



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Unannounced Inspection Report: Independent Healthcare

**Service:** St. Vincent's Hospice, Johnstone

**Service Provider:** St. Vincent's Hospice Ltd

12-13 August 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 25-26 August 2021**

#### **Recommendation**

*The service should ensure all clinical staff have access to and can document consent in the patient care record.*

#### **Action taken**

We saw that consent to treatments and care was more consistently reported in the five patient care records we reviewed. However, access to a template that documented consent to share information with next of kin and external healthcare professionals was not accessible by all clinical staff. This was due to restrictions with the current electronic record keeping system. This recommendation is reported in Domain 7 (Quality control) (see recommendation d on page 25).

#### **Recommendation**

*The service should demonstrate that staff working under practicing privileges contracts with the service have completed mandatory training in line with the provider's mandatory training policy.*

#### **Action taken**

From the five staff files we reviewed, we saw that all staff working under a practicing privileges contract had completed mandatory training in line with the provider's training policy.

## **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 St. Vincent's Hospice on Monday 12 and Tuesday 13 August 2024. We spoke with a number of staff, patients and carers during the inspection. We received feedback from 50 staff members through an online survey we had asked the hospice to issue during the inspection.

Based in Johnstone, St. Vincent's Hospice is an independent hospital (a hospice providing palliative/end of life care).

The inspection team was made up of three inspectors.

## What we found and inspection grades awarded

For St. Vincent's Hospice, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>	<b>Grade awarded</b>	
<p>The hospice had a clear vision and purpose. Annual plans set out strategic objectives and were in line with the hospice's vision and purpose. Key performance indicators helped to measure how the hospice was performing. A clear governance structure was in place. Leadership was visible, and staff felt supported and valued.</p> <p>The whistleblowing champion role should be reviewed and staff should be aware of who this is.</p>	✓✓ Good	
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Feedback from, and engagement with, patients, families and staff helped the hospice continually improve. Effective processes and procedures helped support the safe delivery of care. Staff and volunteers were recruited appropriately. An education programme was available to all staff. Quality improvement and risk management processes, including a quality improvement tracker, risk register and audit programme, helped to ensure the safety and quality of the service provided.</p>	✓✓ Good	
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and in a good state of repair, with fresh and modern decoration. A thorough process was in place to ensure patients' care and treatment was fully documented. Patients spoke positively about their experiences in the hospice. Staff told us they enjoyed working in the hospice and felt supported to do so.</p> <p>A review of infection prevention and control procedures must be carried out to ensure staff are complying with national guidance at all times. Consent to treatment and to share information with patients' next of kin and external healthcare professionals should be clearly documented and easily accessible to all clinical staff.</p>	✓✓ 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: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

### **What action we expect St. Vincent’s Hospice Ltd 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 requirement and four recommendations.

<b>Direction</b>	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>a</b>	The service should review who has been nominated as the designated whistleblowing champion and ensure that all staff are aware of who this is (see page 13).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

Implementation and delivery
<b>Requirements</b>
None
<b>Recommendation</b>
<p><b>b</b> The service should ensure an induction programme is consistently completed for all new staff (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Results
<b>Requirement</b>
<p><b>1</b> The provider must ensure that all staff follow national infection prevention and control guidance for the safe management of linen and clinical waste (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>Recommendations</b>
<p><b>c</b> The service should ensure that environmental checks are documented (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<p><b>d</b> The service should ensure that consent to treatment and to share information is clearly documented and easily accessible to all clinical staff in the new electronic record keeping system (see page 25).</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> <p>This was previously identified as a recommendation in the August 2021 inspection report for St. Vincent’s Hospice.</p>



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

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

St. Vincent's Hospice Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at St. Vincent's 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 hospice had a clear vision and purpose. Annual plans set out strategic objectives and were in line with the hospice's vision and purpose. Key performance indicators helped to measure how the hospice was performing. A clear governance structure was in place. Leadership was visible, and staff felt supported and valued.

The whistleblowing champion role should be reviewed and staff should be aware of who this is.

#### *Clear vision and purpose*

St. Vincent's Hospice provides care for adults with life-limiting conditions that require assessment and management of complex symptoms and specialist care. The hospice's vision was to ensure everyone in their community of Renfrewshire and North Ayrshire living with a life-limiting illness received the best possible hospice care and support. The hospice had a clear purpose to deliver high quality care honouring each patient's and family's wishes, by offering physical, emotional and spiritual support.

The hospice had specific goals that aligned with its vision and purpose which included:

- individualised and compassionate care
- support for families through education, counselling and respite
- continuous quality improvement and innovation, and
- securing funding to maintain and develop services.

These goals were clearly displayed throughout the hospice and on the hospice's website.

The hospice used several key performance indicators to measure its performance to see if it was meeting its vision and goals. These included:

- patient and carer feedback
- staff surveys and meetings as well as staff education and training
- audit results
- accidents and incidents
- strategic development, and
- quality improvement.

The hospice had an annual 'plan on a page' which was shared with staff and discussed at Board meetings. This set out four main areas of support services, medical, income generation, and care and quality. These four areas had associated strategic objectives and key performance indicators to allow the hospice to measure its progress against them.

The hospice was a member of Hospice UK and benchmarked its service using the Hospice UK processes. This allowed the hospice to assess how well it compared to other hospices in aspects of care delivery such as patient falls and tissue viability (reviewing patients' skin and soft tissue wounds such as pressure ulcers).

- No requirements.
- No recommendations.

### ***Leadership and culture***

A range of staff worked in the hospice, including:

- nursing and medical teams
- maintenance, housekeeping and catering
- income generation team
- spiritual care and volunteers, and
- community nurse specialists and therapists.

The hospice's governance and leadership structure had well defined lines of reporting and accountability. The senior management team managed the day-to-day running of the hospice. Senior management was visible and promoted an 'open door' policy for staff.

Various subgroups reported to the clinical effectiveness committee who then reported to the clinical governance board which met every 3 months. These subgroups included:

- infection prevention and control
- falls prevention
- drugs and therapeutics, and
- pressure ulcer prevention.

Other committees, which covered staffing, volunteers and finance, met every 3 months and also reported to the clinical governance board.

Regular daily staff meetings took place where patient care and staffing were discussed alongside safety and operational issues. Minutes from these daily meetings we saw showed that all staff groups were represented.

We saw staff were involved in offering suggestions and ideas to help improve the quality of the service and the patient experience. The quality improvement and patient safety facilitator helped staff to develop and implement any quality improvement ideas. Improvement progress reports were shared with all staff, patients, families and stakeholders through meetings and newsletters. Some improvements that had been implemented included:

- cleaning schedules completed electronically improving access throughout the service
- group therapy for bereaved partners, and
- staff-led newsletter.

Staff we spoke with were positive and engaged with the service and about how care was delivered. Staff and volunteers told us they felt fully supported by the chief executive officer and senior management team. They felt listened to and felt the chief executive officer and senior management team were easily approachable. They told us there was an open-door policy in the hospice. Feedback we received from speaking with staff and from our online survey included:

- 'High standards of care and supportive team.'
- 'Leadership are always willing to listen to any feedback.'
- 'Clear leadership by CEO and other senior leaders; very visible but also approachable.'
- 'Great leadership throughout the organisation. Support and direction is always given when needed.'

### **What needs to improve**

We noted the hospice's whistleblowing policy had recently been reviewed. This guided staff on how to report confidential concerns they may have about patient safety or practice in the hospice. A whistleblowing champion should be trained to manage these concerns, and this individual should be visible and accessible to allow staff to approach them if they wish to highlight concerns. At the time of the inspection, staff we spoke with were not aware of who the whistleblowing champion was. We were told the whistleblowing champion was a senior manager of the hospice. This role should not be carried out by someone in a senior management position and should be nominated by staff (recommendation a).

- No requirements.

### **Recommendation a**

- The service should review who has been nominated as the designated whistleblowing champion and ensure that all staff are aware of who this is.

## 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

Feedback from, and engagement with, patients, families and staff helped the hospice continually improve. Effective processes and procedures helped support the safe delivery of care. Staff and volunteers were recruited appropriately. An education programme was available to all staff. Quality improvement and risk management processes, including a quality improvement tracker, risk register and audit programme, helped to ensure the safety and quality of the service provided.

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

The hospice's website had been updated and provided clear information for patients and families. This included information on services available, for example:

- the inpatient unit
- community nursing team
- family support team, and
- day service.

We were told the website was under continued review.

The hospice had an up-to-date participation policy. This included information on how feedback from patients, families, members of the public, staff and volunteers would be gathered about their experiences to help inform improvements in the hospice.

Information leaflets were available throughout the hospice. They included information about the services available, the weekly day service programme and about how to make a complaint. Information and a QR code was easily visible and accessible at the entrance of the inpatient unit giving patients and families access to a link to a feedback questionnaire. Results of feedback from patients and families were displayed on 'you said we did' noticeboards throughout the hospice. Feedback was promoted to patients and staff once a week on 'feedback Wednesday'. All feedback received was reviewed and actioned at the time, and all feedback we saw was positive.

We saw evidence that the hospice involved patients and families in helping to improve the services delivered. For example, the sanctuary (a quiet room used for reflection by patients and families in the inpatient unit) was refurbished and redecorated taking the views of patients and families into account. Patients and families were also asked for their opinions on what information was important to include in the revised patient handbook. Other actions taken following suggestions from patient feedback included having sun hats available for patients when they were outside.

Staff completed an organisational survey in 2023. As a result of staff feedback, the hospice was currently considering providing lighter uniforms for staff to wear in the warmer weather. A staff walking group had also recently been set up following staff suggestions.

Staff had access to an external employee assistance programme. This offered support and advice to staff on areas such as stress and anxiety, financial wellbeing and family matters.

Staff we spoke with and who completed our online survey told us:

- ‘We are often consulted during the planning phases of any large project or change.’
- ‘Staff opinions are listened to at meetings.’
- ‘We are often encouraged to forward any ideas or suggestions we have.’

A staff celebration day had been held in February 2024. This was an opportunity to celebrate the hospice’s recent successes and included talks from members of both the multidisciplinary and finance teams. It also included information on newly developed services to highlight ongoing improvements and developments occurring in the hospice. We noted that this event had been formally evaluated with a positive response from all that had attended.

We noted the community services had been expanded in recent months. Along with the community nurses providing advice and support to patients in their homes, the team now included a community lead nurse, a day service co-ordinator and a triage nurse who reviewed and managed patient referrals.

The day service was open Monday to Friday in the newly refurbished hub and offered a range of sessions, for example:

- social and spiritual wellbeing
- emotional support
- art and crafts, and
- complementary therapies such as talking therapies and hypnotherapy.

Information about the weekly programme of events in the day service was available to inpatients and on the website to those in the community. Support sessions were also available to carers.

We spoke with patients attending the day service and they told us they enjoyed the sessions and often attended more than one session a week. They told us they always felt motivated to attend even when they felt less well.

- No requirements.
- No recommendations.

### ***Quality improvement***

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

The senior management team was fully aware of Healthcare Improvement Scotland's notification process and when to inform Healthcare Improvement Scotland of certain events or of any changes in the hospice.

The hospice had a wide range of up-to-date policies and standard operating procedures. These included:

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

Staff could access all policies online. A 'policy of the month' was also emailed to staff when a new policy was approved or if the details of a particular policy needed to be re-emphasised to staff.



Incidents were recorded and managed through an electronic incident management system. Senior managers reviewed any incidents that were recorded on the system every week to ensure appropriate action was being taken and was on track to being completed. Any learning outcomes and lessons learned from incidents were shared and discussed with staff, and then reviewed as part of monthly staff training. We saw different examples of incidents that staff had reported and saw evidence that the hospice's processes had been followed in each case.

The hospice'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 hospice's website. This included information on how to contact Healthcare Improvement Scotland. We reviewed two complaints the hospice had received since the last inspection in August 2021. We saw evidence that the complaints were managed in line with the hospice's policy and procedures, and any action taken where appropriate. We were told of another complaint which had resulted in the hospice developing a new leaflet for relatives providing guidance following the death of a relative titled 'What to expect when someone is dying'.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The hospice had an up-to-date duty of candour policy, and staff were trained in duty of candour principles. A current duty of candour report was available on the hospice's website.

We reviewed how medicines were managed and spoke with the hospice's pharmacist during the inspection. The pharmacy team was employed by NHS Greater Glasgow and Clyde and covered other hospices in the area. The team was responsible for the ordering and storage of medicines, carrying out regular checks on medicine expiry dates and regularly reviewing prescribing practices to ensure all prescriptions were clearly written and included appropriate instructions for staff. The team also ensured the correct processes were followed when ordering and storing controlled drugs (medicines that require to be controlled more strictly, such as painkillers). We found that medicines were being stored securely. We were told the pharmacy room was to be refurbished soon.

The pharmacist provided medicines training to hospice staff, and offered advice, information and support to clinicians in the community. The pharmacist attended national and local network medicines meetings, where policies, processes and medicines governance were reviewed and discussed. The hospice took part in medicine management training which included six other local hospices. We noted the next training day in September 2024 was to be hosted at St. Vincent's Hospice.

Patient care records were held electronically on a password-protected secure system. Information stored included patients' full contact details, next-of-kin and GP contact details. The hospice was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure confidential information was safely managed.

A thorough process of patient consultation and ongoing assessment took place. Regular assessment tools and care plans included:

- risk of falls
- nutritional assessment
- skin and pressure area assessments
- pain assessment, and
- an assessment to make sure the patient fully understood information.

The hospice had developed a comprehensive admission checklist to be completed during a patient's admission to the hospice. This included ensuring risk assessments were completed, that information on services accessed in the community was documented and that community teams were informed of a patient's admission. A similar patient discharge checklist had also been developed to be used when arranging a planned patient discharge home. On the day of admission, a catering form was completed highlighting to the kitchen staff a patient's dietary preferences.

Information on patients' preferred place of care and preferred place to die was documented along with a treatment plan should the patient's condition deteriorate out of hours. This included whether the patient should be transferred to hospital should their condition deteriorate. A 'do not attempt cardiopulmonary resuscitation' form was completed and available in the patient care records where applicable. This refers to the emergency treatment given when a patient's heart stops, or they stop breathing. Power of attorney was also documented, and a copy kept in the patient care record when available. This is when someone is given legal authority to make decisions on behalf of another person, such as about their wellbeing or financial matters. This information was flagged to staff in an alert box when the electronic patient care record was accessed. We saw that these documents were discussed at the regular staff handovers.

A safe staff recruitment process was in place. Appropriate background checks included checks on identification, qualifications, two references and immunisation history. Employees had Disclosure Scotland Protecting Vulnerable Groups (PVG) checks completed.

Some staff were employed with the NHS and had an 'honorary' contract to provide services to the hospice. We saw a thorough process of ensuring that appropriate checks were in place for these individuals, and a process of induction and appraisal was in place.

An organisational induction programme required all new staff to read a range of policies, for example annual leave, data protection and confidentiality. New staff had regular review meetings during their initial probationary period.

All new staff received an employee handbook which included a range of information including the hospice's vision, health and safety issues, and holiday and leave procedures.

Continual professional development, and training and education opportunities, was available to all staff. Online role-specific mandatory staff training was completed. The hospice's education and training programme was delivered by internal hospice staff. This included a monthly 'lunch and learn' 30-minute session on a subject relevant to staff, for example specific palliative care conditions and symptoms for clinical staff. An annual appraisal process was completed with staff which resulted in professional development objectives being set.

The service carried out yearly checks to make sure professionals remained on their professional register and individual medical insurances remained in date, where applicable.

A full recruitment process was also in place for volunteers who worked in the hospice. This included Disclosure Scotland background checks, and an induction programme and mandatory training applicable to their role.

### **What needs to improve**

Of the five staff files we reviewed, we noted that an organisational induction programme was not evident in two files (recommendation b).

- No requirements.

### **Recommendation b**

- The service should ensure an induction programme is consistently completed for all new staff.

### *Planning for quality*

The hospice's risk management strategy demonstrated a proactive and effective approach to identifying and managing risk. The hospice carried out a wide range of clinical and non-clinical risk assessments, including those for fire safety and water systems. A risk assessment was also included for the hospice's non-compliant clinical wash hand basins. Each risk assessment detailed risks identified to staff and patients, and included a risk rating status. The risk assessments were reviewed every week with senior management. Risk assessments were documented in a risk register to help ensure identified risks were regularly reviewed and updated.

The facilities supervisor was responsible for the day-to-day management of the building and its specialist equipment. Any incidents were recorded through the hospice's electronic reporting system. This was a relatively new system which enabled staff to report incidents through a QR code and upload a picture of the issue, if required. This was immediately sent to the maintenance team who could also access the information on an app on their mobile phone.

Guidance was available for staff on what to do in the event any issues arose out of hours, for example a power cut, fire or problems with water. The hospice had developed good working relationships and was in communication with neighbouring hospices in the event any such issues arose.

The hospice's quality improvement statement highlighted the purpose of quality improvement and identified members of the quality team. The statement addressed how to identify what could be considered a quality improvement, and then how to monitor and evaluate the outcomes. Alongside this, an electronic quality improvement tracker clearly highlighted areas of improvement that had been completed and those that were in the process of being carried out. The tracker also highlighted which staff were responsible for these projects. Current topics on the plan included:

- the educational programme
- audits due for completion
- fundraising projects, and
- the development of new services for staff, for example a menopause cafe.

A comprehensive audit programme helped to make sure the hospice delivered consistent safe care for patients and identified any areas for improvement. Examples of audits included checks on mattresses and equipment. Audits were carried out by all staff, including senior nurses, ensuring a wide range of staff participation and learning.

Regular infection prevention and control audits covered areas identified in national infection prevention and control guidance. 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 and in a good state of repair, with fresh and modern decoration. A thorough process was in place to ensure patients' care and treatment was fully documented. Patients spoke positively about their experiences in the hospice. Staff told us they enjoyed working in the hospice and felt supported to do so.**

**A review of infection prevention and control procedures must be carried out to ensure staff are complying with national guidance at all times. Consent to treatment and to share information with patients' next of kin and external healthcare professionals should be clearly documented and easily accessible to all clinical staff.**

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.

The environment was clean, and the decoration appeared bright, modern and fresh. Corridors and rooms were free from clutter. We saw appropriate cleaning solutions were used, including chlorine-based products for sanitary fixtures and fittings and disposable colour-coded mop heads. This is in line with national infection prevention and control guidance. Staff told us they had enough equipment to carry out all duties. When a room had been cleaned, a sign outside the room showed that it was ready for use. The housekeeper told us there was good communication between them and the ward staff.

Personal protective equipment, including disposable gloves and aprons, was stored appropriately and was available throughout the hospice.

We reviewed five patient care records and saw a thorough process of recording information including:

- patients' next of kin details
- GP contact details, and
- current medications and allergies.

Each patient care record we reviewed showed a thorough medical and nursing assessment and consultation. A range of multidisciplinary team members also documented information in the patient care records, including the social worker and spiritual lead. Conversations with families were regularly documented. All patients had a 'care round' document completed which ensured patients were regularly reviewed throughout the day and offered care, as appropriate.

During our inspection, we attended a patient handover meeting where relevant staff were updated on patients' conditions and discussion took place about patients in the community. We also attended the weekly multidisciplinary team meeting where all aspects of 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. These were reviewed regularly at staff handovers and multidisciplinary meetings and gave staff an insight into how patients were feeling.

Patients and families we spoke with told us:

- 'It's like the Ritz here.'
- 'Staff are wonderful.'
- 'They are wonderful, they want me to bring my dog in.'
- 'They can't do enough for me.'
- 'I am regularly updated on the changes.'

We found the staff and volunteers we spoke with were very enthusiastic about the hospice, the service they provided and their individual roles.

Staff who completed our staff survey told us:

- 'It's a very welcoming place to work.'
- 'All staff are supportive of each other and work towards achieving our common goals.'

- ‘Providing the best person-centred care to patients and their families not only from the clinical team but all teams as a whole, working together, nothing is too much trouble.’

### **What needs to improve**

During the inspection, we found a number of issues relating to non-compliance with infection prevention and control practice and procedure, in particular with the management of linen and clinical waste.

- Used linen and clinical waste was not always being stored securely while awaiting uplift, for example we found one clinical waste and one linen bin unlocked.
- We observed staff not following the correct process for handling bagged linen and clinical waste.

We highlighted these issues to staff during the inspection and appropriate action was taken at the time. However, infection prevention and control procedures must be reviewed to ensure they are in line with national guidance (requirement 1).

Cleaning schedules were completed electronically by ward staff and the housekeeper. Although the supervisor carried out regular spot checks and fed back any issues to the housekeeper, this was not documented. (recommendation c).

We saw that consent to treatment was documented in the patient care records when patients were to receive care. However, at times this could be difficult to see alongside the daily information documented. We saw a template for documenting consent to share information with next of kin and external healthcare professionals was completed by the medical team. However, due to restrictions with the current electronic record keeping system, the nursing team did not have access to this template. We discussed this with the hospice and consent to share information had now been highlighted on the alert box of all the current patient care records. We were told a new electronic system for documenting patient care records was being introduced in November 2024 (recommendation d).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that all staff follow national infection prevention and control guidance for the safe management of linen and clinical waste.



### **Recommendation c**

- The service should ensure that environmental checks are documented.

### **Recommendation d**

- The service should ensure that consent to treatment and to share information is clearly documented and easily accessible to all clinical staff in the new electronic record keeping system.

## Appendix 1 – About our inspections

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

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

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



More information about our approach can be found on our website:  
[The quality assurance system and framework – Healthcare Improvement Scotland](#)

## 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

**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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