

# Unannounced Inspection Report: Independent Healthcare

## Bethesda Hospice

Bethesda Nursing Home & Hospice, Stornoway

5–7 March 2018

***[This report is embargoed until 10.00am  
on Tuesday 17 April 2018]***

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# 1 A summary of our inspection

## About the service we inspected

Bethesda Hospice is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. Bethesda is a charitable organisation which provides specialist palliative care to people over the age of 18 years.

Bethesda Hospice is situated in a residential area near the centre of Stornoway, the main town of the Western Isles. The hospice is located within a wing of a larger building which provides longer term care to older people. The organisation is a Scottish Charitable Incorporated Organisation.

Staff at the hospice worked in partnership with NHS Western Isles, GPs, specialist nurses and allied health professionals (such as occupational therapists, physiotherapists, speech and language therapists) to meet the palliative care needs of people using the service.

Bethesda Hospice states that its aim is to provide physical, psychological, social and spiritual care in a calm, peaceful and welcoming environment.

The hospice has a maximum of four inpatient beds; all are single rooms.

## About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to Bethesda Hospice on Monday 5 to Wednesday 7 March 2018.

An inspector visited the service and allocated additional time to talk with patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

### **Quality Theme 0 – Quality of information: (aggregated score) 5 - Very good**

Quality Statement 0.2 – service information: 5 - Very good

Quality Statement 0.4 – confidentiality: 5 - Very good

### **Quality Theme 1 – Quality of care and support: (aggregated score) 5 - Very good**

Quality Statement 1.1 – participation: 5 - Very good

Quality Statement 1.5 – care records: 5 - Very good

**Quality Theme 2 – Quality of environment: (aggregated score) 5 - Very good**

Quality Statement 2.2 – layout and facilities: 5 - Very good

Quality Statement 2.4 – infection prevention and control: 6 - Excellent

**Quality Theme 3 – Quality of staffing: (aggregated score) 5 - Very good**

Quality Statement 3.2 – recruitment and induction: 5 - Very good

Quality Statement 3.3 – workforce: 6 - Excellent

**Quality Theme 4 – Quality of management and leadership: (aggregated score) 5 - Very good**

Quality Statement 4.3 – leadership values: 5 - Very good

Quality Statement 4.4 – quality assurance: 5 - Very good

The grading history for Bethesda Hospice and more information about grading can be found on our website at:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/providers\\_and\\_services.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx)

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

**What the service did well**

The participation strategy ensured that the community were aware of how the hospice operated and ways in which people could be actively involved in fundraising or sharing feedback about the service.

The service provided excellent care which was recognised by the patients, relatives and carers. The cleanliness of the hospice was also excellent.

Staff respected patients' wishes and worked as a team to ensure a positive working culture where everyone respected and supported each other.

**What the service could do better**

Staff should develop ways in which they record the management of pressure sores and anticipatory care planning. Healthcare Improvement Scotland has published guidance to facilitate this.

The existing quality assurance programme could be developed further to ensure workstreams, risk assessments and action plans are clearer.

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

Bethesda Nursing Home & Hospice, the provider, should address the recommendations and make the necessary improvements as a matter of priority.

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

## 2 Progress since our last inspection

### What the service had done to meet the recommendations we made at our last inspection on 15–16 March 2016

#### Recommendation

*We recommend that the service should appoint an appropriate member of staff to undertake the role of Caldicott Guardian.*

#### Action taken

The manager was the appointed Caldicott Guardian for the hospice. The manager had completed relevant training and was responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing. **This recommendation is met.**

#### Recommendation

*We recommend that the service should revise its participation strategy to expand and formalise methods of gaining feedback and to detail how findings will be actioned and results displayed.*

#### Action taken

The service had developed its participation strategy. Regular newsletters were shared with service users and stakeholders. These provided information about events, news and feedback obtained from patients and carers. The manager met with various people in the community to present information about the hospice and ways people could share feedback about the hospice. The manager also said that staff would be using an electronic hand-held device to gain feedback from patients and families in the near future. **This recommendation is met.**

#### Recommendation

*We recommend that the service should review its medicines admission documentation to make sure comprehensive recording of medicines reconciliation meets the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO(2013). This information should also be included in the service's medicines policy.*

#### Action taken

The service had developed the medication policy and documentation of medicines reconciliation in the patients' care records. **This recommendation is met.**

#### Recommendation

*We recommend that the service should ensure the specification of the new carpet complies with standard infection control practices to withstand the level of cleaning required.*

#### Action taken

New carpets had been fitted which complied with standard infection control practices. We saw carpets being vacuumed daily. The carpets were clean and the environment was fresh smelling. **This recommendation is met.**

## **Recommendation**

*We recommend that the service should update all relevant policies and procedures for infection prevention and control to ensure they contain references to the latest Healthcare Improvement Scotland standards.*

### **Action taken**

All relevant policies including the infection control policy had been updated to include the latest Healthcare Improvement Scotland healthcare associated infection (HAI) standards. **This recommendation is met.**

## **Recommendation**

*We recommend that the service should index staff and volunteer files so that specific information can be found more easily.*

### **Action taken**

Processes to record staff and volunteer files had been developed. This meant information about staff could be retrieved more easily. **This recommendation is met.**

## **Recommendation**

*We recommend that the service should finalise and implement the pre-employment health clearance check.*

### **Action taken**

The service had developed staff and volunteer recruitment processes to ensure all pre-employment health clearance checks were carried out and documented. **This recommendation is met.**

## **Recommendation**

*We recommend that the service should implement a system to clearly record the interview and selection process.*

### **Action taken**

A record of the interview and selection process form had been developed for the service. All staff and volunteers who had been recruited since the last inspection in March 2016 had a record of the selection process. **This recommendation is met.**

## **Recommendation**

*We recommend the service should develop a clear improvement action plan following an audit that shows the timescales when improvements will be made by and the person responsible for leading the work.*

## **Action taken**

We were told improvements had been made to the quality assurance processes and records of audits and action plans in the service. However, more recently this had deteriorated. This made it difficult to follow all of the audits carried out in the hospice and details of action plans. **This recommendation is not met. A new recommendation has been made** (see Quality Statement 4.4).



### 3 What we found during this inspection

#### Quality Theme 0 – Quality of information

##### Quality Statement 0.2

**We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.**

##### Grade awarded for this statement: 5 - Very good

The majority of staff and volunteers working in the hospice lived on the island. This contributed to the strong community spirit and positive caring reputation of Bethesda Hospice. The hospice website provided some information about the hospice and the care and treatment available.

Staff, patients and carers told us that when patients were admitted to the hospice, nursing and medical staff took time to explain to each patient how their needs would be met. Staff provided opportunities for patients and families to ask questions and encouraged them to make best use of the facilities available. The patient information leaflet provided helpful advice about how the hospice operated. The leaflet also covered aspects of patient confidentiality and how patients could raise concerns or make a complaint. An additional leaflet was given to carers and relatives which provided information about visiting the service and the facilities available.

There was a strong commitment to bereavement support in the hospice. The chaplain visited the hospice frequently and staff arranged immediate and long-term support for relatives and carers. A bereavement information leaflet given to relatives and carers provided useful guidance about funeral arrangements and bereavement support.

##### Area for improvement

The service's website could be improved by sharing information about the recent refurbishment and the ways patients and stakeholders could share feedback. We were told that most of the feedback gathered from patients and carers was verbal as this was the method they preferred. Patients' testimonials could be shared on the website to enable others to make an informed choice about the service (see recommendation a).

- No requirements.

##### Recommendation a

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

#### **Quality Statement 0.4**

**We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.**

#### **Grade awarded for this statement: 5 - Very good**

All staff and volunteers were made aware at the start of their employment about the hospice's confidentiality policy. Staff and volunteers completed confidentiality training as part of their induction. Other training updates often covered aspects of confidentiality and information sharing. Administration staff were careful to protect patient confidentiality when making telephone calls to families or healthcare staff. A Caldicott Guardian was appointed for the hospice who was responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing.

Only visitors of patients who were receiving hospice care were able to access specific areas of the service. This helped to promote patient confidentiality. Information about patient care was recorded in written form. Patient care records were stored securely at the nursing station and could only be accessed by nursing or medical staff.

- No requirements.
- No recommendations.

### **Quality Theme 1 – Quality of care and support**

#### **Quality Statement 1.1**

**We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Grade awarded for this statement: 5 - Very good**

The staff and manager of the hospice had developed the participation strategy since the last inspection in March 2016. There was a questionnaire about the quality of care provided in the service was available for patients and relatives to complete. Comments included:

- 'Management should be congratulated for their commitment and continuing dedication to the high standard of care at Bethesda, for the patients in the hospice and residents in the care home.'
- 'Exceptional service complimented by professional staff.'

The manager told us that patients, relatives and carers preferred to give feedback verbally. However, the hospice was keen to introduce an electronic hand-held device which could capture real-time feedback from patients and carers.

The hospice newsletter was widely available in the community and was issued every 2 months. The newsletters we read contained information about events, fundraisers, celebrations in the hospice and ways to get involved in developing the hospice. The manager was a familiar face in the hospice and community, and regularly delivered presentations about the hospice to local businesses, schools and stakeholders.

There was a wealth of support for the hospice. For example, the Hebridean Men's Cancer Support Group met regularly to plan fundraising events for the hospice. The group recently donated a bed and visited staff and patients in the hospice to plan more events. Younger children enjoyed visiting the hospice and liked to sing to staff, patients and carers throughout the year.

We spoke with three patients and several relatives during the inspection. Patients told us they were well cared for. Comments included:

- 'My family can visit when they like. If I need anything I just press the button. I don't think anything could be any better.'
- 'I feel fortunate that we have a hospice that have staff who can look after me.'
- 'Our mother is very well cared for, it's a home from home environment.'

- No requirements.
- No recommendations.

### **Quality Statement 1.5**

**We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.**

#### **Grade awarded for this statement: 5 - Very good**

The care and treatment of patients was excellent. We observed nurses caring for patients attentively. Other staff, including catering and domestic staff, were also respectful of patients and relatives.

Staff ensured that each patient's physical, spiritual and emotional needs were met. They did this but working well as a team and by working in partnership with other people such as the chaplain, GP, specialist nurses and allied health professionals. The chaplain was a regular visitor in the hospice providing spiritual and emotional support to patients and families. A quiet room was available where patients and relatives could pray and reflect. Nursing and medical staff sought additional support from specialist nurses, physiotherapists, occupational therapists and general practitioners. Where necessary, specialist staff visited patients to deliver treatments and plan supported discharge from the hospice.

Three patients were being cared for in the hospice at the time of our inspection. We reviewed each of their care records. These contained information about their admission, medication history, care and treatment plan, daily care plan and any individualised care plans. Information was available to support anticipatory care planning. An anticipatory care plan anticipates significant changes in a patient (or their care needs) and describes action, which could be taken, to manage the anticipated problem in the best way. This care plan should be developed through discussion with the individual, their carers, and health and social care professionals. This is more commonly applied to support those living with a long-term condition to plan for an expected change in health or social status. It also incorporates health improvement and staying well.

We read details of the patients' preferred wishes if their condition deteriorated or changed, and key people in the patient's life that information could be shared with. Relatives we spoke with said that they felt included in the plan of care. One relative told us how well their father was looked after stating:

- 'The hospice has a great reputation and I have been able to experience this first hand. I was given lots of information about the hospice and the staff keep me up to date with the plan of care for my father. If there are any changes to his medication or care, the doctor lets us know. My father has already agreed to this and is happy for us to know'.

We heard staff asking patients if they were comfortable. Managing patient's pain was a priority for nursing and medical staff. We found evidence to show that patient's pain was assessed frequently throughout their stay. One patient told us they saw the doctor most days and that they had no pain at all. Other patients appeared to be settled and had no evidence of discomfort or pain. Staff shared information with each other at the start of each shift to make sure everyone was informed about patients' treatment plans and any changes in their condition.

### **Area for improvement**

In all three patient care records, the anticipatory care section about treatment of cardiopulmonary resuscitation (CPR) had not been completed. However, a detailed record and care plan was available in the nursing notes to support treatment and actions. We also noted in one patient's care record that the patient preferred not to discuss the preferred place of death. While this is appropriate, additional information to support how and when this would be approached again could have been documented.

Our review of the patient care records confirmed that nurses spent a great deal of time documenting information about each patient's care and treatment. This was commendable but time consuming. The volume of written nursing notes were extensive for all patients. This meant we spent additional time retrieving information about care planning. This may also cause confusion if nursing or medical staff wanted to find information quickly about a patient's care. We advised the manager, senior nurse and consultant that Healthcare Improvement Scotland's 'My anticipatory care plan' could be a useful toolkit for discussion and recording aspects of the patient's wishes and treatment.

Two patient care records indicated they had been treated for pressures ulcers. There was a significant amount of documentation to support the treatment plan. However, the pressure ulcers were not graded. Pressure ulcers should be graded to determine the treatment plan (see recommendation b).

- No requirements.

### **Recommendation b**

- We recommend that 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.

## Quality Statement 2.2

**We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.**

### **Grade awarded for this statement: 5 - Very good**

The Bethesda Nursing Home and Hospice were located in the same building. The hospice was located on the ground floor of the building close to the main entrance and reception area. Four rooms were allocated to patients who require palliative care or respite. The spacious rooms were recently decorated and furnished. All rooms had been painted and had a new large screen television installed. A landscaped garden was well maintained and easily accessible for patients. A hairdressing salon and holistic therapies room were available for patients to use.

Each patient room had a bathroom with toilet and hand washing facilities. Additional sinks were also available in each room. Separate showering and bathing facilities were next to the patient rooms. Patients told us they could have a bath when they wanted. All of the patients or their relatives told us their hygiene needs were met each day. This could be showering, bathing or an assisted bath by their bedside.

The carpets in the hospice had been replaced since the last inspection in March 2016. The carpets were specifically designed to be cleaned easily. This helped to minimise the spread of infection.

A number of communal areas were available for patients, relatives and visitors. Families were told to help themselves to refreshments in the pantry or to ask staff. A room was allocated for relatives to use during the day or overnight if necessary. We saw relatives making their own tea and coffee and making use of communal areas. One relative we spoke with said they were aware they could use the overnight facilities but preferred to sleep in the room with their father. They told us staff made them feel very welcome and that they could come and go as they please.

The building was in a good state of repair. Regular maintenance checks were carried out on all aspects of the service. Minor repairs were carried out by the employed maintenance person. External contractors completed safety checks of equipment and larger repairs. This ensured risk was minimised in the service.

The manager was aware that the sinks in the patient rooms and bathrooms and most of the communal areas did not comply with Scottish Health Technical Memorandum (SHTM) 64. The manager told us there was a longer term plan to provide full en-suite showering facilities in all patient rooms. As part of this refurbishment, all sinks would be upgraded to comply with the national guidance.

### **Area for improvement**

The service should consider developing communal areas which support children's interests. This will ensure appropriate facilities are available for all family members visiting the service.

- No requirements.
- No recommendations.

## Quality Statement 2.4

**We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).**

### **Grade awarded for this statement: 6 - Excellent**

An infection control lead nurse for the hospice was responsible for making sure staff attended infection control training and adhered to best practice. An infection control nurse from NHS Western Isles also visited regularly to carry out practical sessions with staff about hand hygiene and infection control procedures.

All staff attended training as part of their induction. Several nursing staff had completed 'cleanliness champions'. This provided them with more in-depth knowledge of how to minimise risks associated with the spread of infection. The hospice had recently developed its infection control policy to include standard infection control precautions. This meant staff were able to follow a framework for the prevention and control of infection which helped to reduce risks in the service.

The hospice maintained a high standard of cleanliness. All patient rooms were cleaned every day. Bed linen was also changed every day unless the patient was too unwell. Housekeeping staff signed off completed tasks on a domestic cleaning schedule. Procedures were in place to manage soiled laundry. All rooms were deep cleaned at suitable times. We also saw the staff room being deep cleaned. All patients we spoke with said the cleanliness of the hospice was excellent.

On rare occasions, patients have been admitted to the hospice who have acquired an infection in the community. A policy provided clear guidance for staff about how to manage specific infections. A full review of how the infection was managed and if anything could be improved takes place.

Staff wore personal protective equipment, such as aprons and gloves, when necessary. Hand hygiene audits were carried out at least once a year. The last audit was carried out almost a year ago and results showed 100% compliance. Alcohol-based hand gels were available outside all patient rooms and at various points in the hospice. Hand hygiene posters and information was displayed throughout the building.

A staff flu vaccination programme was in place to ensure the spread of infections were minimised.

The manager told us they would liaise with the infection control lead nurse about the new NHS Education for Scotland (NES) Scottish Infection Prevention and Control Education Pathway for staff. This will help staff to continuously improve their infection prevention and control knowledge as part of their role. The infection control lead nurse was absent during our inspection so we were unable to speak with them.

- No requirements.
- No recommendations.

## Quality Theme 3 – Quality of staffing

### Quality Statement 3.2

**We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.**

#### Grade awarded for this statement: 5 - Very good

The service had developed the recruitment processes since the last inspection in March 2016. Prospective employees were interviewed using an appropriate criteria. Questions asked and answered at interview were recorded and filed for future reference. Two written references were obtained before employment and Protecting Vulnerable Groups (PVG) checks were carried out for all staff.

An induction programme for all staff was tailored to meet the individual's needs. Staff completed online training and work shadowing as part of their induction. This helped to ensure all employees were prepared for their roles.

Staff files were organised with individual sections which helped to identify recruitment processes and training needs for staff working in specific areas of the service. Nursing and medical staff were supported to retain their registration with governing bodies such as the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).

#### Area for improvement

The service could develop a clearer system which identifies when staff have completed training and any outstanding training still to be completed.

- No requirements.
- No recommendations.

### Quality Statement 3.3

**We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

#### Grade awarded for this statement: 6 - Excellent

Staff were highly motivated and worked well as a team to ensure the needs of all patients and relatives were met. Staff respected each other and the wishes of the people who used the service. We spoke with a range of staff who all said they enjoyed working in the hospice. One patient's relatives said:

- 'Walking into Bethesda is like walking into a warm embrace'.

Other patients told us staff were amazing and nothing was too much trouble. Staff received lots of thank you letters, many of which named individual staff members for their efforts. The hospice received a large number of donations. This indicated the level of satisfaction and appreciation of patients and families.

Staff and volunteers completed mandatory training as part of their induction. Staff also participated in regular training updates throughout the year. All staff worked in the residential care part of the service as well as the hospice. Staff said this helped to

keep their skills up to date. A number of staff completed dementia awareness training. This helped them to provide appropriate care for patients who had memory loss. Other staff developed their skills by completing further education and training in palliative care.

Strong partnerships between staff working in the hospice and community settings were evident from the patient care records and the discussions we had with people using the service. The high level of communication helped to make sure staff sought expert advice to help meet patients' needs.

Staff meetings were held every week to make sure staff were aware of any concerns of changes in the hospice. Staff were encouraged to share their views or seek clarity on any areas of uncertainty.

- No requirements.
- No recommendations.

## **Quality Theme 4 – Quality of management and leadership**

### **Quality Statement 4.3**

**To encourage good quality care, we promote leadership values throughout our workforce.**

#### **Grade awarded for this statement: 5 - Very good**

Leadership in the service was very good. The hospice manager had an open door policy and encouraged staff to visit or share concerns. Staff told us they felt the manager was approachable and they could ask for advice and support when needed.

Each department had their own manager who led the team. All staff we spoke with said they felt respected by their colleagues and their managers. The senior management team also told us they felt respected and that decisions in the hospice were made collectively. This helped to promote a positive working culture.

Most staff had received their annual appraisal. This meant staff objectives were discussed and measures were in place to meet staff needs. Remaining staff appraisals were scheduled to be completed. Staff told us they had opportunities to meet with their managers more routinely, although this was not recorded.

There were opportunities for staff to develop their leadership skills and patient care in the hospice. A number of staff were 'champions' for various aspects of patient care. One senior staff nurse told us they enjoyed having the responsibility of leading best practice for patient's oral hygiene and podiatry. Another nurse told us they were responsible for overseeing patient nutrition in the hospice. Allocated champions shared their knowledge with colleagues to help make sure patient care supported best practice. Champions were responsible for ensuring expert advice was sought from link professionals. This also meant patients received the right support at the right time.

Staff were encouraged to apply for promotions. There was a strong culture of promoting equality and diversity in the hospice. This ensured staff were able to develop their skills and could carry out activities which promoted their confidence and leadership skills.



### **Area for improvement**

Routine one-to-one discussions between staff and managers were not consistently recorded. We advised the manager that it would be beneficial to develop a more robust recording process. This will ensure there is an ongoing record of staff support and learning and development needs.

- No requirements.
- No recommendations.

### **Quality Statement 4.4**

**We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

#### **Grade awarded for this statement: 5 - Very good**

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

The senior management team was responsible for ensuring all aspects of clinical governance in the hospice was supported. An annual quality assurance programme was in place. This monitored and evaluated programmes of work and risk management. Staff were allocated or employed to lead specific aspects of health and safety programmes of work. For example, the maintenance engineer liaised with the senior management team, staff and external contractors to make sure equipment was serviced regularly and was safe to use. Staff were encouraged to report any faults so that timely repairs could be carried out. One nurse led an infection control audit and staff training programme. This helped to ensure positive steps were taken to minimise the spread of infection in the hospice.

The senior management team met every 6 weeks, or more frequently if required, to discuss the quality assurance programme and any areas for improvement. Line managers either attended these meetings or were advised of outcomes of meetings. All information discussed at senior management team meetings was shared with staff and, where appropriate, volunteers, patients and visitors. This helped to included others in decisions about ways to improve the service.

Any events happening in the hospice or which required community support were shared informally throughout the island. Feedback from patients, relatives and stakeholders was gathered routinely and discussed at the monthly end-of-life care group meetings. Representatives included nursing and medical staff and a member of the Integration Joint Board (responsible for planning and funding a range of health and social care services). Actions arising from the meetings were discussed with the relevant people. Action plans were developed and implemented to ensure people's needs were met in the right place at the right time. Board meetings were held every 6 weeks to discuss the strategic planning and direction of the service.

### **Areas for improvement**

The quality assurance programme was not easy to follow. This made it challenging to see how areas for improvement were managed. We discussed this with the hospice manager who agreed to meet with staff to consider possible alternatives (see recommendation c).

Although staff we spoke with said they were very happy to be working in the hospice, it had been some time since a staff survey was carried out. This would help to provide more in-depth information about the levels of satisfaction within various staff groups and would also offer a more confidential approach to feedback.

The senior management team and stakeholders were in the very early stages of developing a strategic plan. This included key priorities for the hospice for the next 3 years. We offered some guidance about ways to progress with this. This will also ensure staff, patients and stakeholders are involved in the development and implementation of the plan.

- No requirements.

### **Recommendation c**

- We recommend that 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.

## 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 Act, 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.

<b>Quality Statement 0.2</b>	
<b>Requirements</b>	None
<b>Recommendation</b>	<b>We recommend that the service should:</b>
<b>a</b>	develop and continually review its website to ensure up-to-date information about the service is shared (see page 9).  National Care Standards – Hospice Care (Standard 1 – Informing and deciding)

<b>Quality Statement 1.5</b>	
<b>Requirements</b>	None
<b>Recommendation</b>	<b>We recommend that the service should:</b>
<b>b</b>	implement Healthcare Improvement Scotland’s <i>Standards for Prevention and Management of Pressure Ulcers</i> (2016). The standards provide a framework for managing pressure ulcers which will promote quality and consistency of patient care (see page 12).  National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)

## Quality Statement 4.4

### Requirements

None

### Recommendation

#### We recommend that the service should:

- c** 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 (see page 18).

National Care Standards – Hospice Care (Standard 5 – Quality of care and treatment)

This was previously identified as a recommendation in the March 2016 inspection report for Bethesda Hospice.

## Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

### Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.

## **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:

### **Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [comments.his@nhs.net](mailto:comments.his@nhs.net)

**We can also provide this information:**

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



**Edinburgh Office**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

Phone: 0131 623 4300

**Glasgow Office**

Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

Phone: 0141 225 6999

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

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.