



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Ardgowan Hospice, Greenock

Service Provider: Ardgowan Hospice Limited

22–23 October 2019

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 17–18 August 2016

Requirement

The provider must have appropriate systems, processes and procedures in place for infection prevention and control, and to this end:

- (a) review the infection prevention and control audits that are used to ensure they include all elements of standard infection prevention and control precautions, as defined in Health Protection Scotland's National Infection Prevention and Control Manual 2015
- (b) ensure compliance with the requirements of the Health Protection Scotland's National Infection Prevention and Control Manual for the management of blood and body fluid spillages, and
- (c) ensure compliance with the requirements of the Health Protection Scotland's National Infection Prevention and Control Manual for thermal disinfection of linen as defined in Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

Hospice audits were in line with Health Protection Scotland's National Infection and Prevention and Control Manual (2015). Each department carried out infection control audits and we saw they had a high rate of compliance. The quality, safety and experience group discussed the audit results. Individual audit committee groups completed actions from audits.

The infection control policy was amended in line with national guidance, including the management of blood- and body-fluid spillages. Staff demonstrated a good awareness of infection prevention and control.

While the service had laundry facilities for smaller items, such as patients' own laundry, it used an external contractor for most of its laundry needs. Guidance for staff was clearly displayed in the laundry room. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 17–18 August 2016

Recommendation

We recommend that the service should identify its non-compliant clinical hand wash basins and complete a risk assessment. This will identify the control measures that should be in place to minimise risks.

Action taken

The service was aware of all its non-compliant sinks and had good processes in place to minimise potential risks.

Recommendation

We recommend that the service should provide formal infection prevention and control training for the infection prevention and control link nurse. This will help the service keep up to date with current infection prevention and control practice.

Action taken

The infection control link nurse and staff delivering care had completed the foundation level of the Scottish Infection Prevention and Control Education Pathway. The link infection control nurse was completing the intermediate level of the pathway to develop their skills to support infection prevention and control.

Recommendation

We recommend that the service should promote opportunities to develop leadership skills and values among all staff.

Action taken

Staff had opportunities to develop their leadership skills. Three senior staff members had completed an economic assessment programme to develop leadership skills and knowledge of commissioning and decommissioning resources. Apprentices from the Trust were able to develop their skills through information technology and administration roles.

Recommendation

We recommend that the service should further develop its staff survey for clinical and non-clinical parts of the service to allow more effective actioning of feedback.

Action taken

The staff survey had been developed so that clinical and non-clinical parts of the service could participate in it. While the 2019 survey had a low number of responses, the majority of the responses were positive. An action plan was in place to address any staff concerns.

Recommendation

We recommend that the service should review existing policies to make sure information is up to date and can be retrieved more easily.

Action taken

A tracker had been introduced to help make sure all policies can be reviewed in good time. However, the safeguarding policy and data protection policy had not been updated in line with current legislation.

Recommendation

We recommend that the service should review its quality improvement programme and ensure that, where areas for improvement are identified, action plans are developed and implemented.

Action taken

The service had reviewed its quality improvement programme through its 2018-2021 Improvement Strategy and Electronic Audit Directory. The strategy outlined four key objectives for the hospice which aimed to promote continuous improvement. A number of audits were carried out to measure the strengths and areas for improvement in the hospice. Action plans were implemented to promote improvement which helped to meet the objectives of the improvement strategy.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Ardgowan Hospice on Tuesday 22 and Wednesday 23 October 2019. We spoke with a number of staff, patients and carers during the inspection.

The inspection team was made up of three inspectors and a specialist palliative care consultant.

What we found and inspection grades awarded

For Ardgowan Hospice, the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Feedback from service users was positive and gathered in a variety of ways. We saw examples of improvements made as a result of feedback received. Staff gave compassionate care and patients were involved in their care planning.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Good systems helped make sure that treatments were delivered in a safe, clean and organised environment. Staff were aware of their roles and responsibilities. Medicines were managed safely and regular audits were carried out.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Senior management staff promoted a positive culture where staff, patients and carers felt respected and included. Quality assurance processes were good and audits determined strengths and areas for improvement. Action plans were in place and acted on to improve practice.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 4 – Impact on community	
4.1 - The organisation's success in working with and engaging the local community	Excellent community links had been established. Ongoing projects had a positive impact on the local community. Volunteers were valued members of the team.
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patient care plans were clear, up to date and comprehensive. Pain assessment tools were used well and patients reported their pain was well managed. The staff group were professional, competent and caring.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

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

What action we expect Ardgowan Hospice Limited to take after our inspection

This inspection resulted in one requirement and three recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Ardgowan Hospice Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Feedback from service users was positive and gathered in a variety of ways. We saw examples of improvements made as a result of feedback received. Staff gave compassionate care and patients were involved in their care planning.

Staff we observed were professional, competent and compassionate towards the two patients in the ward at the time of our inspection. From patient care records we looked at, we saw that advance care planning was discussed openly and honestly with patients. Decisions and plans for future care were discussed at the weekly multidisciplinary team meeting and these were documented in patient care records.

Patients we spoke with told us that they felt safe, staff were attentive and they responded quickly to buzzers. Patients told us that their families had also been involved and supported. Comments included:

- 'The staff would do anything for you.'
- 'I can't say a bad word about them.'
- 'The care has been wonderful.'

The service gathered feedback from patients and families in a variety of ways. For example, through reviews submitted on social media and 'what matters to you' noticeboards.

We saw that feedback was collected and action plans were produced. For example, volunteer drivers of the patient transport team started to wear a uniform after a suggestion to make them more identifiable. The quality, safety

and experience committee oversaw the feedback and actions were recorded on an action tracker.

During a women's group held in the day unit, patients and staff told us about the variety of activities offered. We were told that many of activities had been introduced after patients' requests and suggestions. From the summary report from a consultation, we saw that the day service was developing an 8-week rehabilitation model to allow more patients to access the hospice's services. This also provided a pathway for patients to access services and groups in the community.

Feedback we saw was very positive. For example, two patients in the women's group told us:

- 'This is where I come to be spoilt.'
- 'I wish I could come more than once a week.'

At the time of our inspection, the service had not received any formal complaints. However, management staff told us that the service planned to record informal, verbal concerns from patients or their families.

The hospice had a draft 'co-production strategy', which set out how it would assess and use services available in the local community. This strategy included a description of what would be expected in a participation policy, such as:

- the aim of gathering feedback
- how it will be gathered, and
- how it would use that information.

The strategy included an action plan to meet its aims.

Ardgowan Hospice had an established child bereavement service. We saw that it provided training and awareness-raising sessions for teachers, as well as another service to support bereaved children and young people. This other service offered a range of emotional and practical support to carers.

Staff were aware of their responsibilities under duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). A duty of candour policy was in place.

What needs to improve

Patient information and the service's complaint policy stated that patients could contact Healthcare Improvement Scotland if they believe the hospice hadn't resolved their complaint satisfactorily. However, complaints can be made to Healthcare Improvement Scotland at any time (recommendation a).

- No requirements.

Recommendation a

- The service should update its complaints patient information and policy to make clear that complainants can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Domain 4 – Impact on the community

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

Our findings

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

Excellent community links had been established. Ongoing projects had a positive impact on the local community. Volunteers were valued members of the team.

The service engaged with the local community through its website and social media. The service used this to:

- celebrate community events
- raises awareness of the hospice
- promotes fundraising events, and
- shares popular newsfeeds that may affect people in the community.

The hospice had developed good links with community healthcare and education services, which helped to signpost patients to other healthcare and social links. More people accessed the services of Ardgowan Hospice in the community as a result of the engagement activities.

We were told about a consultation the hospice carried out which aimed to find out how it could make services more accessible locally. The service had planned actions to address the key areas identified, such as providing clinics in the community and make sure actions were sustainable.

Compassionate Inverclyde was launched in 2016, working and engaging with the local community. It had run local awareness-raising and training events about compassion and caring in life-limiting illnesses.

We saw plans for a social enterprise café in the day services to allow more engagement opportunities with the local community.

Volunteers in the service were kept informed and we saw they worked as part of the team. Staff told us that they valued the volunteers' work. Their contributions are acknowledged through awards for long service and social events throughout the year.

Volunteers were asked to complete a yearly survey to gather their feedback. We saw evidence that all the feedback had been collated and an action plan produced.

The patient transport volunteer team won the 'Volunteer Team of the Year 2018' in the Inverclyde Community Awards. Comments from the patients' feedback for the volunteer transport service included:

- 'First class service when you need it most'
- 'I felt safe and comfortable with all of the drivers, and the organisation of the service was amazing...'

Recently, Friends of the Hospice and Compassionate Inverclyde had been nominated in the category of the 'Communities and the Voluntary Sector Inverclyde Reach for the Stars 2019'. Compassionate Inverclyde won the award.

From minutes of a staff meeting, we saw that the service had started to update and improve its website to make it more accessible.

- No requirements.
- No recommendations.

Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

Good systems helped make sure that treatments were delivered in a safe, clean and organised environment. Staff were aware of their roles and responsibilities. Medicines were managed safely and regular audits were carried out.

The areas we inspected in the hospice were clean and patients we spoke with agreed. An infection prevention lead nurse carried out environmental audits and we saw that staff complied with infection prevention and control policies and procedures, such as organising and appropriately stocking equipment.

The maintenance manager explained they would carry out all of the daily and weekly checks, minor maintenance and servicing of non-clinical equipment. The hospice used an external company for more complex maintenance, such as electrical work and plumbing. We also saw evidence of completed environmental risk assessments, including fire and water assessments.

Staff completed mandatory medicines management training every year, which included the safe use of syringe drivers and single-nurse drug administration. All nursing staff signed a sheet to say that they had read the medicines management policy. A programme of medicines management audits was discussed at a drugs and therapeutics meeting every 3 months. The service had clear systems in place for reporting medication errors. The clinical governance team recorded its investigation of each incident and lessons learned. The service had a positive culture that meant staff investigated and learned from adverse events.

We saw that medicines reconciliation was carried out using at least two sources of medicines information. The attending pharmacist visited once a week and

had verified the medicines reconciliation for the one patient who had been admitted when they last visited. Medicines reconciliation had last been audited in the ward in June 2019 and we saw improvements in medicines reconciliation compliance over previous audits, and improvement action plans. A team of doctors with specialist palliative-care experience made up the medical staff. The medical staff team supported the inpatient unit during working hours and out-of-hours.

We observed that the nurses checked that all prescribed medicines had been given after each drug administration round to prevent duplicate prescribing of medicines. This had been introduced as an improvement action after an incident where medicine had not been administered as prescribed. From patient care records, we saw that neither patient had not missed any medication.

What needs to improve

The service had introduced a new system to track and update all of its policies. However, the safeguarding policy and data protection policy should be updated to take account of current national legislation and General Data Protection Regulations (recommendation b).

- No requirements.

Recommendation b

- The service should update its safeguarding and data protection policies.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care plans were clear, up to date and comprehensive. Pain assessment tools were used well and patients reported their pain was well managed. The staff group were professional, competent and caring.

Patient care records we saw were clear, up-to-date and comprehensive. These were recorded electronically and each member of staff had their own password to access the records securely. Patient care records were audited regularly and discussed at management meetings. We saw that consent forms were included and that staff were knowledgeable about patient consent and confidentiality.

We saw results of two audits of patients' preferred options for care from the previous year. This showed good levels of discussion with patients about their wishes. Repeating the audit showed that staff were determined to see how they could improve how well this discussion was carried out and documented.

We saw that a pain assessment tool was used to assess patients' pain. Staff discussed another pain assessment tool used for patients with cognitive impairment. The system for assessing patients' needs and management was good and we saw an audit that showed patients' symptoms had improved during their stay in the hospice. Patients we spoke with confirmed that their pain management had improved since admission.

Nursing staff documented daily assessments of pressure area care and the patients in the ward did not have any pressure damage.

Staff confirmed that patients were asked about power of attorney routinely on admission. Patient care records we saw had documented that a power of attorney had been appointed if the patients lost capacity to make their own decisions.

What needs to improve

While we saw positive actions around power of attorney, patient care records we saw did not include a copy of the power of attorney documentation (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that if a patient has appointed a power of attorney that a copy of the power of attorney document is clearly filed in the patient's notes.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Senior management staff promoted a positive culture where staff, patients and carers felt respected and included. Quality assurance processes were good and audits determined strengths and areas for improvement. Action plans were in place and acted on to improve practice.

We saw that the senior management team was visible in the hospice, supporting staff from all parts of the service. Staff we spoke with said the leadership was good and that they had been included in discussions about the hospice and recent workforce planning arrangements.

The hospice had been faced with a number of challenges of financial stability, staff losses and sickness. An audit of the hospice's finances had helped to decide what resources were necessary to keep a stable and functioning service and which were not. A workforce auditing tool had also identified a shortage of clinical staff and the hospice had since advertised for these posts. Changes to some staff roles were also required to meet the needs of the hospice. Staff had been part of the consultation and alternative posts were offered where possible to help reduce redundancies. These actions had helped keep a positive working culture in the service.

Staff had opportunities to develop their leadership skills, and had discussions about this at their yearly appraisals. Three senior members of staff had completed a training course which to improve their leaderships skills. Staff were supported to develop their learning through online and face-to-face training sessions. The hospice also supported apprenticeships from the Trust. These individuals were aged 16–29 and recognised as future job candidates. They were placed throughout the organisation, recruited into a specific role that Inverclyde Council funded through a local charitable organisation known as Inverclyde Community Development Trust.

The hospice worked in partnership with the community and Health and Social Care Partnership to deliver a high standards of care. The service had carried out a community health profile to find out the health and social care needs of the community and future provision of care. The hospice had established 'Compassionate Inverclyde' to empower the community to help make sure everyone living in the area receives the right care and support at the right time in the right place. Other areas and hospices had adopted the outcomes of the project.

The hospice's improvement strategy for 2018–2021 provided information about its aims, objectives and how it planned to deliver care across Greenock and the surrounding areas. The strategy was reviewed yearly to evaluate progress and action areas for development. The 2018–2019 review was available for anyone who wished to read about the hospice's progress.

An electronic audit directory was accessible to all staff and included all audits carried out in the hospice, such as:

- infection control
- medicines management, and
- patient or carer feedback.

All staff were responsible for gathering information for audits in their area. Separate committees oversaw audit compliance, evaluation and actions. Action plans provided details of how areas for improvement were being addressed, along with timescales for completion.

What needs to improve

The audit programme was comprehensive. However, the electronic system used to record the results was disorganised and audit outcomes were not easily analysed (recommendation c).

While staff received regular supervision, this was not recorded. A record of supervision would support the yearly record of appraisal.

The progress of the service's improvement strategy 2018–2021 was summarised each year in two documents:

- One document was aimed at the Health and Social Care Partnership, the hospice board and other key stakeholders.
- One document was a shorter summary for the community.

The community summary provided information about how funds were spent. However, it lacked detail about other key aims in the improvement strategy. Sharing information with the public about the aims the service had achieved or not achieved would promote further engagement in the community.

- No requirements.

Recommendation c

- The service should develop the current audit programme to ensure key areas of audit are easily identified.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendation	
a	<p>The service should update its complaints patient information and policy to make clear that complainants can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 12).</p> <p>Health and Social Care Standards: My support my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirement	
1	<p>The provider must ensure that if a patient has appointed a power of attorney that a copy of the power of attorney document is clearly filed in the patient's notes (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 3 (a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
b	<p>The service should update its safeguarding and data protection policies (see page 15).</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>

Domain 9 – Quality improvement-focused leadership	
Requirement	
	None
Recommendation	
c	<p>The service should develop the current audit programme to ensure key areas of audit are easily identified (see page 20).</p> <p>Health and Social Care Standards: My support my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihtregulation@nhs.net

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