Unannounced Inspection Report: Independent Healthcare

Marie Curie Hospice: Edinburgh | Marie Curie Cancer Care | Edinburgh
12 and 20 July 2012
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. You can, however, complain
directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net
2 Summary of inspection

Marie Curie: Edinburgh is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care to adults who are affected by cancer and non cancer related illnesses within Edinburgh, Midlothian and West Lothian.

The hospice states that the aim of the service is to provide ‘specialist, research based palliative care which enhances quality of life for people affected by cancer and other illnesses. The care provided by Marie Curie: Edinburgh aims to meet the physical, psychological social, cultural and spiritual needs of patients and their families.

Support and care are provided to individuals and families by a multidisciplinary healthcare team which includes specialist nurses and doctors, physiotherapists, occupational therapists, complementary therapists, social workers and a chaplaincy service.

There is a team of trained volunteer staff who support the hospice in various activities such as driving patients to appointments, working on reception, helping on the wards, support day services and working at a local hospice shop.

Work has begun on a refurbishment project at the hospice to improve the standards of privacy and dignity offered to patients and their families.

The inpatient and other services have been moved temporarily out of the current hospice building to protect people who use the service and visitors from construction noise and disruption. During the refurbishment, the service is based at the Western General Hospital, Edinburgh, in wards 12 and 15 of the main hospital. Day services and complementary therapies are offered in ward 12. The service is providing inpatient care in ward 15. The hospital provides catering and laundry services. The inpatient unit has 22 beds offered in single and shared accommodation. The catering and laundry facilities are provided by the hospital. All staff from the hospice have moved with the people who use the service.

All patients have been informed about how the changes will affect them. The service will continue to keep all patients and families up to date with plans and information about the move over the coming months.

We carried out an unannounced inspection to Marie Curie Hospice: Edinburgh on Thursday 12 and Friday 20 July 2012.

The purpose of the inspection was to assess the care provided and the environment following the move to the Western General Hospital.

We assessed the service against two Quality Themes related to the National Care Standards and inspected the following areas:

- a number of bedrooms
- nurses’ offices
- bathrooms
• the domestic services room
• the kitchen
• the quiet room
• the toilets
• the sluice area, and
• the waste room.

The inspection team was made up of two inspectors and one public partner on the first inspection and two inspectors on the second inspection. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Marie Curie Hospice: Edinburgh can be found in Appendix 4.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality Theme 1 – Quality of care and support: 4 - Good**
**Quality Theme 2 – Quality of environment: 4 - Good**

In this inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents, including:

• patient care records
• health and safety maintenance records
• information leaflets
• relevant sections of policies and procedures
• risk assessments
• public liability certificate
• certificate of registration, and
• cleaning schedules.

We had discussions with a variety of people, including:

• the assistant director of hospices
• the hospice manager
• inpatient services manager
• the facilities manager
• the medical director
• ward clerk
• lead nurse, community services
• registered nurses
• carers
• domestic staff, and
• people who use the service.

The inspection team spoke with six people who use the service. This included two relatives.

Everyone spoke very positively about their individual care and personal experience of attending the hospice. They told us:

• ‘It is very comforting to be here. I have great confidence in the staff. I would find it difficult to say anything negative.’
• ‘Your wishes are respected.’
• ‘It has been a very good experience. I could not fault them. It has been first class’
• ‘There is very good communication. They are good at explaining things.’

Overall, we found evidence at Marie Curie Hospice: Edinburgh that:

• people who use the service are provided with individual care tailored to meet their needs
• people were being consulted about the development of the service
• people and their relatives are supported by a committed multidisciplinary healthcare team to make choices about their care, and
• dedicated care and attention is given to people, with particular emphasis on dignity, respect, care, comfort and family support.

We found that improvement is required in some areas, which include:

• reviewing and improving the domestic cleaning systems
• monitoring of cleanliness
• review and audit of infection control practices
• improvement of the systems to ensure remedial work is carried out, and
• audit of care documentation.

This inspection resulted in three requirements and one recommendation. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendation can be found in Appendix 1.

The provider, Marie Curie Cancer Care, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Marie Curie Hospice: Edinburgh for their assistance during the inspection.
3 Key findings

Quality Theme 1

Quality Statement 1.1
We ensure that people that use this service and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good
We found very good evidence that people who use the service and their families participate in assessing and improving the quality of care and support provided by the service.

There were a variety of leaflets available which explained what services were available and what to expect. We found good information on the hospice website about the services offered. There was also information about the temporary accommodation and move to the Western General Hospital.

People who used the service were encouraged to give their views through questionnaires. A national survey was scheduled for July and August.

User experience groups were held and we saw that they explored a variety of different topics including the hospice refurbishment, feedback letters and suggestions that were made. We saw detailed minutes and evidence of action being taken in response to suggestions made. For example the service told us that the times of breakfast had been changed as people who used the service had felt it was served too early.

The lead nurse in community services had a pivotal role in involving people in improving the quality of care and support provided by the service. We were told that the purpose of the user experience group was being looked at with a view to improving how views are sought.

Staff spoke about the importance of involving people in making decisions about their care. We saw that patients were involved in discussing their care and they were involved in recording how the nursing team carried out their care.

People who use the service told us that they felt involved in the planning of their care and they had also been given good information about their treatment and discharge arrangements.

We saw two suggestion boxes in the corridor of ward 15. These were accessible to people who use the service, their relatives and friends. We were informed that boxes were checked regularly.

There was a complaints policy and people spoken with who used the service said they had no complaints, but if they had any they would feel comfortable to raise them.
Areas for improvement
Marie Curie Hospice: Edinburgh should continue to maintain its commitment to developing services to meet the needs and wishes of people using its services. We were told that the user experience group has not met since the move into temporary accommodation. The service should consider how it will continue to provide a forum for people using the service to give their opinion on how the service is run.

- No requirements.
- No recommendations.

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet people that use this service physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 - Good
We reviewed patient care records during the inspection. We found that the documentation was comprehensive and easy to follow and gave a clear picture of individual care needs. A multidisciplinary approach was used to record care needs.

The patient care records showed that information had been gathered from people before their admission about their healthcare needs and throughout their stay in the hospice.

We saw that individual nursing care plans were kept at the bottom of each person’s bed. We were told that documentation was completed with the person whose care was recorded. People we spoke with confirmed this. We saw evidence in the care records that people who use the service had input into their plan of care.

A comprehensive health assessment is carried out and recorded for each person. We found that the majority of the records gave accurate up-to-date records of individualised care. We saw a range of essential baseline assessments were made such as pain assessment to inform the plan of care. These were reviewed and updated as necessary.

We were informed that the documentation had recently been audited and the service was awaiting the results of the audit.

Areas for improvement
While we found that the overall standard of record-keeping was good, we found that there were areas in the documentation which had not been completed. This made it difficult to know if this aspect of care had been considered. For example, in one set of patient care records we saw that a patient’s risk of developing pressure ulcers had increased from high risk to very high risk. The patient was also being nursed in bed at all times. While we were told that the patient was being repositioned frequently to reduce the risk of pressure ulcers developing, we were unable to evidence this in the health record (see recommendation a).
No requirements.

**Recommendation a**

- We recommend that Marie Curie Hospice: Edinburgh should ensure that health records are fully completed, documenting the care given to people who use the service.

**Quality Statement 1.6**

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of people who use this service and staff.

**Grade awarded for this statement: 4 - good**

We saw that Marie Curie: Edinburgh had a risk assessment in place which considered the risk of moving the service to temporary accommodation. The risk assessment identified actions to be taken to reduce the risks and who was responsible for taking the action.

We looked at the risk policy and risk rating system within the hospice. The risk rating system was clearly explained.

We saw evidence in the minutes from the clinical governance meetings that the service has reviewed previous incidents. They use these reviews to identify any areas of learning.

The service has recently asked qualified nurses to complete a test to ensure competency when performing drug calculations. There is also a competency workbook in place that qualified nurses must complete to demonstrate competency when administering medication.

**Areas for improvement**

It was not always clear how the risk assessment for the temporary accommodation had been followed up or updated. For example, the risk assessment had identified that there was a risk that maintenance issues would not be resolved as quickly as previously as the service had a new landlord. As reported under quality statement 2.4 this proved to be the case. It was unclear how the risk assessment had changed or what actions had been put in place to reflect the change in risk.

We saw that a system of audits were in place within the permanent hospice building, for example infection control and health and safety audits. None of these audits had been carried out within the temporary accommodation at the time of the inspection.

Both these risk assessment and audit issues have been addressed through the requirements made under quality statement 2.4.

- No requirements.

- No recommendations.
Quality Theme 2

Quality Statement 2.1
We ensure that people that use this service and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good
Statements at quality statement 1.1 are also relevant.

There was evidence in the minutes of user experience groups that people who use this service were being asked about the refurbishment.

Areas for Improvement
Marie Curie Hospice: Edinburgh should continue to maintain their commitment to developing services to meet the needs and wishes of those people using the service.

■ No requirements.
■ No recommendations.

Quality Statement 2.4
We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 3 - Adequate
On 12 July 2012 inspection, we were told that there had been recent damage to the building which had significantly disrupted patient care. We were told that the service was experiencing difficulties in getting their landlord to make repairs in a timely fashion. We also saw that some equipment was not working properly. The equipment that was not working could have caused an infection control risk within the hospice. This had been reported to the landlord on several occasions, but had not been repaired. As a result of these concerns we made an immediate requirement (see requirement 1).

We also saw examples of poor infection control practices and cleanliness. For example, domestic waste was found in bags on the floor of the waste room. We saw that staff did not always wash their hands appropriately. We saw that there was dust on the bedframes, curtain rails, patient lockers and lamps. There were fans in the corridors which were very dusty. We fed these issues back to the management team and they assured us they would take action.

As a result of these findings and the requirement made, we decided to revisit the service on an unannounced basis to continue the inspection and to ensure action had been taken.

Before the next inspection, the provider sent us information that satisfied us the requirement had been met within the prescribed timeframe. The provider supplied us with a schedule of the priority given to requests for maintenance. For example, any structural damage or equipment breakdowns which directly affect patient care will be
treated as an emergency and work commenced immediately. We saw that the provider’s landlord has confirmed in writing that they will meet the timescales set out in the schedule.

When we revisited the hospice, we were told that there was improvement in the response of the landlord to requests for repairs.

We saw examples of good practice in relation to infection control.

- Staff were compliant with the national dress code.
- Handwashing had improved since the previous visit.
- Waste and linen management had improved; there was a clear schedule for collection.
- A system had been implemented to identify when equipment was clean for use. The majority of equipment that was identified as clean was clean on inspection.
- There was less clutter in bathrooms and storerooms.
- There was a system in place for flushing water systems which were not in frequent use.
- Infection control policies and procedures were in place.
- Staff undertake infection control training on a yearly basis. Staff we spoke with confirmed this.

However, some concerns remained regarding some infection control practices and cleanliness.

- Commodes which were tagged as clean had staining which appeared to be ingrained. They were immediately removed when we brought this to the attention of the service.
- There was no system in place to audit mattresses to ensure they were clean and not damaged.
- People who use the service were not routinely offered the opportunity to wash their hands before meals.
- Dust was still evident in several areas. This was mainly on bedframes and in high areas, for example on top of kitchen cupboards.
- There was no record of the bed areas being cleaned between patients, although staff told us this did happen.

As a result of continued concerns regarding some practice and the cleanliness of the environment we made two immediate requirements (see requirements 2 and 3).

The provider sent us information within the prescribed timeframe which satisfied us that the requirements had been met. They sent us:

- a copy of the infection control and domestic cleanliness audit, which was carried out by the service manager and infection control advisor
- a list of actions to be taken as a result of the audit
- cleaning schedules
• work list to be completed daily by domestic staff when a task is complete, and
• domestic hygiene checklist.

We will continue to inspect the service to ensure that systems the provider has put in place as a result of the requirements has led to improvement.

**Requirement 1: Timescale – immediate**

- The provider must ensure that there is an agreement in place with the landlord detailing specific timescales for any remedial works to be undertaken. This includes the fabric of the building and any equipment the landlord is responsible for maintaining.

This is to ensure that the building is kept in a good state of repair both externally and internally and the service has adequate and suitable equipment.

The provider received our letter on 12 July 2012 and met the timescale within 24 hours of receiving our letter.

**Requirement 2: Timescale – immediate**

- The provider must perform a full domestic cleanliness and infection control audit of the environment. They must supply copies of this audit to Healthcare Improvement Scotland, along with any actions required and an action plan to meet these actions.

This is to ensure that any areas where the environment requires immediate cleaning or issues with infection control practice are identified and addressed. This will help reduce the risk of infection to people using the service.

The audits and action plans were to be supplied to Healthcare Improvement Scotland within 48 hours of receipt of the letter. The provider received the letter on 23 July 2012 and met the timescale.

**Requirement 3: Timescale – immediate**

- The provider must ensure that appropriate systems, processes and procedures are in place for the continued monitoring of domestic cleaning in the ward environment. This must include regular checks of the cleanliness of the environment and a process for ensuring that any areas of concern are addressed.

This is to ensure that people using the service are looked after in a clean environment which will help to reduce the risk of infection.

The provider received the letter on the 23 July 2012 and met the timescale within 24 hours of receipt of the letter.

- 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 Act or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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.

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
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### Quality Statement 1.5

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<th>Requirements</th>
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**Recommendation**

We recommend that Marie Curie Hospice: Edinburgh should:

a) ensure that health records are fully completed, documenting the care given to people who use the service

### Quality Statement 1.6

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<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
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</table>
### Quality Statement 2.1

#### Requirements

None

#### Recommendations

None

### Quality Statement 2.4

#### Requirements

**The provider must:**

1. ensure that there is an agreement in place with the landlord detailing specific timescales for any remedial works to be undertaken. This includes the fabric of the building and any equipment the landlord is responsible for maintaining.

   This is to ensure that the building is kept in a good state of repair both externally and internally and the service have adequate and suitable equipment.

   Timescale - met

   *Regulation 10(2)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

2. perform a full domestic cleanliness and infection control audit of the environment. They must supply copies of this audit to Healthcare Improvement Scotland, along with any actions required and an action plan to meet these actions.

   This is to ensure that any areas where the environment requires immediate cleaning or issues with infection control practice are identified and addressed. This will help reduce the risk of infection to people using the service.

   Timescale - met

   *Regulation 3(d)(i)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

3. ensure that appropriate systems, processes and procedures are in place for the continued monitoring of domestic cleanliness in the ward environment. This must include regular checks of the cleanliness of the environment and a process for ensuring that any areas of concern are addressed.

   This is to ensure that people using the service are looked after in a clean environment which will help to reduce the risk of infection.

   Timescale - met
<table>
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<tr>
<th>Recommendations</th>
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<td>None</td>
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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

6 excellent 5 very good 4 good 3 adequate 2 weak 1 unsatisfactory

We do not give one overall grade for an inspection.
Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart
Appendix 4 – Details of inspection

The inspection to Marie Curie Cancer Care was conducted on 12 July 2012 and 20 July 2012.

The inspection team consisted of the following members:

**Gareth Marr**  
Lead Inspector

**Beryl Hogg**  
Associate Inspector

**Marguerite Robertson**  
Public Partner
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

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Elliott House
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www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.