

# Inspection report

## Strathcarron Hospice Home Care Service Support Service

Randolph Hill  
Fankerton  
Denny FK6 5HJ

**Inspected by:** Pauline Kyle  
**(Care Commission Officer)**

**Type of inspection:**

**Inspection completed on:** 11 March 2008

**Service Number**

CS2004075189

**Service name**

Strathcarron Hospice Home Care Service

**Service address**Randolph Hill  
Fankerton  
Denny FK6 5HJ**Provider Number**

SP2003002729

**Provider Name**

Strathcarron Hospice

**Inspected By**Pauline Kyle  
Care Commission Officer**Inspection Type****Inspection Completed**

11 March 2008

**Period since last inspection****Local Office Address**Springfield House  
Laurelhill Business Park  
Stirling  
FK7 9JQ  
Tel: 01786 406363

## **Introduction**

Strathcarron Hospice is a specialist palliative care centre for adults. The service comprises of 24 in-patient beds, a day service and a home care service.

The Hospice is a charitable organisation. The aim of the service is to provide specialist based palliative care which enhances the quality of life of people affected by cancer and other life threatening illnesses.

The objectives include symptom control, advice and support for patients and their families. The service provides education for both internal and external staff.

The Hospice is located in its own grounds which are beautifully landscaped. There are car parking facilities to the front and the rear of the building. The in-patient beds are located on one floor. There are three ward areas comprising of two, four bedded areas and one with five beds. There are also large single rooms with en-suite facilities. There are various communal sitting areas. The Hospice is currently enforcing a no smoking policy within the Hospice and the grounds. This will be evaluated on an annual basis.

The Hospice facilitates a Lymphoedema Specialist service.

The day service operates Monday to Friday and this is a structured service. The patients are collected from their homes and brought to the day service by volunteer drivers.

There is an Occupational Therapy Room, Relaxation Room and a Physiotherapy Room. These services are used by both day service and in-patients.

## **Basis of Report**

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form

The service submitted a self-evaluation form as requested by the Care Commission.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus area(s) and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection process

Staff at inspection

The Hospice Director, Hospice Manager, Ward Sister, Volunteers, Day Service Sister, Hospice Social Worker and Occupational Therapist were consulted during this inspection

Evidence

Evidence was gathered from the Hospice's policies and procedures, patient information leaflets, speaking with service users and staff and staff training records.

Inspection Focus Areas and associated National Care Standards for 2007/08

The inspection focus area on this inspection is Protecting People the outcome of which can be found under Standard 6: Staff.

The compliance on the requirement and recommendation which were made in the last inspection were also followed up.

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements in last Inspection Report**

There was one requirement made in the last inspection report and this has now been fully met.

### **Comments on Self-Evaluation**

The previously submitted self evaluation was considered.

### **View of Service Users**

From in-patients, one service user was spoken with directly. The service user spoke very highly of the care which they have received since staying in the hospice. She spoke very highly of the nursing and medical staff. She commented that the food was very good and there was always a choice offered.

There were five patients spoken with at the day service. They again spoke very highly of the staff and one stated that 'they were excellent'. One service user said that he could discuss with staff his plan of treatment, the reasons he was attending the day service and the options were explored with him with the support of the staff. One service user said that there were various choices available to them with things such as craft work and painting. All spoke very positively about the food which was offered to them when they attended the day service.

### **View of Carers**

There was one family member spoken with during this inspection. The carer commented

"This is such an excellent place, the staff could not be anymore considerate or caring". The carer felt the staff were also concerned about him in addition to his wife and support was there if he felt he needed it. "It would be nice if my wife could have a single room rather than being in a ward, but I know the staff need these rooms if someone is very ill".

## **Regulations / Principles**

### **Regulation 25: SSI 114 Regulation 25 Complaints**

#### **Strengths**

Since the last inspection the service has amended their patient information leaflets to include the Care Commission's contact details if they wish to make a complaint. Every patient is given a leaflet when they start using the service.

The information leaflets give basic details of how to make a complaint with the actual procedure available on request.  
This requirement is now met.

#### **Areas for Development**

## **National Care Standards**

### **National Care Standard Number 6: Hospice Care - Staff**

#### **Strengths**

The inspection focus area of Protecting People has been reported on under this Standard. The whole Standard was not reported on at this visit. However the strengths identified in the last inspection under 'Quality of Leadership and Staff' continue.

The Hospice have children who visit the service. There was evidence that there is comprehensive guidance and information available to staff regarding Child Protection.

Awareness training on Child Protection has been provided to all staff and they have a good knowledge on the procedures.

The Hospice does have a copy of 'Rights, Risks and Limits to Freedom' and 'Safe to Wander' - Mental Welfare Commission's principals and good practice guidance.

Through discussion it was concluded that not all patients require to have a risk assessment in place in relation to restraint. If patients require the use of bed rails and/or pressure mats then an assessment is completed and reviewed on a daily basis.

There is also consideration given when these decisions are made, on the use of compulsory powers, such as Mental Health (Care and Treatment (Scotland) Act 2003 and the ability of the individual to consent (Adults with Incapacity (Scotland) Act 2000)

The Hospice is taking a proportionate and realistic approach to restraint as there are additional areas to consider when considering chemical restraint due to the use of opioids and sedation to control pain and at the end stages of life maybe the use of other drugs which would influence the patients abilities. These factors will be reflective in the review of the restraint policy.

There has been no adult abuse concerns in this service.

The service provides ongoing personal development opportunities for staff. Training needs are identified during their induction period, at appraisal and through clinical supervision.

All mandatory training is provided to staff and this is an ongoing programme to ensure all staff are aware of safe and best practice in areas such as fire safety, infection control and general health and safety.

Additional training is offered either through the Hospice's education department or by using external agencies. Training is evaluated by the education department.

### **Areas for Development**

The Hospice does have a policy and procedure on restraint which the service has recognised needs reviewed and developed to reflect best practice and guide staff on the procedure to follow at any incident of restraint. (See requirement 1)

The Hospice staff have not received training/education in relation to restraint issues, assessment and recording.  
(See requirement 2)

The Hospice does have an Adult Protection/Abuse policy however it was concluded that this policy was out of date and needs to be reviewed and developed to include all relevant details to state the Hospice policy and guide staff through an adult protection incident. This would require consideration of both the home care service and the Hospice. (See requirement 3)

The Hospice does not have a copy of the local Area Inter-Agency Adult Protection policy.  
(See recommendation 1)

The Hospice does not currently provide access to training in Adult Protection. (See requirement 4)

Although the Hospice provides very good training opportunities for staff this is not reflective in a training and development policy. This would provide staff with information and guidance on the training and development opportunities available to them.  
(See requirement 5)

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

During this visit time was spent with the in-patient Sister who has recently reviewed and developed new care file documentation. This is in the early stages of implementation and will be discussed again at the next inspection.

Through discussion it was identified that the Hospice's risk register is being reviewed and developed by Health and Safety auditors.

## **Requirements**

1. The provider requires to review and develop their policy and procedure on restraint. Timescale from receipt of this report is 3 months.

This is in order to comply with SSI 114/2002 Regulation 4(1)(a) Welfare of users

2. Staff must receive appropriate training covering the assessment and record keeping associated with restraint.

Timescale 6 months from receiving this report.

This is in order to comply with SSI 114/2002 Regulation 13 -Staffing

3. The care service requires to review and develop its existing Adult Protection policy and procedure to meet the needs of the patients attending the Hospice, Day Care and Home Care.

Timescale 6 months from receiving this report.

This is in order to comply with SSI 114/2002 Regulation 4(1)(a) Welfare of users.

4. The Hospice needs to ensure access to appropriate training in adult abuse issues and use of associated Adult Protection policy and procedures to all staff with access to service users. Timescale 8 months from the date of receiving this report.

This is in order to comply with SSI 114/2002 Regulation 4(1)(a) Welfare of users

5. A policy and procedure on staff training and development requires to be developed and implemented.

Timescale 3 months from the date of receiving this report.

This is in order to comply with SSI 114/2002 Regulation 4(1)(a) Welfare of users.

## **Recommendations**

1. The Hospice should obtain a copy of the local Inter-Agency policy on Adult Protection.

**Pauline Kyle**

**Care Commission Officer**