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 Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2014

First published May 2014

The publication is copyright to Healthcare Improvement Scotland. All or part of this publication may be reproduced, free of charge in any format or medium provided it is not for commercial gain. The text may not be changed and must be acknowledged as Healthcare Improvement Scotland copyright with the document’s date and title specified. Photographic images contained within this report cannot be reproduced without the permission of Healthcare Improvement Scotland.

This report was prepared and published by Healthcare Improvement Scotland.

www.healthcareimprovementscotland.org
## Contents

1. A summary of our inspection ........................................ 4

2. What progress the service has made since our last inspection ... 8

3. What we found during this inspection ................................ 10

Appendix 1 – Requirements and recommendations .................. 22
Appendix 2 – Grading history ............................................ 25
Appendix 3 – Who we are and what we do ............................. 26
Appendix 4 – How our inspection process works .................... 28
Appendix 5 – Inspection process ......................................... 30
Appendix 6 – Terms we use in this report ............................. 31
1 A summary of our inspection

About the service we inspected

Marie Curie Hospice - Glasgow is registered with Healthcare Improvement Scotland as an independent hospital providing hospice care. Marie Curie Cancer Care is a charitable organisation which provides specialist palliative care to people over the age of 18 years.

People can use the hospice in a number of ways. They can:

- visit the day care therapy unit
- visit the outpatients clinic
- receive visits from specialist nurses to their home (through the community nurse specialist team), or
- be admitted to the hospice inpatient unit.

All of the services offered by the hospice work together to meet the palliative care needs of people with a progressive, life-limiting illness.

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 hospice has a maximum of 30 inpatient beds with 21 single en-suite rooms and three triple bedded bays. The day care therapy unit runs groups on Monday to Friday, for a maximum of 12 people.

The team of staff includes:

- a chaplaincy service
- clinical assistant doctors
- occupational therapists
- palliative care consultants
- patient and family support team
- physiotherapists
- specialist doctors
- specialist nurses, and
- social workers.

The day care therapy unit is run by an experienced occupational therapist supported by a palliative care nurse. This service provides people a goal-based treatment plan and complementary therapies are also offered.

The hospice also provides a community palliative care service where specialist nurses visit people at home to offer support and advice about their illness.

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 and supporting day care services.
About our inspection visit

We carried out an unannounced inspection to Marie Curie Hospice - Glasgow on Tuesday 25 and Wednesday 26 March 2014.

The inspection team was made up of two inspectors: Sarah Gill and Gill Swapp, and a public partner, Ken Barker. Ken was present on the inspection for one day (Tuesday 25 March 2014). A public partner is a member of the public who volunteers and is given some training to take part in the inspection process. A key part of the role of the public partner is to talk to patients and listen to what is important to them.

We assessed the service against five Quality Themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards for Hospice Care.

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

- Quality Theme 0 – Quality of information: 5 - Very good
- Quality Theme 1 – Quality of care and support: 5 - Very good
- Quality Theme 2 – Quality of environment: 5 - Very good
- Quality Theme 3 – Quality of staffing: 4 - Good
- Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Marie Curie Hospice - Glasgow can be found in Appendix 2 and more information on grading can be found in Appendix 4.

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades for this service 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.

Before the inspection, we reviewed information held about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 16 April 2013.

We also considered the Regulatory Support Assessment (RSA). We use this assessment to decide the frequency of inspections. This service was assessed as a low intensity inspection.
During the inspection visit we gathered information from a variety of sources. This included:

- information leaflets about the services provided
- viewing the website
- four patient care records
- evidence files with various policies, procedures, minutes of meetings
- accident and incident records
- maintenance checks
- audits
- three staff files
- records verifying the professional registrations for staff, and
- training records.

We spoke with a number of people during the inspection including:

- one patient in the inpatient ward
- six patients in the day care therapy unit
- the hospice manager
- inpatient unit manager
- a specialist palliative care consultant
- the ward sister
- three staff nurses
- a principle social worker
- a practice educator, and
- a domestic supervisor.

We walked around the premises and inspected the following areas:

- inpatient ward, toilets and bathrooms
- lounges
- ward kitchen
- day care therapy unit - lounge area, and
- consulting rooms.

What the service does well:

- The service provides a very high standard of care, treatment and support to the patients and relatives visiting the service.
- The service is well known and links with other local resources within the NHS as well as other charitable providers.
- There is a dedicated and caring team of staff who are focused on providing care and comfort to all patients and relatives.
- Marie Curie Hospice - Glasgow continues to offer a high quality service which was appreciated and commended by patients and relatives.
We did find that improvement is needed in the following areas:

- record-keeping
- improving staff’s infection control practices
- improving the use of adult support and protection procedures, and
- monitoring medication management more effectively.

This inspection resulted in four requirements and eight recommendations (see Appendix 1). The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Marie Curie Cancer Care, the provider, 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 - Glasgow for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the provider has done to meet the recommendations we made at our last inspection on 16 April 2013

Recommendation

*Marie Curie Hospice - Glasgow should implement an audit system to ensure that all mattresses are regularly checked for cleanliness and damage.*

**Action taken**

A mattress audit had been introduced. This was being used to help inform a mattress replacement programme. Some new mattresses had been purchased. We saw cleaning records that demonstrated that mattresses were being cleaned regularly. This recommendation has been met.

Recommendation

*Marie Curie Hospice - Glasgow should ensure there is a system in place for routine cleaning of patient equipment, particularly if the equipment is not in regular use.*

**Action taken**

We saw that patient equipment was clean and tags were used to give the date when they were last cleaned. Staff were aware of their cleaning responsibilities. This recommendation has been met.

Recommendation

*Marie Curie Hospice - Glasgow should ensure that all staff are aware of the system for decontaminating reusable patient equipment between use.*

**Action taken**

We saw that patient equipment was clean and tags were used to give the date when they were last cleaned. Staff were aware of their cleaning responsibilities. This recommendation has been met.

Recommendation

*Marie Curie Hospice - Glasgow should ensure that all linen is stored appropriately in line with standard infection control precautions.*

**Action taken**

We saw that linen was stored appropriately in linen trolleys. This recommendation has been met.

However, we saw poor infection control practice with a waste bag attached to a linen trolley and linen was dangling into the waste bag. This has resulted in a requirement to improve staff practice in handling linen. See Quality Statement 3.3 (requirement 2) on page 19.
Recommendation

Marie Curie Hospice - Glasgow should ensure that all staff members are aware of their responsibility for good clinical governance. Marie Curie Hospice - Glasgow should also develop a plan to engage with staff who are reluctant to be involved with the clinical governance processes in place.

Action taken

Since the last inspection, there had been some staff changes. Clinical governance structures were in place. Some issues relating to staff engagement and motivation were raised. Recent staff disciplinary action indicates that the responsibilities of staff are still not well understood. This recommendation has not been met. See Quality Statement 3.3 (recommendation g).
3  What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 5 - Very good

We found that the hospice had a service user feedback questionnaire which was made available to patients and relatives at various information points throughout the hospice. A question asking about the quality of information provided was included in this document. The questionnaire is also available on the hospice website.

Nationally, Marie Curie Cancer Care has set up an Expert Voices group, which is a group of people with personal experience of caring for someone at the end of life. Members of this group are consulted about a range of information developments.

Marie Curie Hospice - Glasgow recently received feedback from a relative that the information for relatives did not include details of all facilities available to visitors or, that overnight stays could be arranged. A new leaflet has since been developed that provides additional information for visitors. This demonstrates that the service responds to the feedback it receives.

Area for improvement

There was only one question in the feedback questionnaire about the quality of information. It was very general and asks for a grade on the quality of all aspects of information provided. The service could consider asking more specific questions about the quality of information to provide more detailed feedback. For example the accuracy of information provided, the format of information and how easy it is to understand.

- No requirements.
- No recommendations.

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 6 - Excellent

Marie Curie Hospice - Glasgow provides a range of leaflets including a general information booklet for patients and carers. These are available in paper format and on the hospice website. The leaflets can be provided in other languages and large print on request. They are available at various information points throughout the hospice, including the day care therapy unit and are also sent to:

- local hospitals
- GP surgeries, and
- community staff.
The general information booklet includes a summary of all the services provided and other information including:

- what happens on admission
- what items to bring with you
- discharge arrangements
- tell us what you think
- statement of purpose, and
- complaints process.

Patients and nursing staff told us that although leaflets were widely available, a lot of information is provided verbally before admission. Written information is made available either on the initial visit or on admission to the service. All new patients are greeted by a volunteer ward clerk who makes sure they have all the information that they require.

The hospice website also includes a video recording describing the work of the hospice which includes input from patients, relatives and volunteers. A virtual tour of the hospice can also be viewed.

All the patients spoken with stated that they had received sufficient information about the services available and that this had allowed them to make an informed decision about whether their care needs could be met.

**Area for improvement**

The service could consider making the general information leaflet available in audio format for visually impaired users of the service.

- No requirements.
- No recommendations.

**Quality Theme 1 – Quality of care and support**

**Quality Statement 1.1**

We ensure that service users 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 that there was clear evidence that the views of patients and relatives were being sought on a regular basis by using a variety of methods.

Leaflets produced by the hospice include a section asking for comments and suggestions about the service and how it can be improved.

Specific leaflets asking for feedback titled ‘Tell us what you think’ were available at the various information points throughout the hospice. Comment cards were on clear display alongside collection boxes for responses. We were informed by both patients and staff, that volunteers are available to help complete the forms and that they are proactive in
encouraging patient involvement. Several questions specific to the quality of care and support being provided were included in the comment cards.

We saw from the information provided that comments were regularly received and, where appropriate, a response had been sent to the person completing the form. Feedback on responses received was provided to the staff and was reported to the hospice clinical governance group.

A national service user survey is also carried out each year. This involves a random selection of patients from each of the Marie Curie services. This included 36 inpatients and three day care patients from Marie Curie Hospice - Glasgow. The results are collated and feedback is made available for each service.

We saw evidence of feedback being sought on specific activities, for example groups held in the day care therapy unit and the bereavement services provided.

We saw examples of how the service had provided feedback to patients and carers following suggestions made using the ‘You said – We did’ format. These are displayed on notice boards at the entrance to the ward and the cafe.

From patient care records, we saw that patients were fully involved in the assessment, planning and review of their care needs. The patients we spoke with stated that they felt fully involved in any decisions made.

Areas for improvement
Marie Curie Hospice - Glasgow is currently in the process of rolling out a ‘Real-Time Feedback’ project. This involves trained volunteers using tablet computers to get feedback from patients and carers. By using this format, free text can be used to provide more detailed feedback. Results can also be analysed quickly. The impact of this development will be followed up at the next inspection.

Although the hospice has a user involvement group, we noted from minutes of meetings that attendance at meetings was very low (see recommendation a).

- No requirements.

Recommendation a
- Marie Curie Cancer Care should review the purpose of the user involvement group and consider how attendance at meetings can be encouraged.
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 service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 5 - Very good

We examined four patient care records from the inpatient ward. The patient care records contained an integrated record used by all of the hospice departments. This included the clinical nurse specialists, day care therapy unit and the inpatient unit. Staff told us this was helpful as they could easily refer back to the different assessments carried out. Medical staff carried out detailed assessments at the point of admission to the ward.

Preferred place of care and preferred place of death was recorded and reviewed at least weekly.

Care plans, risk assessments and daily records of care were kept in a folder in patients' rooms. These set out how specific care needs would be met and monitored daily changing care needs. Additional care plans were added as a patient’s needs changed.

An audit of the care records folders had just been introduced. This was helping to monitor the quality of some of the records kept.

There was a ‘mid shift’ handover which helped to communicate changes and updates to staff. Nursing and care staff were given a printed handover sheet which helped them to refer to important details about patients easily.

We asked six patients if they felt involved and fully consulted about the care and treatment options. All of them strongly agreed that this was the case.

There was a comprehensive falls risk assessment which was reviewed at least weekly. This considered a wide range of indicators which could contribute to falls. The number of falls was being monitored. Four ‘falls rooms’ had been created with specialist equipment to help prevent or reduce the incidence of falls. New pressure alert mats had been ordered to improve the range of preventative equipment.

We spoke with seven patients during our inspection and received many positive comments about the quality of care and support. Two of these patients rated the level of care as 'excellent' and five rated the care as 'very good'.

Comments from patients in the inpatient ward include:

- ‘It's been great, I couldn't cope, and it's been god-sent.'
- ‘There’s excellent care, call the bell and they come, my symptoms are better now and staff have helped me to make difficult decisions about my care and treatment.'

After speaking to patients in the day care therapy unit, our public partner commented: 'patients like the complementary therapies and some patients are supplied with mobility aids which are appreciated. The frustrations that patients experience are outside this environment and coming here is real respite.'
**Areas for improvement**

The entries in the multi-professional notes did not all have a full date and time. A small number of entries had no signature. This is an essential part of record-keeping and must be carried out (see requirement 1).

The multi-professional notes examined contained a very small section for recording next-of-kin details. We found that in two of the notes examined, this information was incomplete. There was also no space to record further details, such as preferences for contact during the night. There were no headings to record legal status for patients who may have lost capacity. This important information should be recorded more clearly (see recommendation b).

The initial assessments that we saw were completed by medical staff. Staff told us it was rare for this assessment to be carried out jointly with nursing or other professional staff. There can be benefits in doing this to reduce duplication of questions for the patient and this could be considered where possible.

The initial assessment was comprehensive, but focused mainly on physical aspects of care. There was a section to record family and social circumstances, but this was incomplete. The assessment did not focus on psychological or spiritual needs. There was evidence of referral to other professionals for these aspects to be considered. However, the initial assessment format should be reviewed to make sure that all patients have these needs considered (see recommendation c).

There was a section to record anticipatory care plans. These plans can be used to record the patient’s preferences about what should happen in the event of a sudden deterioration and for care at the end of life. These records were not yet in use in the hospice. However, plans were in place to introduce this. There was a record of preferred place of care and preferred place of death. This was recorded in three different places. This could be simplified to record in one single place that can be seen by all team members.

The multi-professional notes contained a ‘problem list’ which did not correspond with the index used for care plans. This was discussed and changes were made during the inspection to make sure that these two lists correspond and make the records clearer.

A new end of life document had been brought into use to replace the Liverpool Care Pathway. However, this was not fully in keeping with the Scottish Government interim guidance: ‘Caring for people in the last days and hours of life, December 2013.’ Further development is needed to make sure that documentation was understood by staff, reflected in the organisational policy and procedure and contained all of the relevant information needed. We noted that the documentation in use at Marie Curie Hospice - Glasgow differed from the documentation Marie Curie Hospice - Edinburgh had submitted to Healthcare Improvement Scotland (see recommendation d).

The significant conversations held between staff and patient or family were written in the main progress notes. The service could consider separating these so that important conversations can be easily referred to.

More explicit records could help to evidence that the proposed care, length of stay and plans of care have been fully discussed and agreed (see recommendation e).
Requirement 1 – Timescale: 1 month from receipt of this report

- Marie Curie Cancer Care must ensure that all entries made in the multi-professional notes contain the full date, time and name of the healthcare professional for each consultation or examination of the patient.

Recommendation b

- Marie Curie Cancer Care should ensure that there are clear records of next of kin, name, address and telephone contact details. This should include details of what circumstances to contact relatives, particularly for during the night. Legal status of patient’s should also be clear as to power of attorney or guardianship.

Recommendation c

- Marie Curie Cancer Care should ensure that there is a full multi-professional assessment of physical, social, psychological, spiritual and intellectual needs.

Recommendation d

- Marie Curie Cancer Care should ensure that there is clarity for staff in the use of documentation and practices around the time of death. This should include a review of policy and procedure with training if needed for staff.

Recommendation e

- Marie Curie Cancer Care should ensure that records show that care proposed, length of stay and plans of care have been fully discussed and agreed with the patient.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 - Very good

The areas reported under Quality Statement 1.1 are also relevant to this statement.

We noted that a question about the cleanliness of the hospice is included in the service user comment cards.

A patient led assessment of the care environment (PLACE) had also taken place since the last inspection. This used an assessment process developed by the NHS commissioning board and included two user representatives from the Expert Voices group.

- No requirements.
- No recommendations.
Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very good
The building was purpose built four years ago and is a modern design with good use of light and colour. Further re-decoration had taken place and alterations were being made to some of the colours in response to the views of patients and staff. All areas were accessible by wheelchair.

We walked around the premises and found that all areas of the hospice were clean and tidy.

The ward area had single en-suite rooms and three triple bed bays. There was a choice of shower or bath facilities. All of the furnishings were of a high standard. Guest beds were available if family wanted to stay overnight.

The access to outdoor space was through patio doors onto a roof terrace. This gave pleasant views to landscaped areas.

The day care therapy unit also had access to a garden space and this was used by patients and staff. Gardening was encouraged and a greenhouse was available. A cafe was available for patients, visitors and staff with vending machines for out-of-hours.

Visitors to the wards area could also use a lounge which had a small kitchen for drinks and snacks. There were two areas for children with toys, a TV and DVDs.

A sign in and out system was in use at the main reception. There were also some CCTV cameras in use in the medication storage areas. Staff were aware of the presence of these cameras. Both of these added to safety and security within the hospice.

We asked patients what they thought of the environment and facilities. One patient said:

‘It’s all great, used the Jacuzzi felt a bit stupid in the chair but it was a nice pampering’.

After speaking with patients in the day care therapy unit, our public partner commented: ‘I like the light airy environment, it looks a good layout and the garden is nicely landscaped. It was nice to hear about the veg being grown in the greenhouse and that some patients can take some away.’

Areas for improvement
The range of shower chairs could be improved to provide more support for frailer patients with footplates and tilt back facilities. It was also noted that the bathing trolley was not being used as it was reported to be uncomfortable. The service should consider more comfortable options (see recommendation f).

We saw some areas of flooring in the ward area which were peeling off from the edges of the walls. This can affect the integrity of the surface and make it difficult to clean. The management were aware of this problem and were continuing to address this by repairs and replacement if necessary.

We also saw a sharp edge on a damaged bedroom door. Staff need to be more vigilant in reporting damage to make sure that repairs can take place quickly.
The service had recognised in its self-assessment that further work was needed on signage in the hospice to help people with dementia and other impairments to find their way around.

- No requirements.

**Recommendation f**

- Marie Curie Cancer Care should improve the range of shower chairs available and the comfort of bathing aids to meet the needs of patients.

**Quality Theme 3 – Quality of staffing**

**Quality Statement 3.1**

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

**Grade awarded for this statement: 5 - Very good**

The areas reported under Quality Statement 1.1 are also relevant to this statement.

A question relating to whether staff treat patients with dignity and respect is included in the service user comment card.

- No requirements.
- No recommendations.

**Quality Statement 3.3**

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

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

We checked three staff files and found that the expected recruitment checks had been carried out. There was evidence of:

- application form
- references being checked
- membership of the protection of vulnerable groups (PVG) scheme
- registration with professional bodies, for example Nursing and Midwifery Council (NMC) registration was verified using the online checking system, and
- copies of certificates of qualifications.

An annual training plan was in place for all grades of staff. This included two mandatory training days each year. There was also a yearly medication management update. Nurses completed a drug calculations competency check. Management were monitoring the completion of this.

Staff members had an annual personal performance and review document (PPRD). This helped to examine training needs and any support needed to improve on performance. We
saw samples of completed review documents and saw that the completion of this document was being monitored by management to make sure that all were completed at least yearly.

Staff confirmed that they had a one-to-one meeting to discuss their progress in meeting training and development goals. This was happening approximately every 6–12 months.

Some training was completed online, some was face to face. There was a staff/training matrix. This documentation meant that the service had an overview of who had attended what topics of training. This helped to track if refresher or update sessions were needed.

A weekly education session was provided to help staff further their knowledge and reflect on practice.

We confirmed with the practice educator the range of training that was available to staff. The staff had completed targets set by Marie Curie Cancer Care to complete a number of specific training topics.

We asked staff if they were aware of what to do if they saw poor practice and all stated that they would report this. This showed an awareness of the need to protect vulnerable adults. There was a notice in bedrooms of who the named nurse was. Nurses introduced themselves on each shift. This helps patients to know who is looking after them.

We heard very positive comments from patients that we spoke with during the inspection. One patient said:

'It's the same staff, they remember you, and I'd give them top marks. They’ve been very organised at helping me to get back home. They’ve got everything in place that I need.'

Patients attending the day care therapy unit highly praised the volunteer drivers.

**Areas for improvement**

We observed the following poor staff practices.

- A used razor was found in a domestic waste bag. This was hazardous.
- A walking frame that did not belong to the patient using that room was left in the en-suite bathroom. This should have been removed and stored correctly.
- A chemical cleaning agent was left on a handrail in the corridor. This was hazardous and does not comply with legislation for the control of substances hazardous to health.
- Some toiletries were left in a shared en-suite bathroom and not returned with the patient to their own wardrobe for storage.
- A trolley was seen with a waste bag attached and linen was dangling into the waste bag. This was unhygienic and staff were not following the correct procedure for safe handling of linen.
- A mop was left in water in the sluice room. This was unhygienic as the policy is for mops to be stored dry and a disposable mop head was in use.

Staff practices in relation to these issues must improve (see requirement 2).

Some staff spoke of a difficult work environment due to some more junior staff not following instructions from more senior staff. This was affecting the ability of the team to work effectively together. There had been some staff changes and disciplinary action had been taken against a small number of staff. A high use of agency staff during previous months and
some shifts not being covered due to the short notice had all affected the quality of staffing. Action needs to be taken to make sure effective teamwork and staff competence needs to be monitored closely (see recommendation g).

We noted an employment gap in one of the staff files examined with no supplementary information to show that this had been investigated. There had been recent changes to the human resources department. It was recognised by management that employment gaps should always be questioned and the most recent employer always asked for a reference.

**Requirement 2 – Timescale: 3 months from receipt of report**

- Marie Curie Cancer Care must ensure that staff practices improve in relation to:
  
  - disposal of sharps
  - care of belongings
  - storage of chemicals, and
  - management of linen.

This should be carried out with attention to good infection control and in accordance with legislation and best practice.

**Recommendation g**

- Marie Curie Cancer Care should ensure that effective teamwork is promoted through regular performance management that reflects the recommendations of professional and regulatory bodies.

**Quality Theme 4 – Quality of management and leadership**

**Quality Statement 4.1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

**Grade awarded for this statement: 5 - Very good**

The areas reported under Quality Statement 1.1 are also relevant to this statement.

We saw from minutes of meetings that the Expert Voices group, referred to in Quality Statement 0.1, is asked to comment on a range of policies. The group was also consulted about the proposed new strategic plan being developed by Marie Curie Cancer Care.

- No requirements.
- No recommendations.
Quality Statement 4.4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 3 - Adequate
The senior management team meet weekly and a wider group of senior staff meet monthly to look at reports from five groups which oversee the clinical governance structures for the hospice.

Clinical governance is the term used to describe the systems in place to make sure the service is accountable for the:

- safety
- quality, and
- effectiveness of clinical care delivered to people who use the service.

This system allows the hospice to have lines of reporting in place to monitor and improve the services to patients and relatives.

The five groups are for:

- quality
- people
- user involvement
- environment and risk, and
- medicines management.

We spoke with members of these groups who told us that incidents, accidents and complaints would always be discussed and lessons learnt identified.

A report was compiled for the NHS which provided an overview of the hospice activities from April 2013–December 2013. This describes service developments, research, governance structures, policies and user involvement. This report recognised that there had been a rise in falls and since then a new falls risk assessment and policy had been put in place.

Areas for improvement
We were notified by management of two instances of staff misconduct which had resulted in dismissal. These related to mis-management of medications. Although no harm came to any patient, the conduct of these staff was contrary to the Nursing and Midwifery Council code of practice and Marie Curie Cancer Care policies and procedures.

We expected that following this a more robust monitoring of medication management would be in place. However, we noted a patient care record which had no documentary evidence of medication reconciliation. This was poor practice.

We also noted an out-of-date medication which was in an unlocked medication fridge. This means that there was a lack of checking medications arriving into the hospice and medication storage in the hospice. The audit systems for medications must be reviewed and made more robust (see requirement 3).
There had been five incidents of alleged theft of monies from patients. Four were recorded as incidents and one as a complaint. We could not see that these incidents had been responded to appropriately. There was no referral to the local authority in keeping with the Protection of Vulnerable Adults procedures. An allegation of theft and missing monies has the potential to be considered financial harm and therefore must be referred to Social Services to allow them to consider further enquiry. We could not see that the police had been informed about these incidents and Healthcare Improvement Scotland had not been notified. This is required by legislation (see requirement 4).

There had been a staff vacancy for the audit lead within the hospice. We saw areas of practice that needed to be improved in relation to record-keeping, infection control and medication reconciliation and storage. These areas should have more frequent local audits to drive up standards (see recommendation h).

A referral had been made to Social Services using Adult Support and Protection procedures about a patient to whom potential harm was occurring. The procedure had been followed correctly. However, the outcome of the referral was not known and no communication had taken place with Social Services so that this could be monitored. This would be good practice.

A review of compliance of the hospice had been carried out by Marie Curie Cancer Care staff from London in February 2013. We viewed the report from this announced visit and found that some of the recommendations had been actioned, but others had not. We asked to see an action plan to check how progress was being monitored. No action plan could be located. This showed a lack of rigour to the follow-up actions for this visit report. It was suggested within the report that actions should be taken within 3 months, but we could see that some actions had not been taken yet. This was in relation to record-keeping, the need for the medication fridge to be locked and the need for development of standard operating procedures for medication management to be updated and made readily available for staff.

Although the quality assurance systems pick up on individual issues, they do not seem to be robust in measuring quality and ensuring compliance in all areas. We saw a lack of follow-up on some issues. Review of governance structures may be beneficial to examine this.

Greater efforts could be made to get feedback from the hospice’s stakeholders as well as staff and patients.

**Requirement 3 – Timescale: 3 months from receipt of report**

- Marie Curie Cancer Care must implement robust monitoring of medication management systems to include medication reconciliation, storage of medications and audit to ensure that records are kept accurately.

**Requirement 4 – Timescale: 1 month from receipt of report**

- Marie Curie Cancer Care must ensure that staff follow Adult Support and Protection procedures appropriately and notify Healthcare Improvement Scotland of any instances of alleged theft.

**Recommendation h**

- Marie Curie Cancer Care should ensure that local audits are put in place to drive up standards in record-keeping and infection control.
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, 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.

### Quality Statement 1.1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

**Recommendation**

We recommend that Marie Curie Hospice - Glasgow should:

a. review the purpose of the user involvement group and consider how attendance at meetings can be encouraged.

National Care Standard 21 – Advocacy, comments, concerns and complaints

### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that all entries made in the multi-professional notes contain the full date, time and name of the healthcare professional for each consultation or examination of the patient.

   Timescale – 1 month from receipt of this report

   *Regulation 4 (2) (a) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standard 2.7 – Assessing your needs

**Recommendations**

We recommend that Marie Curie Hospice - Glasgow should:

b. ensure that there are clear records of next of kin, name, address and telephone contact details. This should include details of what circumstances to contact relatives, particularly for during the night. Legal status of patient’s should also be clear as to power of attorney or guardianship.

National Care Standard 18 – Caring for those important to you
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **c** | should ensure that there is a full multi-professional assessment of physical, social, psychological, spiritual and intellectual needs.  
National Care Standard 2.3 – Assessing your needs |
| **d** | ensure that there is clarity for staff in the use of documentation and practices around the time of death. This should include a review of policy and procedure with training if needed for staff.  
National Care Standard 22 – Around the time of death |
| **e** | should ensure that records show that care proposed, length of stay and plans of care have been fully discussed and agreed with the patient.  
National Care Standard 2.2 – Assessing your needs |

**Quality Statement 2.2**

**Requirements**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation**

**We recommend that Marie Curie Hospice - Glasgow should:**

| **f** | improve the range of shower chairs available and the comfort of bathing aids to meet the needs of patients.  
National Care Standard 4.6 – Premises |

**Quality Statement 3.3**

**Requirement**

**The provider must:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 2 | ensure that staff practices improve in relation to:  
- disposal of sharps  
- care of belongings  
- storage of chemicals, and  
- management of linen.  
This should be carried out with attention to good infection control and in accordance with legislation and best practice.  
Timescale - 3 months from receipt of this report |

Regulation 2 and Regulation 3(a)(d) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011  
National Care Standard 3.1 – Guidelines and legislation
Recommendation
We recommend that Marie Curie Hospice - Glasgow should:

g  ensure that effective teamwork is promoted through regular performance management that reflects the recommendations of professional and regulatory bodies.

   National Care Standard 6.3 – Staff

Quality Statement 4.4

Requirements
The provider must:

3  implement robust monitoring of medication management systems to include medication reconciliation, storage of medications and audit to ensure that records are kept accurately.

   Timescale - 3 months from receipt of this report

   Regulation 3(d)(iv) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

   National Care Standard 8 – Medicines

4  Marie Curie Cancer Care must ensure that staff follow Adult Support and Protection procedures appropriately and notify Healthcare Improvement Scotland of any instances of alleged theft.

   Timescale - 1 month from receipt of this report

   Regulation 3 – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

   Healthcare Improvement Scotland, Notification Guidance for Providers – 15.Theft

Recommendation
We recommend that Marie Curie Hospice - Glasgow should:

h  should ensure that local audits are put in place to drive up standards in record-keeping and infection control.

   National Care Standard 5 – Quality of care and treatment
Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of leadership and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/08/2012</td>
<td>Not assessed</td>
<td>Good</td>
<td>Not assessed</td>
<td>Adequate</td>
<td>Not assessed</td>
</tr>
<tr>
<td>11/09/2012 - 12/09/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16/04/2013</td>
<td>Not assessed</td>
<td>Very good</td>
<td>Good</td>
<td>Good</td>
<td>Very good</td>
</tr>
</tbody>
</table>

Please see Appendix 4 for a full explanation of the quality theme grades.
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

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 4 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on 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 hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and 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. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **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 by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 4.

**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 8 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.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

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

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection  
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern  
- a meeting (either face to face or via telephone/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 the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

How we inspect services:
We follow a number of stages in our inspection process.

Before inspection
The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.
We review the self-assessment submission to help inform and prepare for on-site inspections.

During inspection
We arrive at the service and undertake physical inspection.
We have discussions with senior staff and/or operational staff, people who use the service and their carers.
We give feedback to the service’s senior staff.
We undertake further inspection of services if significant concern is identified.

After inspection
We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org
We require 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.
Appendix 6 – Terms we use in this report

**provider**  
A provider is an individual, partnership or business that delivers a regulated healthcare service.

**service**  
A service is the place where health care is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.
We can also provide this information:

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