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Inspections
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Unannounced Inspection Report: Independent Healthcare

Service: Bethesda Hospice, Stornoway

Service Provider: Bethesda Nursing Home & Hospice

21-22 August 2023

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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 29 March 2021

Recommendation

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.

Action taken

The infection control policy had been updated and was now in line with national Scottish guidance. We saw good infection prevention and control processes and procedures in place, as well as the correct processes and products being used for environmental cleaning and for cleaning blood and bodily fluid spillages.

Recommendation

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.

Action taken

We saw a number of clinical audits were taking place regularly with good outcomes reported. We were told the service planned to further develop the audit programme and was currently trialing using an online audit app.

Recommendation

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.

Action taken

The patient care records we reviewed were detailed and comprehensive, and included consent obtained for sharing information with external healthcare professionals and family.

Recommendation

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.

Action taken

Of the patient care records we reviewed, power of attorney only applied for one patient. However, we were told the document was not available in the records as it was currently with the Office of the Public Guardian.

Recommendation

The service should develop a quality improvement plan to record and evaluate the impact of its improvement actions.

Action taken

In place of a quality improvement plan, an annual business development plan had been developed. This highlighted the aims for the service for 2023/24. These included:

- reviewing policies and procedures
- giving consideration to offering a hospice at home service, and
- assisting NHS Western Isles with developing end of life care in the community.

This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 19).

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 Bethesda Hospice on Monday 21 and Tuesday 22 August 2023. We spoke with a number of staff and service users during the inspection. With their consent, we telephoned recently bereaved families and one patient who had recently used the service. We received feedback from 18 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Stornoway, Bethesda Hospice is an independent hospital (a hospice providing palliative care/end of life care). During the inspection, there were no patients in the service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Bethesda 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
<p>The service had a clear current and future direction for hospice care. The current strategic plan included a development plan about the service considering expanding its facilities and the services it provides out to the community. A regular, formal programme of staff meetings would allow staff to express their opinions on how the service could keep improving.</p>		<p>✓✓ Good</p>
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>The hospice was well known in the community by patients and families. A thorough process of patient assessment was carried out. Processes were in place to ensure the environment was safe with appropriate infection prevention and control processes in place. Staff were recruited appropriately.</p> <p>The business development plan should be developed further to include a process of regular review. Having a more structured maintenance programme would provide evidence of when maintenance work and servicing was due.</p>		<p>✓ Satisfactory</p>
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was very clean and tidy and in a good state of repair. Although patient care records were comprehensive, there was no record of the outcomes from multidisciplinary team meetings. Patients and families spoke positively about their experiences, and said they felt fully supported by the hospice service. Staff told us they enjoyed working in the service and felt supported by the senior management team.</p>		<p>✓✓ Good</p>

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

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Bethesda Nursing Home & Hospice 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 seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop a more regular programme of formal staff meetings (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

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should check with the Information Commissioner’s Office about whether it needs to register (see page 17).</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>
c	<p>The service should ensure washing machines are tested to ensure they are achieving thermal disinfection standards in line with national guidance (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 4.11</p>
d	<p>The service should further develop its maintenance and servicing programme to demonstrate at a glance when checks and servicing are due (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 4.27</p>
e	<p>The service should deliver staff training on how to use the fire panel (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 4.11</p>
f	<p>The service should further develop the business development plan to include a structured process of reviewing that includes timescales and actions, where applicable (see page 19).</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> <p>This was previously identified as a recommendation in the March 2021 inspection report for Bethesda Hospice.</p>

Results	
Requirements	
None	
Recommendation	
g	<p>The service should ensure that a record of the outcomes from multidisciplinary team meetings are documented in patient care records (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.17</p>

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

We would like to thank all staff at Bethesda 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

The service had a clear current and future direction for hospice care. The current strategic plan included a development plan about the service considering expanding its facilities and the services it provides out to the community. A regular, formal programme of staff meetings would allow staff to express their opinions on how the service could keep improving.

Clear vision and purpose

The hospice was situated within a care home and comprised of four beds. Its main purpose was to continue to care for people with life-limiting illnesses who require palliative care. Its vision was to continue to meet its commitment of caring for the whole person in a physical, emotional, spiritual and social sense.

The care home and hospice comprised of a board of trustees and a senior management team with a 5-year strategic plan. The plan consisted of the organisation's principles, its mission and future opportunities. It detailed a number of aims, for example ensuring an ongoing development of the hospice service as the demand for palliative care increases in the future. It also aims to increase the education programme in palliative care provided by hospice staff to external healthcare professionals. It is hoped that by recognising the benefits of early palliative care intervention, this education programme would potentially reduce the need for admission.

The service's 'key performance indicator' document addressed aspects of how the service provided palliative care to the population of the Western Isles, and how this care extended to carers and families.

We saw that a working group had been developed to consider plans for expanding the service's bed capacity and facilities available for patients and families to stay overnight.

We were told the hospice clinical team had the capacity to work alongside NHS staff to visit and assess patients in their homes. This could help to ensure palliative care treatments were commenced sooner and patients could possibly then stay at home longer. Staff had also commented about this in our online survey:

- 'It would be good if the hospice could give advice to the local hospital and community services as our skills are not being fully utilised.'
- 'A hospice at home service would be very useful.'

The service was liaising with NHS Western Isles about this and we will follow this up at the next inspection.

- No requirements.
- No recommendations.

Leadership and culture

Staff in the service included doctors, nurses, housekeeping, catering and maintenance teams. Lead nurses for specific areas had also been appointed, for example in tissue viability (pressure sores) and continence. Other external professionals contributed to the service when required, including the Macmillan nurse service, cardiac nurse specialists and chaplaincy team. During the inspection, we attended a staff handover which included information on patients, and any planned admissions and discharges. All staff contributed to this.

The hospice clinical staff attended a weekly multidisciplinary team meeting with external professionals, for example the Macmillan nurse team to discuss possible admissions to the service.

A governance system was in place that addressed safe practice. This included a regular programme of meetings held for senior staff and trustees. The board of trustees formally met every 2 months. From agendas and minutes, we saw that topics covered included:

- finance and fundraising
- membership and vacancies for co-opted members to the board
- Office of the Scottish Charity trust information, and
- staffing and staff retention.

Several subgroups of the board of trustees met regularly to discuss the ongoing management of the care home and hospice. These included the salary review group, land group and hospice development group. These groups met formally every 2-3 months and reported into the overall board of trustee meeting. This meeting helps to inform the strategic plan and business development plan.

The senior management team had been restructured in recent months. This now comprised of:

- the chief executive officer/manager
- assistant manager
- senior nursing staff
- a doctor, and
- a member from the board of trustees.

The service had developed a staff wellbeing policy which highlighted its aim to improve staff mental health and wellbeing. As a result, and following suggestions from staff, 10-week drop-in yoga sessions were made available for staff.

We noted a recent staff survey had asked staff about their preferred type of uniform. At the time of the inspection, results from the survey were in the process of being analysed.

What needs to improve

We were told that staff meetings occurred periodically throughout the year. A more regular and frequent programme of formal staff meetings would help staff to have more of a say in how the service developed (recommendation a).

- No requirements.

Recommendation a

- The service should develop a more regular programme of formal staff meetings.

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

The hospice was well known in the community by patients and families. A thorough process of patient assessment was carried out. Processes were in place to ensure the environment was safe with appropriate infection prevention and control processes in place. Staff were recruited appropriately.

The business development plan should be developed further to include a process of regular review. Having a more structured maintenance programme would provide evidence of when maintenance work and servicing was due.

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

The hospice and care home relied significantly on support from the community of the Western isles. Due to the small island community, patients who were admitted to the hospice were often known to staff personally.

The service's website had information patients could access before admission. Families we spoke with had previous experience of the hospice service over several years. They felt they were fully informed of what services were available in the hospice, and staff were familiar to them. Information leaflets were also available in the hospice for patients to access. Each patient was given an information leaflet when they were admitted which provided specific information, for example visiting times.

Feedback forms were available at reception for families and patients to complete about the service. We were told feedback was reviewed regularly and was responded to within 5 days. Staff were made aware of feedback. All feedback we reviewed was positive. We were told that consideration being given to expanding the number of hospice beds had also included discussions with patients and families. During the inspection, we saw that families often returned to meet and chat with staff following the death of a loved one.

The service produced a newsletter every 2 months that was available to all patients, families and staff. This included information about fundraising and staffing events, changes in the service and feedback received.

The service worked closely with the Western Isles Cancer Care Initiative throughout the Western Isles community. This meant that patients could access complementary therapies, for example head and foot massages. The Western Isles Cancer Care Forum also provided training to carers in their homes, such as moving and handling and first aid.

We were told that every year staff received a Christmas bonus. The Distant Islands Allowance had been introduced to bring staff pay in line with NHS and local authority staff. This allowance was introduced by the Scottish Government as an incentive to encourage qualified, trained, professional staff to relocate from the mainland to the islands.

- 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 service manager understood when to notify Healthcare Improvement Scotland of changes or certain events that occurred in the service.

The service followed appropriate clinical care guidelines in line with national guidance. Patients were referred to the hospice through the NHS or through the community Macmillan nursing team. An up-to-date admissions policy highlighted the admission criteria for hospice.

Policies and processes were updated every 3 years or when guidance, changed with a clear version control process in place. Policies included:

- admission criteria
- infection prevention and control
- safeguarding (public protection), and
- medicine management.

Processes were in place to ensure safe medicine management in the hospice. A thorough process was in place for ordering, prescribing and administering all medicines. Medicine orders were sent to NHS Western isles. Medicine checklists were in place to ensure expiry dates were checked regularly. NHS pharmacy staff supported hospice staff in destroying out-of-date medicines.

Processes were in place to manage infection prevention and control in line with national guidance. There was an adequate supply of cleaning equipment and a clear process of washing mop heads and cloths once before being disposed of after the next use. A good supply of personal protective equipment was available such as gloves, masks and aprons. Single-use equipment was used to prevent cross-infection.

We saw a clear laundry policy was in place, with all linen and patients' personal clothing laundered on site. During the inspection, we noted that the washing machine was set at the correct temperature, in line with national guidance.

A maintenance and servicing programme included the maintenance of electrical equipment, patient equipment and regular water checks. An external company supported the service with water flushing and the maintenance of the boilers in the building. Maintenance contracts were in place for fire safety equipment and the fire detection system. Fire extinguishers and alarm systems had been checked recently. A fire risk assessment had been carried out in recent months. We saw evidence of staff training in fire safety.

The service had an up-to-date complaints policy which included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland, if needed. We were told that no complaints had been received recently.

A process of recording and investigating incidents and accidents was in place. The service had an up-to-date duty of candour policy and a published duty of candour statement on its website. There had been no duty of candour incidents or accidents reported in the last year.

Hospice patient care records were kept in paper format and were stored securely. The patient care records were completed by both nursing and medical staff, and included a thorough process of documenting patient information and assessment. Patients' next of kin information was documented and appropriate consent was obtained to share information. When a patient was admitted, staff completed patient assessment tools which included:

- falls risk assessments
- skin assessments
- nutritional assessments, and
- pain score assessments.

A recruitment process helped to ensure that suitably qualified staff were recruited. This process was managed by the senior management team. Systems were in place to ensure all staff had an up-to-date Protecting Vulnerable Groups (PVG) check. New staff had a role-specific induction programme to complete which included education on duty of candour and reporting accidents.

A programme of yearly checks was carried out on all healthcare professionals ensuring they remained registered with their regulatory body. Healthcare assistants were expected to register with the Scottish Social Services Council within 6 months of joining the care home and hospice. This is the regulatory body for social service workers and employers.

All staff had regular online mandatory training and other healthcare platforms were accessible for staff. All nursing staff were supported to train as mentors for nursing students working in the service.

The staff appraisal process was carried out by heads of department with staff given personal and professional objectives to achieve over the year.

What needs to improve

The service should check with the Information Commissioner's Office (an independent authority for data protection and privacy rights) if it is required to register with them (recommendation b).

There was no regular testing of the washing machines to confirm the correct temperatures were consistently being achieved for thermal disinfection when laundering used and contaminated linen (recommendation c).

Although a maintenance and servicing programme was in place, a process should be developed to demonstrate at a glance what checks and servicing are carried out and when. This should be accessible to all appropriate staff should the maintenance team be unavailable (recommendation d).

Not all staff knew how to use the fire panel in the event it was triggered out of hours (recommendation e).

- No requirements.

Recommendation b

- The service should check with the Information Commissioner's Office about whether it needs to register.

Recommendation c

- The service should ensure washing machines are tested to ensure they are achieving thermal disinfection standards in line with national guidance.

Recommendation d

- The service should further develop its maintenance and servicing programme to demonstrate at a glance when checks and servicing are due.

Recommendation e

- The service should deliver staff training on how to use the fire panel.

Planning for quality

The service's risk management process included a corporate and clinical risk register. We noted risk assessments with updated action plans had been carried out for:

- infection prevention and control
- legionella
- moving and handling
- waste management, and
- storage of the oxygen cylinders.

In place of a quality improvement plan, an annual business development plan was available on the service's website and highlighted the direction of the service for 2023/24. This included:

- to host multidisciplinary team meetings in the service
- to undertake evacuation drills, and
- to provide work placements for school and college students.

The service had an audit programme of regular audits which were carried out by various staff members, for example housekeeping and nursing staff. These included:

- hand hygiene audits
- documentation completed on admission to the hospice
- environmental audits, and
- chair cleaning audits.

We saw good outcomes documented from recent audits. We were told the service was planning to develop a more detailed audit programme by trialing an online audit app. We were told other audits planned will include tissue viability and anticipatory prescribing of medicines.

The senior management team formed the clinical governance group. The service had an infection prevention and control lead nurse, and regular infection prevention and control meetings took place with associated agendas and minutes. Regular health and safety meetings were also held, and both groups reported to the clinical governance group which met every 3 months. Audit results were reported at the clinical governance meetings.

What needs to improve

The business development plan should be regularly reviewed and include actions to be taken and timescales, where applicable (recommendation f).

- No requirements.

Recommendation f

- The service should further develop the business development plan to include a structured process of reviewing that includes timescales and actions, where applicable.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was very clean and tidy and in a good state of repair. Although patient care records were comprehensive, there was no record of the outcomes from multidisciplinary team meetings. Patients and families spoke positively about their experiences, and said they felt fully supported by the hospice service. Staff told us they enjoyed working in the service and felt supported by the senior management team.

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 satisfactory self-evaluation.

The environment was exceptionally clean and tidy throughout the hospice. The building was in a good state of repair. We saw a good range and supply of cleaning products used. Cleaning schedules were completed by housekeeping staff. Adequate numbers of housekeeping staff were on duty throughout the day to ensure the service maintained the expected levels of cleanliness.

We reviewed four patient care records, which were fully completed. This included the appropriate name, date of birth and next of kin contact details. There was a comprehensive medical and nursing assessment carried out on the day of the patient's admission to the hospice that reviewed the patient's previous medical history, current medication and allergies. We saw treatment plans were in place and care plans were developed. Each record reviewed had completed assessment tools which allowed staff to ensure improved outcomes for the patients. We saw a 'do not attempt cardio-respiratory resuscitation' (DNACPR) form completed correctly in each patient record. This related to the emergency treatment given when a patient's heart stops or they stop breathing. A treatment escalation document was completed to ensure a patient's wishes were known by all staff in the event the patient's condition deteriorated. The patient's preferred place of death was documented. The patient's power of attorney status was documented in each set of patient care records reviewed.

Appropriate medicines were clearly prescribed, including medicines that may be required for additional or new symptoms like pain. Each patient care record reviewed had a completed medicine reconciliation chart. This is completed on admission and documents the patient's current regular medicines being taken. We saw that the patient's pain score assessment chart was completed and additional medicines were administered when required.

Patients' discharge planning was carried out when appropriate. Conversations with families were documented where appropriate.

We reviewed five staff files and found that all safety checks had been carried out, including obtaining two references. Application forms and interview notes were available. There were training certificates in each file. Each record reviewed included an induction and appraisal programme.

Staff we spoke with told us they felt supported in their role. They said the senior management team was always visible and approachable. Staff who completed our online survey told us about the positive leadership and culture in the service. They told us:

- 'I feel any suggestions I have are listened to and considered.'
- 'The care for residents is to a high standard and the staff do their jobs well.'
- 'I am encouraged to put forward suggestions and to influence care.'
- 'There is an amazing team rapport which families often comment on.'

Patients and families we spoke with told us:

- 'Could not do enough for us.'
- 'They were great.'
- 'I had a wonderful experience.'

What needs to improve

Staff we spoke with told us that off-site multidisciplinary team meetings were held with clinical staff and external healthcare professionals. However, we saw no record of the outcome of the multidisciplinary team meeting in the patient care records. For example, documenting what staff were in attendance and what discussions took place (recommendation g).

- No requirements.

Recommendation g

- The service should ensure that a record of the outcomes from multidisciplinary team meetings are documented in patient care records.

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.



More information about our approach can be found on our website:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
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Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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