

Unannounced Inspection Report: Independent Healthcare

The Prince & Princess of Wales Hospice
The Prince & Princess of Wales Hospice,
Glasgow

18–19 October 2017

***[This report is embargoed until 10.00am
on Thursday 30 November 2017]***

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1 A summary of our inspection

About the service we inspected

The Prince & Princess of Wales Hospice, Glasgow, is a charity which offers a specialist palliative care service.

People can use the hospice in a number of ways. They can:

- visit the day care service
- visit the symptom control clinic
- receive visits from specialist nurses to their home, or
- be admitted to the hospice inpatient unit.

The hospice has 14 inpatient beds with single and shared rooms and a day care service for a maximum of 20 people each day. There is also a room for the 'Butterfly Service'. This scheme helps children to cope with bereavement.

At the time of inspection, a new hospice was being built in the grounds of Bellahouston Park Glasgow. It is anticipated the new build will be completed in 2018.

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 The Prince & Princess of Wales Hospice on Wednesday 18 and Thursday 19 October 2017.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

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) 6 - Excellent

Quality Statement 0.3 – consent to care and treatment: 6 - Excellent

Quality Statement 0.4 – confidentiality: 6 - Excellent

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) 6 - Excellent

Quality Statement 3.2 – recruitment and induction: 6 - Excellent
Quality Statement 3.3 – workforce: 6 - Excellent

Quality Theme 4 – Quality of management and leadership: (aggregated score) 6 - Excellent

Quality Statement 4.3 – leadership values: 6 - Excellent
Quality Statement 4.4 – quality assurance: 6 - Excellent

The grading history for The Prince and Princess of Wales 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

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 service had excellent systems in place to help make sure patients and carers were aware of the hospice's consent and confidentiality policies. Staff explained treatments and procedures and sought verbal or written consent before treatment where necessary. Patients and carers were also aware of how the service managed confidentiality and when it would be necessary to share information with other relevant parties.

The hospice's staff respected each other, their patients and carers. They worked well as a team and felt managers and the senior management team supported them. This helped promote a positive culture in the hospice.

What the service could do better

The service should continue to develop the hospice participation strategy. This will help make sure feedback from patients, carers and stakeholder is shared accordingly.

While electronic documentation of patient care was very good, regular patient care record audits would help improve consistency in record-keeping. These audits could also help improve the level of detail recorded about patient care given. The hospice could develop an audit system to record any discussions that staff have had with patients about their preferred place of death this would ensure all staff were aware of the patient's wishes.

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at The Prince and Princess of Wales 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 9–10 November 2015

Recommendation

We recommend that the service should improve the system for recording medicines reconciliation.

Action taken

A written checklist had been developed to make sure all information the service gathered about a patient's medications and medication history had been documented. A patient medication audit had been carried out and staff had completed extra training on recording medicines reconciliation. **This recommendation is met.**

Recommendation

We recommend that the service should undertake periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Action taken

All staff received training on medications administered through a patient's skin using a pump. Observations of staff administering medications were also carried out at least once a year. **This recommendation is met.**

Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards, should be used with an appropriate risk assessment or replaced in line with a risk-based plan that takes into account the use of the basin, its design and the current plans to develop a new building for the hospice.

Action taken

The hospice facilities manager provided extra training for staff on managing infection control risks. Staff working for NHS Greater Glasgow and Clyde were asked for more advice about minimising the spread of infection. Sinks in the hospice will not be replaced. However, the chief executive and clinical services manager explained that wash hand basins in the new hospice will be compliant with Scottish Health Technologies Memorandum 64 (SHTM 64). **This recommendation is met.**

Recommendation

We recommend that the service should carry out a rolling programme of infection control audits to ensure patients are receiving the best possible care.

Action Taken

The hospice had a robust audit programme, which included auditing infection control measures. A red, amber, green (RAG) quality assurance system had been implemented since the last inspection. The RAG system helped staff identify risks and take action as necessary. **This recommendation is met.**

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3

We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 6 - Excellent

The hospice had excellent systems in place to help make sure that patient or carers' consent was obtained before carrying out treatments or procedures. Electronic documentation of consent was audited in the hospice to evaluate compliance. Written consent was obtained from patients before sharing photographs, information about activities and personal experiences with the public. Written consent was also obtained before specific procedures, such as blood transfusions and some complementary therapies.

The hospice's consent procedures were explained on its website. Written information given to patients and carers also explained this and anticipatory care planning. Discussions with patients and carers about cardiopulmonary resuscitation (CPR) had been recorded in the six patient care records we reviewed. The service will provide care to young adults in the new hospice. To prepare for this, staff had received training about management of acute deterioration of children and young people, including consent and CPR.

- No requirements.
- No recommendations.

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: 6 - Excellent

The service had appropriate systems in place to monitor and review how patient information was stored or shared in electronic and paper formats. These systems helped protect confidentiality of personal information which was only shared if the patient had given consent. The lead consultant was the named Caldicott guardian and oversaw these processes. A Caldicott guardian is a senior person responsible for protecting the confidentiality of patient and service user information.

Minutes from the information group confirmed it met regularly to oversee this subject. Appropriate information risk management was in place.

Staff we spoke with were knowledgeable about the importance of confidentiality and aware of their roles. We saw confidentiality was included as a part of induction for all new staff and updated yearly as a part of mandatory training. Computer screens in the hospice were password protected.

- 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 hospice had started developing a new participation strategy which aimed to build on existing methods of participation. The participation leads shared responsibility for developing the strategy and had asked The Scottish Health Council to help develop an action plan.

The new hospice forum's members included patients, families and carers. It gave people opportunities to share their experiences, plan and participate in hospice events and fundraisers. The forum also planned to raise awareness of hospice care and how people could get involved in activities in the hospice and community.

The hospice leaflets and website had information about the hospice and how people could get involved in sharing their views. The 'Making Choices' and 'My Thinking Ahead and Making Plans' patient leaflets had information about personal choices and care. The hospice took part in local and national campaigns to raise awareness about palliative care and hospice services.

We observed staff chatting with patients and carers respectfully. Patients and carers told us how much they valued the hospice. Patients told us:

- 'The hospice has been an absolute lifeline and stopped my isolation; I can speak to the nurses who are very caring.'
- 'The hospice is amazing, I don't need to bring anything in, my husband has everything he needs here.'
- 'We have both been involved in planning care, we feel included in decisions made about care.'

Area for improvement

The 'you, said, we did' boards in the hospice did not promote the range of feedback gathered from ongoing methods of participation. While the website allowed people to share feedback, earlier evaluations of feedback were not shared. Any feedback gathered should be evaluated and shared with patients, carers and stakeholders. People could then read about collective feedback and how the hospice planned to improve the service.

- 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

Staff used an electronic system to record most patient care. Other information, such as medication charts, consent to treatment and 'daily activities' care plan were recorded in written form.

We reviewed six patient care records and assessed documentation of key clinical areas, such as the patient's preferred place of death, a record of do not attempt cardiopulmonary resuscitation (DNA CPR) and Waterlow or pressure risk assessment

All of the patient records viewed provided very good information about their needs and how they were met. The level of documentation clearly evidenced how patient needs were met.

The staff made best use of additional tools to assess each patient's care. Staff completed a 'daily activities' record of care for each patient, which allowed each patient's needs to be assessed and addressed daily. A weekly assessment of patients' psychological and social needs was also recorded. This allowed staff to assess all of the patient's needs and plan person-centred care.

All patients we spoke with about the quality of care they received in the hospice and community told us they were well looked after. We also observed staff caring for patients attentively. Patients told us:

- 'The care is first class; I am kept informed and able to ask questions.'

Area for improvement

Of the six patient records we reviewed, two records did not provide enough information about the patient's preferred place of death or any discussion that had taken place about this. While staff told us that conversations were documented, they said it was not always in the right place. We were unable to identify this on inspection. Staff agreed to make sure that any discussions with patients or carers about preferred place of death was clearly documented in the right place. We will follow this up at future inspections.

Quality Theme 2 – Quality of environment

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 hospice was clean and tidy and we saw no hazards. The facilities were focused on patient wellbeing and comfort. For example, the art room was used for activities and the sanctuary provided a quiet space. The café and dining room were well used and gave families space to meet and eat together. Patients told us they were happy with the facilities provided.

External contractors were used to carry out safety checks and help maintain the building effectively. A yearly planner detailed this schedule and folders of visit reports were up to date.

We saw records of in-house safety checks, such as testing water temperatures and small electrical appliances. This helped keep the building and equipment used safe. A comprehensive risk register was in use. This detailed control measures and was updated regularly.

- 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

Cleanliness around the building was of a high standard. Patients told us they saw staff washing their hands regularly. We observed staff washing their hands in line with clearly displayed guidance. Alcohol-based hand gel was available at the entrance to each ward area and throughout the building.

Clear staff guidance was displayed for cleaning up spills and staff could tell us how to do this appropriately. Clean and dirty linen procedures were in line with national guidance, which help reduce the chance of cross infection.

New staff induction and yearly mandatory training included infection control as a subject. A staff member was allocated as the infection control champion to lead and guide other staff. An audit programme was in place setting out dates for each of the 10 standard infection control precautions. The results showed a very high rate of compliance.

- 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: 6 - Excellent

We examined six staff files for evidence of the service's recruitment processes. We found all of the essential checks were in place, including their membership of the Protection of Vulnerable Group (PVG) scheme, references and suitability for the post.

The NHS Occupational Health service provided an assessment of staff fitness and confirmed that staff were fit for work before they started working at the service.

An induction checklist was in use and new staff confirmed they had completed a very comprehensive 3-month probationary period. This included shadow shifts, allocation of a mentor and completion of a workbook. Role-specific competencies were completed and this helped make sure staff with the right skills for the job were employed.

- 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

Patients told us they were very confident in the staff, who delivered a 'first class service.' Staff we spoke with were motivated and positive about the supportive working environment.

Clear roles and responsibilities were set out in staff job descriptions. Each staff member had a training file, which showed the subjects they attended face-to-face or online learning modules. Line managers review training at a yearly appraisal session, which measured staff performance and set learning goals. This helped keep staff up to date with best practice.

A training needs analysis was used to inform the training plan for staff. This aimed to make sure the service had staff with the right skills in place to meet the needs of patients. All staff attended a mandatory training day every year. This covered important topics such as adult protection, manual handling and communication skills. Training records were held on a database.

The hospice's education department delivers a degree module in symptom management which all nurses can complete. The hospice held extra training on a variety of subjects each year. Reflective practice was encouraged and clinical supervision was available to support staff to develop.

Monitoring systems helped make sure staff who require professional registration, such as General Medical Council (GMC) or Nursing and Midwifery Council (NMC), had valid entries.

Key staff completed training in using a 'caring conversations' approach to their work. This training helped them work in line with the hospice's values and deliver compassionate care for patients and families.

Area for improvement

If expiry dates were recorded on the training record database, it would help to monitor completion rates and highlight when training is due. While the education department manually monitored staff completion of online modules, managers did not use completion reports to monitor progress throughout the year. Regular one-to-one meetings could help make sure support is provided to staff to complete their training.

It would be good practice to update staff PVG checks every 3 years. We discussed this with senior management staff who agreed to implement these updates.

- 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: 6 - Excellent

Staff told us they felt that their colleagues and the senior management team respected them in the hospice. The staff said they could approach the senior management team and would be listened to.

Everyone working in the hospice and associated services were encouraged to develop their own leadership skills. Staff could join a number of groups to share their views about the hospice and help improve it. Senior nurses were supported to complete a 1-year leadership programme to develop management and leadership skills. One of the nurses who was completing the programme explained how they were more confident in supporting and managing their team. The nurse told us that the senior management team would allow them time to study if needed. A nurse who had completed the leadership programme implemented the active care plan for patients, which supported best practice in the hospice. These care plans promoted detailed assessment and a record of the patients' daily needs.

As part of promoting excellence in palliative care, the hospice worked in partnership with NHS Greater Glasgow and Clyde. A registrar rotation programme was implemented, which supported learning and best practice in the hospice.

The senior management team recognised the challenges associated with the roles and responsibilities in the hospice and endorsed the caring behaviours and assurance system (CBAS). The CBAS helped staff value everyone's contribution to the hospice and treat colleagues, patients and visitors respectfully. An appreciative

enquiry was carried out to establish if senior managers in the hospice required any additional support to carry out their roles effectively. The outcome of the review highlighted that some managers required support to develop their confidence and leadership skills. Following this, 28 senior managers and line managers had participated in a 'people passport' programme which had a positive impact on the service.

- 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: 6 - Excellent

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and 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 were able to verify during our inspection.

The hospice had an excellent clinical governance strategy. While a clinical governance lead was in place, all staff were involved in evaluating and improving the hospice. A robust yearly audit programme meant that frequent detailed evaluations of patient care, experience, and risks were carried out. A RAG system was used to assess risks and help develop actions plans. Audits were carried out in accordance with the level of risk or assessment against national policy and best practice in palliative care.

The service's strategic plan was coming to an end and a new plan that would apply to 2018–2020 was being developed. The senior management team decided that a 2 year plan would be appropriate because of the changes expected as a result of moving to a new hospice and offering care to young adults. We were advised that wider consultation with the public would be taking place soon.

- No requirements.
- No recommendations.

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.

This inspection resulted in no requirements and no recommendations.

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

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:

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Gyle Square
1 South Gyle Crescent
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Telephone: 0131 623 4300

Email: 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.



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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.