistant surgical face masks were available throughout the hospice, along with good signage to remind visitors to use them.



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

### **What needs to improve**

The hospice's infection prevention and control policy was not in line with Scottish guidance. Some procedures and cleaning products described in the policy were also different to those followed in the service.

Health Protection Scotland's *National Infection Prevention and Control Manual* states that a combined detergent and disinfectant solution should be used to clean surfaces. If not then, detergent followed by a chlorine-based disinfectant solution would be acceptable. Housekeeping staff used a chlorinated sanitising powder for general environmental cleaning. However, this product did not allow staff to vary the dilution rates which may be required when cleaning surfaces or when cleaning bodily fluid spillages. Although a spillage policy was in place, there was some confusion from staff on how to clean blood and bodily fluid spillages. Cleaning products should be in line with the recommendations in the national infection prevention and control manual (recommendation a).

While we saw evidence of some infection prevention and control-based audits, the hospice's audit programme did not cover all of the standard infection prevention and control precautions described in Health Protection Scotland's *National Infection Prevention and Control Manual* (recommendation b).

The hospice's waste management agreement for collection and disposal of its clinical waste was with NHS Western Isles. On the day of the inspection, the service manager told us that NHS Western Isles was currently unable to fulfil the clinical waste uplifts to the hospice due to the high demand. This practice was temporary. We have since seen evidence that this agreement with NHS Western Isles has resumed.

- No requirements.

### **Recommendation a**

- The service should review its infection prevention and control policy to ensure it reflects the way it operates and is in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

### **Recommendation b**

- The service should further develop its programme of regular audits to cover key aspects of care and treatment, including infection prevention and control. Audits should be documented and improvement action plans implemented.

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**COVID-19 care plans formed part of a patient's routine assessment and were appropriately recorded in patient care records. Evidence of communication with patients and their next of kin was recorded in patient care records. However, the service should make sure that the patient's consent to treatment is documented and, where applicable, the patient's power of attorney is discussed and documented.**

Following referral to the hospice, all patients followed an admissions pathway. Patients were:

- tested for COVID-19, taken 24 hours before admission to the hospice
- screened for COVID-19 using a questionnaire on arrival, and
- nursed by dedicated staff in single en-suite rooms from admission.

Patients who tested positive for COVID-19 were not admitted to the hospice.

We reviewed four patient care records and saw comprehensive assessments were carried out on the day of admission, including nutritional assessment, pain management, mobility and skin assessment. We saw evidence of conversations with the patient and family about their expectations for the admission. After admission, each patient was nursed in an en-suite single room for the whole admission.

Each patient had a COVID-19 care plan completed on the day of admission. This provided a checklist for staff to make sure the care plans were addressed and included making sure families were aware of the restriction to the service during a pandemic. The care plan also allowed test results, including for COVID-19, to be documented.

We saw documentation of consultations between staff, patients and next of kin in each patient care record. This included the patient's preferred place of care and preferred place of death, anticipatory care plan and consent to share information with next of kin.

Evidence of good communication between the hospice staff and external health professionals showed an effective patient admission and discharge process.

### **What needs to improve**

We saw detailed documentation of an admission process for each patient. However, we did not find documented evidence that the patient consented to treatment or information sharing to other family members or external professionals (recommendation c).

Conversations with patients about their wishes and care plans were documented in the patient care records, including what would be appropriate treatment if the patient's condition deteriorated out-of-hours during admission. However, we saw no evidence of discussions about whether the patient had a power of attorney in place (recommendation d).

- No requirements.

### **Recommendation c**

- The service should ensure consent to treatment is recorded in patient care records. Consent should be obtained for information sharing with the wider family and other professionals.

### **Recommendation d**

- The service should ensure that details of the patient's power of attorney is documented and a copy of the paperwork is obtained if applicable.

## 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

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**The hospice looked to make sure that patients, their families and staff were well supported through the pandemic. COVID-19 guidance had been published on the hospice’s website and there was good communication between staff. The service should develop a quality improvement plan to record and evaluate the impact of its improvement actions.**

As part of its response to the pandemic, the Bethesda Management Committee oversaw the way care and treatment was provided to make sure the hospice continued as normally as possible for staff, patients and families. The committee met monthly before the pandemic. While this committee met less during the national lockdown periods, it continued to provide updates to staff. Minutes from this committee demonstrated the type of information shared with staff, patients and their families from the start of the pandemic and throughout. This included any changes to the way patients would be cared for, staffing availability and updates to policies to help the hospice manage the pandemic.

Senior management made sure appropriate support was provided to staff. Monthly newsletters sent to all staff, including those on furlough or shielding, highlighted changes to government guidance and how it affected the way staff provided patient treatment and care.

An infection prevention and control team was in place which included an infection control link nurse and representation from each department of the hospice. The team met regularly and reported to the service manager, who reported to the Bethesda Management Committee. The team carried out infection prevention and control audits, which were also reported through the same reporting structure.

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

A service level agreement was also in place between the hospice and NHS Western Isles. Part of this agreement included the NHS Western Isles infection control team carrying out external reviews of the hospice. During the pandemic, these reviews had continued 'virtually' and helped to provide external quality assurance of the hospice's infection prevention and control procedures.

### **What needs to improve**

We discussed audit activity with the service manager, saw evidence of hand hygiene audits and an audit of staff using personal protective equipment. However, we did not see evidence of a formal quality improvement plan in place, to evaluate the impact of its improvement actions (recommendation e).

- No requirements.

### **Recommendation e**

- The service should develop a quality improvement plan 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 |  |
|---|--|
| <b>Requirement</b>  |  |
| None  |  |
| <b>Recommendations</b>  |  |
| <b>a</b>  | <p>The service should review its infection prevention and control policy to ensure it reflects the way it operates and is in line with Health Protection Scotland’s <i>National Infection Prevention and Control Manual</i> (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>        |
| <b>b</b>  | <p>The service should further develop its programme of regular audits to cover key aspects of care and treatment, including infection prevention and control. Audits should be documented and improvement action plans implemented (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |
| <b>c</b>  | <p>The service should ensure consent to treatment is recorded in patient care records. Consent should be obtained for information sharing with the wider family and other professionals (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>  |

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

**Recommendations**

- d** The service should ensure that details of the patient’s power of attorney is documented and a copy of the paperwork is obtained if applicable (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.12

**Domain 9 – Quality improvement-focused leadership**

**Requirements**

None

**Recommendation**

- e** The service should develop a quality improvement plan to record and evaluate the impact of its improvement actions (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## 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](http://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](http://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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0131 623 4300

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)