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

The hospice has a maximum of 30 inpatient beds with 21 single ensuite rooms and three triple-bedded bays. Care is provided using a multidisciplinary team of healthcare staff. This includes:

- nurses
- doctors
- a pharmacist
- a physiotherapist
- an occupational therapist, and
- a patient and family support team which includes a bereavement service.

The day care therapy unit is run by experienced staff. This service provides people with a goal-based treatment plan along with some complementary therapies. The day care therapy unit runs groups on Monday to Friday, for a maximum of 12 people.

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

A team of trained volunteer staff support the hospice in various activities, such as driving patients to appointments, complementary therapies, working on reception, helping on the wards and supporting day care services.

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.
About our inspection

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 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.

We carried out an unannounced inspection to Marie Curie - Glasgow on Tuesday 24 and Wednesday 25 November 2015.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against all five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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 – Glasgow can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- the self-assessment
- any notifications of significant events
- the previous inspection report of 13–14 January 2015, and
- the service’s website.

During the inspection, we gathered information from a variety of sources. This included:

- incident and accident records
- complaints handling records
- patient prescription charts
- audit information
- checking systems for registration verification
- cleaning schedules
- maintenance records
• policies and procedures
• staff and volunteer files
• patient care records
• the strategic plan
• the operational plan
• induction training information, and
• minutes of various meetings, including ward meetings and patient and family forum meetings.

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

• the divisional general manager
• the interim hospice manager
• the acting facilities manager
• the building officer
• the domestic supervisor
• the lead nurse
• the ward sister
• staff nurses
• healthcare assistants
• the pharmacist
• the pharmacy technician
• human resources staff
• the administrative supervisor
• the day services manager
• patients using day services, and
• patients in the ward.

We visited the following areas:

• inpatient unit
• day care therapy unit
• admin office
• reception area
• kitchen
• domestics cupboard, and
• maintenance plant room.

What the service did well

• The service provided a very high standard of care, treatment and support to patients and relatives.
• The service had a dedicated and caring team of staff who were focused on providing care and comfort to patients and relatives.
The service was very good at involving patients and relatives in assessing the quality of the support it provided.

Patients were well informed about their care and spoke very highly of the service.

The service had excellent systems for maintaining its clinical and non-clinical equipment.

What the service could do better

- The service should ensure consistent use and proper completion of its documentation designed to record patient consent to care and treatment and sharing of information.
- The service should ensure its policies are up to date and staff are informed of any changes.
- The service should develop a rolling programme of infection control audits.

This inspection resulted in 10 recommendations (see Appendix 1 for a full list of the recommendations).

Marie Curie, the provider, must address the recommendations 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 Progress since our last inspection

What the provider had done to meet the two requirements we made at our last inspection on 13–14 January 2015

Requirement

The provider must notify Healthcare Improvement Scotland of any events in line with the Notification Guidance for Providers.

Action taken

Since the previous inspection in January 2015, the service had been notifying Healthcare Improvement Scotland of events on time. During the inspection, we found no evidence of events that we had not been notified of. This requirement is met.

Requirement

The provider must ensure that incidents are analysed and followed up to ensure that there are lessons learnt to prevent future occurrence.

Action taken

We saw documented evidence that incidents analysis had started soon after the previous inspection in January 2015. Each incident was dated, categorised, risk assessed and its progress tracked. A weekly report was generated and issued to management. This requirement is met.

What the service had done to meet the nine recommendations we made at our last inspection on 13–14 January 2015

Recommendation

The service should implement new documentation for medication reconciliation to demonstrate that a minimum of two sources have been used to confirm that the prescription record created by the doctor is correct.

Action taken

New medication documentation had been developed to confirm the support of two sources for medication confirmation. This allowed staff to demonstrate they had used two sources of information when compiling patients’ prescriptions. This is discussed further under Quality Statement 1.4. This recommendation is met.

Recommendation

The service should review the documentation used for the checking of patients’ own drugs and audit practice to ensure the standard operating procedure is followed correctly by staff.

Action taken

Patients’ own drugs documentation was now reviewed by the pharmacist and pharmacy technician and we saw that the standard operating procedure was being followed by staff. This had been audited by medical staff. This is discussed further under Quality Statement 1.4. This recommendation is met.
Recommendation

The service should ensure there are clear records of assessment and plans of care for emotional and spiritual support.

Action taken
We saw records of assessment and plans of care for emotional and spiritual support in the ‘agreed goals of care’ documentation. We were also told of work under way to further improve overall care planning. This recommendation is met.

Recommendation

The service should ensure that records show that care proposed, length of stay and plans of care have been fully discussed and agreed with the patient.

Action taken
We saw that the ‘agreed goals of care’ documentation recorded plans of care, length of stay and the discussions that had taken place with the patient. This recommendation is met.

Recommendation

The service should ensure it supports staff in dealing with stress at work, and enables staff to have access to occupational health, including counselling support, on a confidential basis, as and when required.

Action taken
The service had arrangements to support staff in dealing with stress at work such as occupational health services and counselling. This is discussed further under Quality Statement 3.4. This recommendation is met.

Recommendation

The service should ensure that effective teamwork is promoted through regular staff team meetings and clear timely communication.

Action taken
Shortly after the previous inspection in January 2015, team meetings had been introduced and were being held regularly and were minuted. A clinical governance information board had also been put up and was being updated regularly for staff so they could see key information relating to their practice. This recommendation is met.

Recommendation

The service should ensure that staff qualifications and training records should be current to ensure that the service is able to demonstrate good practice in relation to staff qualifications in palliative care, and to inform the annual training plan.

Action taken
The service had now updated its records for staff qualifications in palliative care. This recommendation is met.
Recommendation

*The service should ensure that ashtrays and sand buckets are available if patients want to smoke on the balcony and staff know where these are kept.*

**Action taken**
Immediately following the previous inspection in January 2015, suitable external and sand-filled ashtray receptacles had been purchased. These were checked daily by maintenance staff who changed and cleaned them as required. **This recommendation is met.**

Recommendation

*The service should improve the range of shower chairs available and the comfort of bathing aids to meet the needs of patients.*

**Action taken**
Following the previous inspection in January 2015, a range of shower chairs had been purchased. These had been tested by patients before purchase to ensure they were comfortable. **This recommendation is met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good
The service’s consent to treatment policy gave clear information to staff. This included:

- when and how consent should be sought
- the different forms of consent, for example written, verbal, implied, and
- assessing capacity to be able to consent.

The service used a multidisciplinary system for patient care records. This means that every discipline involved in caring for the patient, for example doctors, nurses, allied health professionals and social workers, all record their input into one set of notes. This makes it easier to get an overall picture of what is happening for each patient and for communication between each staff group. We looked at seven patient care records and saw evidence throughout that discussion had taken place with the patients about their care and treatment. Patients were able to tell us they had been fully involved in discussions about their care and treatment, and understood the benefits and side effects of medications: One patient told us: ‘the discussions were comprehensive and inclusive.’

Each patient had an ‘agreed goals of care’ plan. This included their treatment and psychological and spiritual support. We saw that written entries were personalised and captured the details of discussions with the patient to show they had been informed, involved and agreed with their plan of care.

Areas for improvement
The consent to treatment policy was developed in February 2011 and was scheduled for review in January 2014. Management was aware this still needed to be done (see recommendation a).

The service had a checklist for medical staff to complete when a patient was admitted to the hospice. This included a section to record that discussion about their care and treatment had taken place and that the patient had verbally consented to their plan of care. Where these checklists were used, they provided a useful check to assure the service that the patient had consented to their treatment. However, these were sometimes left blank or were not in the patient care record (see recommendation b).

- No requirements.

Recommendation a
- We recommend that the service should review its consent to treatment policy and communicate any changes to staff.
Recommendation b

- We recommend that the service should ensure that the checklist is used and completed consistently to clearly record that the patient has consented to their plan of care.

Quality Statement 0.4

We ensure that information held about service users is managed to ensure confidentiality and that the information is only shared with others if appropriate and with the informed consent of the service user.

Grade awarded for this statement: 5 - Very good

Marie Curie has appointed its clinical quality governance director as its Caldicott Guardian to oversee data protection for all the Marie Curie hospices. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.

The service had a comprehensive data protection policy which covered confidentiality of patient information. We saw the key messages from this policy incorporated into staff and volunteer handbooks. These messages were written clearly and were easy to understand. The staff handbook also included a section on the use of technology, including information on:

- computer misuse
- appropriate use of email and internet use, including social media, and
- information governance and data security, for example password management.

Staff signed a confidentiality agreement before starting employment. We asked staff about their awareness of the need for confidentiality and how they guard against disclosing personal information inappropriately. Staff talked confidently about their duties to protect patient information.

The volunteer induction checklist included a confidentiality statement which the volunteer signed to say that they understood and the manager countersigned.

Induction training for staff and volunteers covered confidentiality. Staff and volunteers completed a data protection module either online or on paper.

We looked at how patient information in the ward was stored. We saw that this was held securely. Files in use were kept in a trolley in a duty room. Staff could only enter this room by using an entry code system. A large whiteboard in another office, used for multidisciplinary meetings, contained information about current inpatients. As this whiteboard was visible to anyone passing if the door was open, a portable bed screen had been placed in front of it. We were told the service planned to move this whiteboard to a less visible area.

Posters informing patients about how their data was stored and used were on display.

We looked at the arrangements for storing information on patients who had left the service. Files were kept in locked medical record cupboards in the admin office. Only authorised staff could access this office using a swipe card entry system.
The service used an external contractor to archive files until such times as they could be destroyed. We saw the written protocol for recording and keeping track of what files had been archived. An external contractor came to the service to collect confidential paperwork for shredding. We saw confidential shredding bags in use. There was also a shredder on the ground floor for staff use.

**Area for improvement**

The checklist referred to in Quality Statement 0.3 included a section to record patients’ consent to sharing their information. As we had found that this checklist had not been used consistently, we could not be sure that all patients were asked about this (see recommendation c).

- No requirements.

**Recommendation c**

- We recommend that the service should ensure that the checklist is used and completed consistently to record if the patient has consented to sharing their information with others as appropriate.

**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**

The service’s patient and carer involvement policy included the key statements that:

- Marie Curie must involve patients and their families/carers in the planning of their own care and support, and
- Marie Curie must involve patients and relatives in a meaningful way in the planning and delivery of as much of the charity’s work as possible.

We found that the service regularly sought the views of patients and relatives through a variety of methods.

Leaflets produced by the service included a section asking for comments and suggestions about the service and how it could be improved. Comment cards were on display alongside collection boxes for responses.

Specific ‘Tell us what you think’ feedback leaflets were available at various information points throughout the service.

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 staff and was reported to the clinical governance group.

The hospice had a service user feedback survey which was made available to patients and relatives at various information points throughout the service. The hospice also had a service user feedback survey which could be filled out in digital format using a tablet device. The service was trying to encourage patients and relatives to use this survey with support from
volunteers or staff to allow the service to capture ‘real time’ patient experiences. The digital team had recently improved access to the survey and it could now also be filled out on the service’s website.

The survey included a number of questions specific to care and support. These requested a satisfaction score for:

- the quality of food and drink
- pain relief and support
- relief of other symptoms
- emotional support, and
- the overall care experience.

This information was collated centrally and a monthly patient and carer experience report was produced. For October 2015, we saw that 96% of patients rated their overall experience of care as ‘good’, or the highest rating, ‘very good’.

Marie Curie had set up a national expert voices group. This was a group of people with personal experience of caring for someone at the end of life. Members of this group were consulted about a range of developments. We spoke to a member of the group who was able to explain how the group worked at both UK and Scottish levels. We were told that the group was asked to comment on a range of policies and information leaflets, and was consulted about the proposed new strategic plan being developed by Marie Curie. It was also consulted about the development of the website to make it more user friendly. They were able to confirm that, since their initial involvement, which spanned a number of years, Marie Curie was now much more engaged with patients and relatives, and sought to encourage feedback to improve the services offered.

We saw examples of how the service had provided feedback to patients and relatives following suggestions made using the ‘You said, We did’ format. These were displayed on noticeboards 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.

- ‘I’ve had a full explanation of treatment and I’ve been able to query and get answers.’
- ‘Care is excellent, no problems. They answer all your questions.’

**Areas for improvement**

Although the service had a patient and family forum, we noted from minutes of meetings that attendance was very low. The service could consider new ways to encourage better involvement in this forum to increase patient and family participation.

Results of the feedback received were displayed at the entrance to the ward and the cafe. However, it was not particularly noticeable due to where it was situated and the colours used. The service could consider making these results more prominent by using better colours and displaying in areas where more people could see them.

We saw that the ‘Tell us what you think’ leaflets had Healthcare Improvement Scotland contact details in the complaints information. However, the leaflets on the website had not
been updated with this information. The service should ensure that all leaflets have the correct contact details for Healthcare Improvement Scotland (see recommendation d).

- No requirements.

Recommendation d

- We recommend that the service should update its ‘Tell us what you think’ leaflet on the website to include Healthcare Improvement Scotland contact details in the complaints information. This will ensure that people who use the service and wish to make a complaint are aware of how they can contact Healthcare Improvement Scotland.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

A number of governance structures were in place for medicines. A service level agreement with NHS Greater Glasgow and Clyde was in place for pharmacy support. The service had a clinical pharmacist, a pharmacy technician, a pharmacy technician assistant and an accountable officer for controlled drugs. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. We saw minutes of the medicines management group meetings. These were held every 6 weeks and were chaired by the pharmacist. This group reported to the service’s quality and clinical governance meetings.

We spoke to the clinical pharmacist and saw a medicines policy and standard operating procedures were in place. We saw that further development was taking place around the management of systemic anti-cancer treatment (SACT). We also spoke with the pharmacy technician. Both were able to tell us about the processes for ordering, storage, administration and safe disposal of all medicines, including SACT.

The service’s pharmacist had an overview of the service’s prescribing practices and checked prescriptions to ensure medicines had been prescribed appropriately.

We looked at six prescription sheets during the inspection. We found that all the prescriptions had:

- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medicine to be given written legibly, and
- the route of administration identified, for example to be given by mouth or injection.

We also looked at the prescription recording sheets that corresponded to these prescriptions. These had all been completed fully.

We saw that the service had a standard operating procedure for medicines reconciliation. This is the process that the healthcare team undertakes to ensure the list of medications the patient is taking is exactly the same as the list their GP, community pharmacist and hospital
team have. All the patient care records we checked had a completed medicines reconciliation sheet.

Senior staff reviewed any medication incidents at a weekly meeting. This allowed recurring themes to be highlighted, actions agreed and outcomes monitored. Staff were able to show us the process for reporting and managing medication errors through the medication incidents meeting.

We spoke with the ward sister who described the medicines induction training for nurses. This training included an online module, a period of study, practice, self-assessment and observational assessment by an assessor. Registered staff had online medication training updates every year and a period of observed practice. Staff we spoke with were happy with the amount of training and education provided.

Nursing staff carried out a drug prescription chart audit each week. This highlighted any drug errors made by medical and nursing staff. These were then analysed and action taken to prevent them from happening again. Medical staff had recently completed an audit of the medicines reconciliation process. Both these audits helped to ensure patient medication administration was carried out safely.

Patients we spoke with had discussions with their consultant and said they were fully informed about the medications they were taking and why. The pharmacist told us that before a patient was discharged, they were provided with information on their current medications. The service used an adapted form of the ‘yellow card patient medication guide’ system used by NHS Greater Glasgow and Clyde. This helped patients to organise and understand the medicines they needed to take when they got home. This document is updated if there are any changes to their medication when they are discharged from the service.

Areas for improvement
The medicines policy had recently been updated and the service needed to develop new standard operating procedures to reflect this. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.3
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Grade awarded for this statement: 6 - Excellent
The service had comprehensive systems to manage its clinical and non-clinical equipment.

We spoke with the building officer who showed us service records for clinical and non-clinical equipment. This included equipment serviced by outside contractors. A timetable was in place to make sure servicing and maintenance was carried out at the correct intervals. This included servicing security systems, fire systems, patient lifting equipment and beds, and annual water testing. The records we reviewed demonstrated that equipment servicing was up to date. We also saw that some clinical equipment was serviced and maintained by the medical physics department at Stobhill Hospital, Glasgow. Both the building officer and the
ward sister were able to tell us how this was managed and showed us that service records were up to date.

The building officer showed us the process for reporting and recording issues with equipment and how that was dealt with every day. Log books were available in all areas of the hospice and were used by staff to report issues. Maintenance staff checked these daily. We saw that the log books were filled out correctly. All staff we spoke with knew how to report issues with equipment.

We carried out spot checks on some equipment. This included patient lifting equipment and a vital observations monitor. We saw that these were serviced and checked. We also noted that nurse call bells were on a weekly checklist carried out by maintenance staff.

The service had a system of asset tagging. This is a system to mark equipment to allow easy identification and tracking for maintenance and repair.

- 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: 5 - Very good

The service had adopted NHS Greater Glasgow and Clyde’s policies and procedures for infection prevention and control. Other resources available for staff included Health Protection Scotland’s National Infection Prevention and Control Manual (2015).

We saw that the service was clean and free from hazards. We saw good access to alcohol-based hand rub for visitors and staff to clean their hands. Information on best practice for hand hygiene and preventing infection was displayed throughout the building.

Personal protective equipment for staff, such as aprons and gloves, was readily available.

The service had a tag system in place to highlight to staff any patients who may have an infection.

We spoke with the domestic supervisor who showed us domestic cleaning schedules and how these were managed. We spoke with domestic staff who confirmed the process for managing cleaning in the service.

Nursing staff showed us cleaning schedules for patient equipment and described how these were managed. We also saw checklists for cleaning bed spaces after the patient left the service.

We carried out spot checks on some patient equipment, including baths and commodes. We saw that they were clean.
All patients we spoke with rated the cleanliness of the hospice as very high.

- ‘Cleaners pay attention to detail’.
- ‘Rooms are very clean and beds and towels are changed daily’.
- ‘Staff always adhere to hand hygiene precautions’.

Contracts were in place for waste and sharps disposal.

Infection prevention and control audits were used to ensure standards were maintained. These included an audit carried out by the provider every year. Each year, the focus of the audit changed; this year the focus was on catheter care and peripheral vascular catheter lines. The service also carried out regular mattress and hand hygiene audits.

We spoke with the ward sister and the lead nurse about staff training. All staff had infection prevention and control training as part of their mandatory training every year. Clinical staff also completed an online module. Staff we spoke with confirmed this.

We saw evidence of water risk assessments and Legionella testing. Legionnaires disease can be caught by inhaling small droplets of water suspended in the air which contain the bacteria. Regular flushing of infrequently used outlets should be carried out to minimise the risk.

We saw that a staff flu vaccine immunisation programme was in place.

**Areas for improvement**

We saw there was no suitable hand wash facility available in the domestics cupboard. The clinical hand wash sinks in the drug rooms were also not compliant with current national guidance. The service should carry out a risk-based assessment of all the hand wash sinks and put an action plan in place to upgrade these (see recommendation e).

Due to staff absences, the infection control group had not met regularly since September 2015. Although any infection prevention and control issues were still being dealt with, the service should ensure the infection control group meets regularly and that this group reports to the service’s clinical governance group (see recommendation f).

Although hand hygiene audits were being carried out, no other audits of standard infection control precautions were planned. These are the minimum precautions that healthcare staff should take when caring for patients. There are 10 standard infection control precautions, including hand hygiene, the use of personal protective equipment, how to care for patients with an infection and the management of linen, waste and sharps. The infection control audit plan should be developed to include other standard infection control precautions such as waste and linen management (see recommendation g).

The service had a link nurse for infection control. The number of infection control link nurses or ‘champions’ could be increased to include other staff groups such as domestic staff. This would ensure that high standards of infection prevention and control were being maintained by all staff members.

■ No requirements.
Recommendation e

■ We recommend that the service should review and assess hand wash sinks based on current national guidance. The hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design.

Recommendation f

■ We recommend that the service should ensure that the infection control group meets on a regular basis and that the minutes are fed into the service’s clinical governance meetings.

Recommendation g

■ We recommend that the service should develop the infection control audit plan to include other standard infection control precautions such as waste and linen management to ensure patients are receiving the best possible care.

Quality Theme 3 – Quality of staffing

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very good

We looked at four staff files and two volunteer files. Each staff file had a pre-printed recruitment checklist on the front. We found the organisational recruitment processes had been followed and pre-employment checks had been carried out. There was evidence of:

- application forms
- references being checked
- health checks
- membership of the Protection of Vulnerable Groups (PVG) scheme
- registration with professional bodies, for example Nursing and Midwifery Council (NMC) and General Medical Council (GMC) being verified using the online checking system, and
- copies of certificates of qualifications.

The volunteer files also had the appropriate checks in place.

All staff were given an induction pack and carried out comprehensive induction and mentorship training programmes specific to their staff role. This covered health and safety, fire awareness, moving and handling, infection prevention and control, and any role-specific training.

We saw the process human resources staff followed when carrying out the annual checks for staff with professional registrations. We noted that dates for when revalidation was due for nursing staff were now being collated as part of this process.

The service was also continuing with the process of enrolling permanent staff in the PVG scheme. We were told this would be completed soon.
Area for improvement

The provider was in the process of updating some of its human resources policies. A recruitment policy statement had been produced in the interim but was not specific about recruitment procedures. Staff should have access to written guidance on the recruitment procedures they should follow (see recommendation h).

- No requirements.

Recommendation h

- We recommend that the service should develop a standard recruitment procedure for staff to follow.

Quality Statement 3.4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Grade awarded for this statement: 4 - Good

We spoke with nine patients during the inspection and observed staff interactions with patients. We asked patients about being treated with dignity and respect. They said:

- ‘At all times and by all members of staff.’
- ‘Totally, and by all staff members and volunteers.’
- ‘Nothing could be better than the care received and anticipated to receive in the future.’

All staff and volunteers were valued by patients and, without exception, the patients we spoke with felt that their care was very good. We saw positive interactions between staff and patients in the day care therapy unit and ward. Staff showed empathy while maintaining a confident, professional demeanour.

The day care therapy unit offered a good range of stimulating activities.

- ‘Enjoyed (day service) from day one.’

At the time of our inspection, a cinema day had been organised. This was done with good attention to detail, for example using reminiscence materials such as an usherette tray and an old-fashioned cinema sign in the reception. Patients clearly enjoyed this activity.

Staff told us they really enjoyed their role in providing palliative care and being able to spend time with patients and relatives. This was also evident in the 2015 staff survey results (see Quality Statement 4.4).

The service had a range of policies to support an ethos of respect. We noted the harassment and bullying policy and procedure was due for revision in June 2015, and the whistleblowing policy was due for revision in April 2015. Neither policy reviews had been completed. The diversity policy had recently been revised and, at the time of our inspection, the new policy had just been approved and was to be implemented in December 2015. This new policy gave staff clear guidance on discrimination and what to do if they were concerned about discrimination.
The service had ‘anti-bullying colleagues’. These were independent people who were able to offer informal advice and could assist colleagues who felt bullied or harassed.

Diversity training was mandatory. We saw information on a ‘Mentally Healthy Workplace’ initiative. This had started with a number of workshops running from August 2014 to February 2015. This initiative had resulted in staff contributing to a ‘charter of behaviours’ for the service. The charter set out the key features expected of all staff. These included:

- show others trust and respect
- communicate effectively, and
- have a positive attitude.

Each feature in the charter had an associated set of positive behaviours, for example value those who work with you, always show care and compassion, and treat others fairly.

Staff morale in the service had understandably been affected by a range of issues over the past 2 years. This included ongoing staff vacancies in senior management positions, and incidents, now resolved, requiring lengthy investigations (see our previous inspection report of January 2015). When we spoke with some staff in the inpatient unit, it was clear that low morale was still an issue. Feeling valued and respected by all colleagues was not something they spoke confidently about. We saw that management had been working hard to improve this since the last inspection. This included:

- the imminent appointment of a ward manager
- the lead nurse having an open door policy so that staff can come to her for support at any time
- a plan to restructure the ward teams from two to three to have a more manageable workload
- offering stress management training
- introducing mindfulness sessions
- regular team meetings where staff were making requests and suggestions; these were being listened to and actions taken, and
- the creation of a ‘break away’ room for staff to have time out at times of stress.

‘Schwartz rounds’ had also been introduced. These sessions supported staff from all roles to reflect on the emotional aspects of their work. One session had taken place and the service had recognised that future sessions required enhanced facilitation skills.

We appreciate that it is likely to take some time before staff gradually begin to recognise and feel the benefits of all the efforts being made to improve morale. Having a stable management structure and clear leadership will hopefully provide the foundation for this. Despite evidence of low morale, inpatient care did not appear to have been adversely affected.
**Area for improvement**

Senior management could consider using a ‘You said, We did’ display for staff, similar to the one used for patients (see Quality Statement 1.1). This would help staff to see everything that was being done to support them and to promote a sense of feeling valued.

- No requirements.
- No recommendations.

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

**Quality Statement 4.2**

*We involve our workforce in determining the direction and future objectives of the service.*

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

As stated in the last inspection report, Marie Curie had carried out extensive consultation with staff and volunteers to develop its four core values outlined in ‘Our charity's future: Strategic Plan 2014–2019’. The values are:

- always compassionate
- making things happen
- leading in our field, and
- people at our heart.

The service had established a ‘vision group’ to facilitate the consultation. Consultation had taken place through face-to-face workshops and online surveys. We saw evidence of the suggestions staff and volunteers had made to change the wording of the values. We saw that these suggestions had been taken on board.

Marie Curie had recently produced a staff development plan process called ‘My Plan and Review’. An aspect of this was to help staff understand how they contributed to the success of the charity as a whole, and to take an active role in agreeing goals and reviewing their own performance. We saw that individual goals were aligned to the charity’s strategy. Staff were encouraged to consider how they had contributed to delivering their team objectives and the wider strategy and how they could continue to contribute to the service’s future.

At a local level, we saw how staff were consulted and informed about any developments within the service. From speaking with staff and from reviewing team meeting minutes, we saw that considerable consultation had taken place around:

- changes to the frequency of their team meetings
- changes to the team structure within the ward
- the reintroduction of ‘single nurse administration’ of medication, and
- the need to review off-duty to ensure fairness.

Where staff had made suggestions, for example to improve the working environment, we saw evidence that they had been listened to and solutions found. For example:
the level of paperwork that needed to be completed was being reviewed with a view to reducing this

- a food blender had been reinstated on the ward to benefit patients
- additional sets of keys had been provided to registered nurses to access patient medication, and
- visitors to the ward at open days had been minimised.

We saw a clinical governance information board displaying the latest information for staff. From the ‘people group’ minutes, we saw that staff would be provided with shadowing opportunities outwith their team to gain different experience and perspectives.

■ 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: 4 - Good

The service submitted a basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and National Care Standards. We found adequate quality information that we were able to verify during our inspection.

The service had various systems to monitor the quality of the service it provided. These included patient and carer surveys (see Quality Statement 1.1) and an annual staff survey.

We saw the 2015 staff survey results for the service. These had just been collated and were issued to us shortly after the inspection. The uptake of the survey was poor with only 28 out of 104 staff taking part. Therefore, it is important to bear in mind that the following results may not be particularly representative. The results from the collation of the 28 responses showed some improvements to the areas of concern for staff from the 2014 staff survey results which were reported in the last inspection report. These were:

- trust and respect of colleagues
- opinions of staff being valued by senior management, and
- communication.

A marked improvement to understanding the organisation’s values was evident from the results. Staff commitment to delivering a high quality service to patients and relatives came through clearly. There was also a significant improvement in staff feeling that their line manager helped them to find solutions at work and being kept informed of what is happening at Marie Curie.

Bearing in mind the low response rate, the survey showed that communication between departments still needed to be improved. While feelings of wellbeing had increased slightly, staff did not feel particularly rewarded for what they do. Results for staff development opportunities and training scored lower than before, and only 11% of the 28 respondents would ‘wholeheartedly recommend the service as a good place to work’.
The service will develop an action plan to address the survey findings.

We saw a management of audit procedure dated November 2011 describing how audits should be undertaken. This procedure was for revision in 2012, but this had not yet been completed.

As reported in Quality Statement 1.1, the patient and family forum required additional work to increase membership and have a clear purpose. The service had a clinical governance group structure made up of the following groups:

- quality
- people
- patient and family
- environmental risk
- audit, and
- medicines management.

The leads from each group reported to the monthly senior management team meeting. The senior management team reported to a divisional meeting held every 3 months. Minutes from the senior management team meeting showed discussions concerning each group, for example the number of policies that required updating, implementation of end-of-life documentation and complaints handling.

We saw the Marie Curie national audit programme for 2014–2015 included information on the range of audits that take place. This was divided into nursing and medical audits. Nursing audit topics included nutrition, falls, pressure area care, case notes and hand hygiene. Medical audits included medicine reconciliation and out-of-hours emergency admissions.

From the evidence we looked at, it was not clear if there was an overview of where each audit was at and the progress of any related action plans. We were told that, since November 2015, minutes were being taken of audit group meetings to provide a clearer overview of the progress of audits and action plans.

Due to the review of the national audit programme, the schedule for national audits was on hold until January 2016. The schedule of local audits continued during 2015.

It was clear that there was still work to do to fill key management posts in the service. As previously reported, senior management had been working hard to address staff vacancies, to make sure the staffing and leadership structure was right for the service and were also working hard to improve staff morale.

Areas for improvement

While the management structure was still unstable, progress towards a resolution was evident. As mentioned in Quality Statement 3.4, much work had been done to improve staff morale. The service should continue to work on making staff feel valued by recognising individual achievements, improving communication between teams and ensuring staff feel they have the necessary training to do their job (see recommendations i and j).

- No requirements.
Recommendation i

- We recommend that the service should continue to promote effective teamwork across all disciplines within the service.

Recommendation j

- We recommend the service should identify and meet training needs to ensure staff feel they can do their job effectively.
### 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.

<table>
<thead>
<tr>
<th>Quality Statement 0.3</th>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td>We recommend that the service should:</td>
<td></td>
</tr>
<tr>
<td><strong>a</strong></td>
<td>review its consent to treatment policy and communicate any changes to staff (see page 11).</td>
<td>National Care Standards – Hospice Care (Standard 2.5 – Assessing your needs)</td>
</tr>
<tr>
<td><strong>b</strong></td>
<td>ensure that the checklist is used and completed consistently to clearly record that the patient has consented to their plan of care (see page 12).</td>
<td>National Care Standards – Hospice Care (Standard 2.4 – Assessing your needs)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 0.4</th>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>We recommend that the service should:</td>
<td></td>
</tr>
<tr>
<td><strong>c</strong></td>
<td>ensure that the checklist is used and completed consistently to record if the patient has consented to sharing their information with others as appropriate (see page 13).</td>
<td>National Care Standards – Hospice Care (Standard 2.6 – Assessing your needs)</td>
</tr>
</tbody>
</table>
### Quality Statement 1.1

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>d</th>
<th>update its ‘Tell us what you think’ leaflet on the website to include Healthcare Improvement Scotland contact details in the complaints information. This will ensure that people who use the service and wish to make a complaint are aware of how they can contact Healthcare Improvement Scotland (see page 15).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care (Standard 21.4 – Advocacy, concerns, comments and complaints)

### Quality Statement 2.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>e</th>
<th>review and assess hand wash sinks based on current national guidance. The hand wash sinks that are not compliant with current national guidance should be upgraded as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the sink and its design (see page 19).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care (Standard 7.3 – Infection control)

<table>
<thead>
<tr>
<th>f</th>
<th>ensure that the infection control group meets on a regular basis and that the minutes are fed into the service’s clinical governance meetings (see page 19).</th>
</tr>
</thead>
</table>

National Care Standards – Hospice Care (Standard 7.1 – Infection control)
## Quality Statement 2.4 (continued)

**Recommendations**  
We recommend that the service should:

<p>| | |</p>
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<tbody>
<tr>
<td><strong>g</strong></td>
<td>develop the infection control audit plan to include other standard infection control precautions such as waste and linen management to ensure patients are receiving the best possible care (see page 19).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 7.1 – Infection control)</td>
</tr>
</tbody>
</table>

## Quality Statement 3.2

**Requirements**  
None

**Recommendation**  
We recommend that the service should:

<p>| | |</p>
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<tbody>
<tr>
<td><strong>h</strong></td>
<td>develop a standard recruitment procedure for staff to follow (see page 20).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 6.2 – Staff)</td>
</tr>
</tbody>
</table>

## Quality Statement 4.4

**Requirements**  
None

**Recommendations**  
We recommend that the service should:

<p>| | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td><strong>i</strong></td>
<td>continue to promote effective teamwork across all disciplines within the service (see page 25).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 6.4 – Staff)</td>
</tr>
<tr>
<td><strong>j</strong></td>
<td>identify and meet training needs to ensure staff feel they can do their job effectively (see page 25).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Hospice Care (Standard 6.4 – Staff)</td>
</tr>
</tbody>
</table>
## 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 management and leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/08/2012 and 11/09/2012–12/09/2012</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>Not assessed</td>
</tr>
<tr>
<td>16/04/2013</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>25/03/2014–26/03/2014</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>13/01/2015–14/01/2015</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
</tr>
</tbody>
</table>
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 5 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:** comments.his@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 5.

**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:


<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

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 flow chart

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 – Details of inspection

The inspection to Marie Curie - Glasgow, Marie Curie was conducted on Tuesday 24 and Wednesday 25 November 2015.

The inspection team was made up of the following members:

**Julie Miller**
Inspector (Lead)

**Winifred McLure**
Inspector

**Ken Barker**
Public Partner
Appendix 7 – Terms we use in this report

Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td><strong>service</strong></td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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