Announced Focused Inspection Report: Independent Healthcare

Service: St Columba's Hospice, Edinburgh

Service Provider: St Columba's Hospice Ltd

19 January 2021

This report is embargoed until 10.00am on Tuesday 16 March 2021

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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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 29-30 June 2016

Recommendation
The service should amend its consent policy to include the process for recording consent on the electronic system.

Action taken
The service's consent policy had been updated to reflect the recording of consent in the electronic system.

Recommendation
The service should carry out periodic observations of staff when administering medication to ensure they are continuing to do so safely.

Action taken
The service implemented an annual process of reviewing staff administering medication. We saw a document where the date of the observation was recorded and were told this had been discussed at both the patient safety and charge nurse meetings.

Recommendation
The service should provide training appropriate to staff's role as infection control link nurses.

Action taken
Staff previously identified as infection control link nurses had been provided with enhanced infection control training through Hospice UK. Currently all new staff identified as link nurses are not able to access this enhanced training due to the current COVID-19 pandemic. These staff were being supported by the quality assurance staff and were involved in infection prevention and control audits.

Recommendation

The service should review its infection prevention and control audits, to ensure that it includes standard infection prevention and control precautions, as outlined in the Health Protection Scotland National Infection Prevention and Control Manual (2016).

Action taken

The service's infection protection and control policies had been updated and closely align with the standard infection control precautions described in Health Protection Scotland's *National Infection Prevention and Control Manual*. The service had recently started to use Health Protection Scotland's compliance tool to carry out its monthly infection prevention and control audits.

Recommendation

The service should develop a standard format to record the actions required following audits. This should clearly record who is responsible for each audit, timescales for completion and outcomes.

Action taken

The service had developed an audit action plan to include timescales, outcomes and responsibility. It is currently developing a Plan-Do-Study-Act cycle for teams as an alternative process of auditing and quality improvement.

2 A summary of our inspection

We carried out an announced inspection to St Columba's Hospice on Tuesday 19 January 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service's infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

What we found and inspection grades awarded

For St Columba's Hospice, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	**Summary findings**	**Grade awarded**
5.1 - Safe delivery of care	Appropriate COVID-19 risk assessments were carried out and actions had been taken to minimise the risk of infection. Patients were being cared for in single ensuite rooms. The environment and patient equipment was clean.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
Quality indicator	**Summary findings**	**Grade awarded**
9.4 - Leadership of improvement and change	A good leadership and assurance structure was in place for leading and supporting staff and patients during the current COVID-19 pandemic. The senior management team had responded in February 2020, before the initial government lockdown, ensuring all clinical staff wore fluid	✓✓✓ Exceptional

resistant face masks while working in the clinical area.	

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	**Summary findings**
5.2 - Assessment and management of people experiencing care	The service's electronic patient care records ensured staff had access to a range of patient information that supported their care and treatment. Patient care records contained an infection prevention and control risk assessment and care plan and included COVID-19 information, such as the need for isolation. All sections of the patient care record should be completed and relevant information recorded.

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 St Columba's Hospice Ltd to take after our inspection

This inspection resulted in one recommendation. See Appendix 1 for the recommendation.

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 St Columba's Hospice for their assistance during the inspection.

3   What we found during our inspection

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

Appropriate COVID-19 risk assessments were carried out and actions had been taken to minimise the risk of infection. Patients were being cared for in single ensuite rooms. The environment and patient equipment was clean.

The service had developed comprehensive policies and procedures which described the control measures the service was taking to minimise the risks of COVID-19 transmission. This included a single operational document for all clinical and non-clinical staff and provided all COVID-19 related information.

Enhanced COVID-19 management measures included:

- increased cleaning of the environment, patient equipment and frequently touched surfaces such as door handles
- personal protective equipment such as face masks, aprons and gloves readily available for use by patients, staff and visitors at appropriate areas
- alcohol-based hand rub available at appropriate points throughout the hospice
- COVID-19 screening of all patients and visitors, and
- restricted visitor access to the building.

The service's health and safety committee regularly met and we saw evidence of the committee's meeting minutes where risk assessments were discussed and delegated to each head of department. Appropriate procedures were in place to ensure a safe environment during COVID-19.

We saw that housekeeping staff were using appropriate chlorine-based cleaning products and colour coded cleaning equipment. All cleaning equipment was stored appropriately in cupboards or was wall mounted. We saw up-to-date cleaning schedules which were readily accessible to all staff. The facilities manager and health and safety lead were currently planning to switch colour coding of cleaning equipment in line with local NHS use.

All patient linen was treated as infected linen and was laundered in line with a new product and laundering system, currently used by NHS England. This cleaning product disinfects and decontaminates infected linen and garments at a cooler temperature. This process was research based. Staff laundered their uniforms at home, at the highest temperature recommended for the material.

We saw that monthly hand hygiene audits were carried out to ensure good staff compliance with hand hygiene practice. We saw evidence of staff using alcohol-based hand rub and changing from fluid resistant face masks to fabric face coverings when leaving the clinical area.

The service used an electronic system for staff to report incidents or areas of concern within the environment. Staff could access this easily to ensure that issues were rapidly addressed. The electronic system also showed the COVID-19 risk assessments that had been carried out which were regularly reviewed in line with national guidance. The risk register was readily available to all staff on the electronic system and was easy to follow.

Person-centered care was at the forefront of all the adaptations made to the service during the pandemic, allowing for family visiting to continue in a controlled and safe manner. All visits to the hospice were risk assessed. Although patients could nominate four visitors from two different households, visiting was restricted to one visit each day for two visitors from the same household. The service coordinated the family visits so that households did not overlap. Visitors were routinely screened for COVID-19 using a questionnaire when they arrived at the service. They were then guided to use the alcohol-based hand gel and in wearing fluid resistant surgical face masks. Visitors who arrived wearing fabric face coverings were asked to change to fluid resistant face masks whilst in the clinical area.

At the time of inspection, all patients were being cared for in single ensuite rooms. The communal bathrooms and lounge areas had been closed off. We saw appropriate door signage displayed on the patient's door to remind staff and visitors that infection prevention and control precautions were required, such as personal protective equipment when entering the room.

All patients admitted were on either a medium or high risk pathway dependent on their COVID-19 risk to prevent any risk of transmission. We were told that a patient's COVID-19 status and risk pathway was highlighted at the ward's safety brief and at nursing handovers.

Patients requiring aerosol generating procedures were not being admitted to the hospice at this time. Aerosol generating procedures present a risk of cross-infection to the environment, due to the fine spray of air or water they generate. Face mask fit testing was being carried out by an external contractor to enable staff to be fitted with appropriate face masks should patients require aerosol generating procedures in the future.

Staff meal break times were assigned at the beginning of the shift to ensure social distancing could be maintained in the dining room. During meal breaks, we saw staff appropriately socially distancing by each sitting at individual tables and cleaning their environment before leaving the table.

- ■ No requirements.
- ■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service's electronic patient care records ensured staff had access to a range of patient information that supported their care and treatment. Patient care records contained an infection prevention and control risk assessment and care plan and included COVID-19 information, such as the need for isolation. All sections of the patient care record should be completed and relevant information recorded.

Patients were tested for COVID-19 on their admission and this was repeated on day five after their admission. The COVID-19 tests were processed by the local NHS laboratory ensuring that any positive results were communicated to the local track and trace teams. Patients were required to isolate for 14 days after admission, regardless of the test result. We saw evidence of this process in the patient care records and also on the patient information boards in the staff duty rooms. Patients who returned to the hospice from periods at home were re-tested for COVID-19 and also had to recommence the 14-day isolation period.

The service had introduced an electronic system for patient care records in February 2020. The majority of the patient care records were in electronic format. However, we saw some paper-based documents were still being used.

NHS Lothian used the same electronic system which allowed the sharing of information throughout the patient journey and ensured continuity of care. Staff could access laboratory and radiology results through this system.

We reviewed five patient care records and saw that these were comprehensive and covered many aspects of patient's care and treatment. All disciplines involved in the care of the patient had documented their entries in the record. Patients were assessed by the hospice's access team before admission which included a COVID-19 risk assessment. We saw that this had been recorded in the majority of the patient care records we reviewed. The access team also provided patients and relatives with information about COVID-19, such as what to expect when being admitted to the hospice.

We were shown the section on the electronic patient care record where any specific information relating to COVID-19 could be recorded for patients who were in the process of being discharged. The patient's discharge letter was generated on the electronic system and could be accessed by the patient's GP.

What needs to improve
Although we saw a section for recording the patient's consent to share information, this was not always completed in the electronic patient care records we reviewed. We discussed this with the service during the inspection and were told that this was sometimes recorded in paper format (recommendation a).

■ No requirements.

Recommendation a
■ The service should ensure consent to share information is recorded in a consistent way in patient care records.

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

A good leadership and assurance structure was in place for leading and supporting staff and patients during the current COVID-19 pandemic. The senior management team had responded in February 2020, before the initial government lockdown, ensuring all clinical staff wore fluid resistant face masks whilst working in the clinical area.

The senior management team coordinated a swift and effective response to the pandemic. A senior management COVID-19 team was set up to ensure safe and appropriate care was delivered in line with Scottish Government guidance, and to provide effective communication and direction to staff.

The senior management team had carried out COVID-19 meetings three times a week for staff at the start of the pandemic but these were now held weekly. The chief executive and senior management team emailed staff with updates on COVID-19 guidance and any organisational communications.

A dedicated infection prevention and control group was in place and reported directly to the clinical governance group. The group met regularly and we saw evidence in the minutes showing discussions about the infection prevention and control changes required during the pandemic.

A single operational document had been developed to guide staff on all aspects of COVID-19 including infection prevention and control. The public health team had reviewed the document for accuracy. Part of staff's ongoing training relating to the pandemic was reading and understanding of this document.

We were told the senior management team had been increasingly more visible to staff on a daily basis. The senior team and head of departments carried out weekly leadership walk rounds to ensure environmental cleanliness and

standard infection control practices. We saw documentation of these checks and of issues being addressed immediately.

Leadership amongst all levels of staff was being promoted throughout the service. Infection prevention and control champions included clinical and domestic staff who carried out monthly audits using Health Protection Scotland's audit tool. Housekeeping staff had carried out hand hygiene work.

A COVID-19 champion was delegated within the nursing team as a COVID-19 resource on each shift. We saw an open culture of staff challenging each other in a supportive and informative way. This enabled staff to highlight concerns to each other and to ensure staff safety was maintained.

An online staff survey was carried out in August 2020, to capture staff experiences during the pandemic. The senior managers met with their teams following the survey to feedback the results. The survey results had shown that staff felt well supported by the senior leadership team and the infection prevention and control team.

Staff wellbeing was supported by online supervisory meetings with senior managers. Access to mindfulness and counselling was available and art-based reflection sessions were being developed for staff to access in the future.

A partnership agreement had been set up between NHS Lothian public health protection team and the hospice to ensure that all infection prevention and control aspects were appropriate, including policies and procedures, audits and education. The advanced infection prevention and control nurse from NHS Lothian regularly takes part in hospice infection prevention and control meetings, mandatory training and the audit programme.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the 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 5 – Delivery of safe, effective, compassionate and person-centred care
Requirements
None
Recommendation
a   The service should ensure consent to share information is recorded in a consistent way in patient care records (see page 11).   Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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: his.ihcregulation@nhs.scot

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