



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Strathcarron Hospice, Denny

Service Provider: Strathcarron Hospice

20–21 February 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 11 February 2021.

Recommendation

The service should make sure that they further develop the checklist to highlight the frequency of water flushing for less-frequently-used individual water outlets to reduce the risk of infection.

Action taken

A checklist had been developed to make sure that water flushing was regularly carried out for less-frequently used individual water outlets.

Recommendation

The service should make sure that all unnecessary clutter on high touch areas and at reception area is removed.

Action taken

Cleaning schedules were up to date, including high-touch areas and all areas were found to be clear of clutter and well organised.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Strathcarron Hospice on Tuesday 20 and Wednesday 21 February 2024. We spoke with a number of staff and some patients and their families during the inspection. We received feedback from 67 staff members through an online survey we had asked the service to issue for us during the inspection.

Based in Denny, Strathcarron Hospice is an independent hospital (a hospice providing palliative care/end of life care).

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Strathcarron Hospice, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service had a clear vision and purpose. A comprehensive 5-year strategic plan defined objectives and was in line with the service's core values. Key performance indicators helped measure how the service performed and continued to improve. A governance framework was in place with clear structures. Leadership was visible and staff felt valued and supported.	✓✓✓ Exceptional
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service had expanded over recent years with its aim to reach out to more patients in the community at an earlier stage in their illness. Effective processes and procedures helped support the safe delivery of care. Staff and patients contributed to improving the service. Staff and volunteers were recruited appropriately, with evidence of staff support and training. A program of education was available to external healthcare professionals. Risk assessments and an audit program were in place.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean, uncluttered and in a good state of repair. Staff working in the service were very positive about their experience and felt supported and valued. A thorough process was in place for recording the patient's journey while in the care of the hospice. Patients and families told us the care they received was 'first class'. Patients' consent to treatment should be obtained consistently.	✓✓ Good

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

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

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

Further information about the Quality Assurance Framework can also be found on our website at:

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

What action we expect Strathcarron Hospice to take after our inspection

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one recommendation.

Results	
Requirements	
None	
Recommendation	
a	The service should ensure consent to treatment is recorded consistently in all patient care records (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had a clear vision and purpose. A comprehensive 5-year strategic plan defined objectives and was in line with the service's core values. Key performance indicators helped measure how the service performed and continued to improve. A governance framework was in place with clear structures. Leadership was visible and staff felt valued and supported.

Clear vision and purpose

Strathcarron Hospice provides essential services for patients with life-limiting conditions (including end-of-life care) for patients living in Forth Valley and North Lanarkshire. The provision of this care for patients in both regions is part of NHS Lanarkshire and NHS Forth Valley's palliative care strategy, providing essential care for patients with life-limiting conditions. The service provided inpatient and outpatient care. The service vision and purpose was to enable people to 'live well and die well'.

The hospice had strived to demonstrate the core values in its culture. The core values were:

- compassionate
- inclusive
- integrity
- professional, and
- respectful.

The service produced a 5-year strategic plan, we saw that this was reviewed in September 2023 and actions from the review had been developed. The service's strategic plan 2022–2027 set out its four main strategic aims, objectives and key priorities. The service also identified its key performance indicators (KPIs) from the strategic plan to measure its progress against the aims, objectives and core values. The KPIs were:

- ‘Meeting the growing need and demand.’
- ‘Opening up access to hospice care.’
- ‘Telling the story of our world-class innovative care.’
- ‘Ensuring we are financially strong.’

The service also benchmarked its performance against the national Hospice UK program. In doing this, it assessed how well it compared to other hospices in aspects of care delivery such as pressure ulcers, medicines and falls for patients.

The chairman and the treasurer of the board presented a yearly service report at the annual general meeting. Minutes of the general meeting were available on the service’s website for the public to view.

The hospice contributed to the new NHS Scotland Palliative Care Strategy.

What needs to improve

While the service had a clear vision, we did not see the vision displayed where patients and the public entering the hospice could easily see it. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Leadership and culture

At the time of our inspection, the service offered an inpatient service with 24 beds. A wide range of staff worked in the service, including:

- chaplaincy and volunteers
- nursing teams
- medical teams, and
- physiotherapists, occupational therapists and social workers.

The service had a clear governance structure in place with defined lines of reporting and accountability. We saw an effective leadership structure in place through the senior management team, which managed daily operations in the service. The service produced a 6-monthly report for its council of management. Council members were trustees and unpaid directors. They were from professional and non-professional backgrounds, including members of local communities. The council of management role was to provide governance, support and advice. The report shared with the council of management included

an update of progress made against the service strategic objectives. This included:

- draft service level agreements with NHS Forth Valley
- data, such as waiting lists, responsiveness and hospice admissions
- developing a virtual information hub for patients and carers
- developing a communications strategy to support the hospice's strategy, and
- the sustainability of its 'hospice at home' service.

The service also had eight sub committees which included those for:

- audits
- building
- clinical governance
- fundraising
- investment, and
- retail.

These sub-committees met every 3 months to review all KPIs and review the service's performance.

During our inspection, we attended a clinical governance meeting. Staff could join in-person or online and we saw it was well attended. Discussions took place that included:

- audit, research and service review or improvement activities
- complaints and duty of candour
- infection prevention and control, and
- medicines management.

This group also reviewed non-clinical progress, such as maintenance, facilities and equipment. All the information reviewed at this meeting was then reviewed at the council of management meetings.

The senior management team had well-defined roles, responsibilities and support arrangements in place. This helped provide assurance of safe and consistent patient care and treatment. The service's governance framework showed local and regional groups which met regularly and included those for:

- financial governance
- health and safety
- medicines management
- partnership working, and
- safeguarding (public protection).

Minutes of meetings we saw, demonstrated that all staff groups were represented and clear escalation and reporting processes were in place. Meeting dates were clearly visible on all minutes we reviewed.

Staff we spoke with were positively engaged in the service's provision of care. Comments we received from staff conversation and from our online survey included:

- 'I feel listened to and my suggestions are explored.'
- 'There is a really positive and open lead from the 'top' of the organisation.'
- 'There are opportunities to participate in staff consultation at an organisational level and I can discuss any ideas or issues with my line manager.'

The hospice had recently commissioned and completed an extension to the main building. The extension included:

- a conference room with the provision for staff to attend meetings in-person or through multiple online systems
- changing rooms for all staff members with kitchen and shower facilities, and
- new offices for medical staff.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service had expanded over recent years with its aim to reach out to more patients in the community at an earlier stage in their illness. Effective processes and procedures helped support the safe delivery of care. Staff and patients contributed to improving the service. Staff and volunteers were recruited appropriately, with evidence of staff support and training. A programme of education was available to external healthcare professionals. Risk assessments and an audit programme were in place.

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

The service's website had a range of information available for the public, including information about:

- bereavement support
- community support
- inpatient services
- patient and family support, and
- rehabilitation support.

The 'Live your Life' service was developed after the pandemic when traditional day services were on hold. Patients, families or carers could access this service directly if they felt they wanted support in dealing with life-limiting disease. To use this service, the person would phone and speak to a member of the team. The team would help guide the caller through their issues and support them to see solutions or directions for themselves. The caller then had a variety of options, such as virtual calls or meeting with staff in their own home or in the hospice. The 'Live your Life' team included:

- art facilitators
- complementary therapists
- nurses, and
- volunteers.

This service aimed to reach more people in the local community, make contact with them earlier in their illness and provided access to all aspects of hospice services. Community outreach services had also been developed, where communities set up and ran cafes to allow people to meet and come together for support.

As part of its aim to reach more people, the hospice clinical nurse specialist team had also grown in size and provided clinical support to patients in areas, such as symptom management.

The hospice had received positive feedback about the development of these services from patients, families and staff. We were told that more patients were now supported in the community and in their own homes than were admitted as inpatients.

A wide range of information was available to patients and families in the service, such as patient information leaflets available at reception and the inpatient service. The names of the staff on duty each day were also displayed.

A staff service recognition program was in place, where members of staff were given a commemorative badge to acknowledge their length of service in the hospice. We were also told that one member of staff in the hospice's lymphoedema service had recently won an award for their work and this had been recognised nationally.

Staff that we spoke to told us they enjoyed working in the service and felt supported. They felt that the senior management team was available, approachable and had an 'open-door policy'. Opportunities were available for professional development and ongoing support for staff wellbeing. Staff who completed our survey told us:

- 'The hospice is led well, and I have trust in the senior management team. They are very inclusive and open in their leadership style.'
- 'There is a positive leadership which encourages staff to develop themselves and take up opportunities for service development and further education.'
- 'Have experience of 'the door is always open' attitude at all levels.'
- 'Staff are encouraged to grow and develop in the organisation.'

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service fully understood Healthcare Improvement Scotland's notification process and the need to inform Healthcare Improvement Scotland of certain events or incidents occurring in the service. A process of recording and investigating incidents and accidents was in place.

Comprehensive policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. We saw that policies and procedures were updated regularly or in response to changes in legislation, national and international guidance and best practice.

The service had a wide range of up-to-date policies and standard operating procedures, including those for:

- health and safety
- infection prevention and control
- medicine management, and
- safeguarding.

Incidents were recorded and managed through an electronic incident management system. A process of review and discussion was in place and learning outcomes from incidents were discussed. For example, we saw an incident where the fire alarm system had been activated in error and were able to see evidence that the service's process had been followed.

The service's complaints policy set out the processes and procedures to follow in the event of a complaint or concern being raised. Information on how to make a complaint was displayed in the hospice and published on the website and included information on how to contact Healthcare Improvement Scotland. We reviewed two complaints the service had received. We saw evidence that the complaints had been managed in line with the service's policy and procedures. Lessons learned were discussed at staff and management meetings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had an up-to-date duty of candour policy in place. The service published a report every year on its website, highlighting the number of times the duty of candour

process was triggered. Staff were trained in duty of candour. Staff we spoke with during the inspection were aware of the processes and procedures involved.

We spoke with the service's pharmacist during our inspection and the service completed a comprehensive medicines management audit tool, which demonstrated very good compliance. Medicines were stored appropriately and securely in the inpatient unit. Training in medicine administration was part of the staff induction program and staff completed the training every 2 years. Training involved theoretical practice and competency-based training. We saw evidence of completed audits, such as those for controlled drugs and patient medication administration charts. We saw that actions for improvement were shared with staff and any issues from the medicines management committee were also discussed at the clinical governance meeting held every 3 months.

We saw emergency equipment was checked once in every 24 hours and kept in an accessible location. Staff we spoke with were familiar with the location of the equipment.

Patient care records were held electronically on a password-protected secure system. A detailed process of communication and assessment showed a comprehensive documentation of care from admission to discharge.

A variety of members of the multidisciplinary team inputted to the patient care records, such as physiotherapists and the social work team. Discussions would be documented about the patients' preferred place of care and death. A treatment plan was available for highlighting what the patient would wish should their condition deteriorate and a 'do not attempt cardiopulmonary resuscitation' (DNACPR) document was completed where applicable. This relates to the emergency treatment given when a patient's heart stops or they stop breathing.

A number of assessments and care plans were completed on admission, including:

- an assessment to make sure the patient fully understood information
- falls risk
- nutritional assessment, and
- pain assessment.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Safe recruitment processes were in place. Appropriate background checks were carried out, including an ID check, references and immunisation history. Employees had up-to-date Disclosure Scotland Protecting Vulnerable Group (PVG) checks in place.

All employed staff completed a general induction and role-specific induction. The staff member's manager carried out their appraisals and these included setting personal development objectives.

Volunteers worked in the service. All volunteers had checks completed through Disclosure Scotland. They also completed an induction programme and mandatory training appropriate for their roles.

All staff completed mandatory training and we saw that the service had an extensive education programme available to staff. This included staff training on:

- how to speak up if something is concerning
- professional reflection, and
- staff wellbeing.

An education programme in palliative care was also available to external professionals, such as GPs, care homes and the prison service. This training was often carried out over an online knowledge-sharing platform. The provider planned to host a palliative care conference in 2024, available to all healthcare professionals in the UK.

- No requirements.
- No recommendations.

Planning for quality

The service had a business continuity plan in place and was captured in the business continuity policy and programme 2021–2024. The senior management team reviewed the plan yearly.

We saw a comprehensive risk register as part of the service's risk management strategy that demonstrated a proactive approach to identifying and managing risk effectively. Each risk assessment detailed risks identified to staff and patients and included a risk-rating status, dates of completion and dates of next review. The service carried out a wide range of clinical and non-clinical risk assessments, including those for:

- equipment
- financial
- fire
- infection prevention and control, and
- moving and handling.

The operations manager told us that the service provided all staff with training on risk assessment and as part of their induction.

The building was made up of the original stone building and had been extended and refurbished over the years to accommodate the expanding service provision. It was subject to an ongoing plan of refurbishment as part of continued improvement work.

The operations manager looked after the day-to-day management of the building and its specialist equipment. An on-site engineering and maintenance team took care of all routine maintenance and any repairs that staff reported through the service incident reporting system. The gardens and external facilities were managed through an ongoing contract with a local company.

A comprehensive audit programme helped make sure the service delivered consistent safe care for patients and identified any areas for improvement. The hospice had dedicated link nurses with various focus who participated in audits and promoted education as part of their role. Link nurse responsibility included:

- cognitive impairment
- diabetes
- moving and handling, and
- tissue viability.

Regular infection prevention and control audits were carried out and followed the standard infection control precautions (SICPs) in the *National Infection Prevention and Control Manual*. For example, audits were carried out for:

- environment
- hand hygiene, and
- waste, including sharps disposal.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The environment was clean, uncluttered and in a good state of repair. Staff working in the service were positive about their experience of working there and felt supported and valued. A thorough process was in place of recording of patient's journey while in the care of the hospice. Patients and families told us the care they received was 'first class'. Patients' consent to treatment should be obtained consistently.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

We saw that safe, person-centred care was being delivered in a clean and safe environment. Corridors and rooms were free from clutter and all areas we saw were well organised and well maintained. We saw the service used appropriate cleaning solutions including chlorine-based products for sanitary fixtures and fittings and disposable colour-coded mop heads in line with national infection prevention and control guidance. Supplies of personal protective equipment were readily available throughout the service. Staff had completed infection prevention and control training. Cleaning schedules were in place and the domestic supervisor was responsible for reviewing these regularly. We saw a domestic diary in the ward kitchen to support communication, raise concerns and record actions if appropriate. This was reviewed at the start of every shift to help make sure any outstanding issues were managed appropriately.

The laundry room had an effective system in place to make sure dirty and clean laundry was kept apart and this area was noted to be particularly well kept and organised.

The equipment we saw was clean and well maintained. We saw that the hospice used 'I am clean' green labels. These labels were dated and applied to equipment after cleaning so that staff knew it was ready for use again. Toilets were provided throughout the hospice, including facilities for people with disabilities. Housekeeping staff cleaned these facilities regularly through the day and kept up to date records.

We reviewed five patient care records and saw patient details were well documented. This included:

- consent to share information with other healthcare professionals and the next of kin
- patient's next of kin contact details
- the GP contact details, and
- the patient's goals of admission.

From the day of admission, each patient had a thorough medical and nursing assessment documented. This included an assessment of the patient's condition, past medical history and their current medicines. We saw a clear treatment plan in place, which included reviewing current medicines and involvement with other members of the multidisciplinary team and involvement with external healthcare professionals.

During our inspection, we attended a multidisciplinary team meeting where all aspects of the patients' care was discussed. This included plans for discharge home and any family concerns. Patients completed a recognised assessment scale at different times during their admission, which allowed them to express how they felt. The patient's goals for admission were also discussed and documented.

We met volunteers and staff working in the service and saw an enthusiastic team providing a range of services. Patients and families we spoke with told us the service was:

- 'Perfect.'
- 'First class.'
- 'Excellent.'

Staff we spoke with told us they felt proud of the work they did. Staff who completed our online survey told us:

- ‘We work to the highest of standards and provide an absolutely amazing service to our patients we all go above and beyond for our patients and families.’
- ‘I am always excited to come to work as I love that there are no two days the same. There is always a new challenge.’
- ‘People who work here are motivated and positive and visibly support each other and want to do the best job that they can.’

A discrete identification system was in place for patients with cognitive impairment, where a butterfly was placed on the patient’s board in the staff office to identify to staff that the person had cognitive impairment. Information about patients was kept in folders at the bedside or in the staff office for confidentiality.

Designated areas for reflection and privacy were bright, well maintained and designed to promote positivity. These areas included:

- art
- comfortable chairs
- natural light with views of surrounding gardens and countryside
- the use of a piano, and
- useful information in posters and leaflets.

What needs to improve

We saw consent to treatment was obtained in two out of the five patient care records reviewed. The service should make sure it has a consistent approach to documenting patients’ consent to treatment (recommendation a).

- No requirements.

Recommendation a

- The service should ensure consent to treatment is recorded consistently in all patient care records.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

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:

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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