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
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2 Summary of inspection  

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1 Background

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

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

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

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

Our philosophy

We will:

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

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. 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
2 Summary of inspection

Marie Curie Hospice - Edinburgh is registered with Healthcare Improvement Scotland as an independent hospital. The service provider is Marie Curie Cancer Care, a UK-wide charity with headquarters in London.

The hospice provides specialist palliative care for up to 25 adults over the age of 18, in their two inpatient wards. Care is provided using a multidisciplinary team of healthcare staff. This includes:

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

The ward areas are divided into first floor and ground floor areas. Single and shared rooms all have ensuite facilities. A pleasant cafe area with access to the garden is at the entrance of the hospice. Most of the bedrooms open onto a balcony or the garden patio.

Experienced palliative nurses run a day hospice service. Through this service up to 12 people can attend the hospice from home, 3 days every week from 10.00am–2.00pm. This service provides people with holistic care and support with their illness. In addition, patients and families are provided with complementary therapies on an appointment basis.

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:

- fundraising
- gardening
- driving
- working on reception on the wards and day care services, and
- a volunteer visitor service.

We carried out an unannounced inspection to Marie Curie Hospice - Edinburgh on Monday 11 November and Tuesday 12 November 2013.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting Marie Curie Hospice - Edinburgh.
We assessed the service against two quality themes related to the National Care Standards. Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 18):

**Quality Theme 3 – Quality of staffing:** 4 - Good  
**Quality Theme 4 – Quality of management and leadership:** 4 - Good

We reviewed information about the service prior to the inspection. We considered the annual return, self-assessment and notifications of significant events sent to us by the service. A concern that had been raised with us and the previous inspection report of May 2013 was taken into account.

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

- patient information folder  
- complaints leaflet  
- information leaflets  
- training plan  
- complaints  
- public liability certificate  
- accidents and incidents records  
- minutes of staff meetings  
- staff disciplinary records, and  
- records of adult protection concerns.

We had discussions with a variety of people including:

- the clinical services manager  
- the medical director  
- two ward sisters  
- four staff nurses  
- the inpatient unit nurse manager  
- healthcare assistant  
- doctor  
- principal social worker  
- practice educator, and  
- pharmacist

We spoke with one patient and a group of visitors.
Overall, we found evidence at Marie Curie Hospice - Edinburgh that:

- the service provided a high standard of care, treatment and support to the patients and relatives visiting the service
- the service was well known and linked with other local resources within the NHS as well as other charitable providers. People who use the service and their relatives are supported by a dedicated, multidisciplinary healthcare team to make choices about their care, and
- there was a dedicated and caring team of staff who were focused on providing care and comfort to all patients and relatives.

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

- high staff turnover and unrest amongst the staff group. This was mainly the nursing teams but had also affected administration staff and some staff had left following voluntary redundancy, and
- the need to develop a more consistent and stable workforce with appropriate skills and knowledge to deliver specialist palliative care for patients and support to their relatives.

This inspection resulted in no requirements and seven recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at Marie Curie Hospice - Edinburgh for their assistance during the inspection.
3  Progress since last inspection

What the service has done to meet the recommendation we made at our last inspection on 22 May 2013:

Recommendation a

We recommend that Marie Curie Hospice - Edinburgh should review all of its information leaflets to guide people who use the service appropriately to Healthcare Improvement Scotland if they want to make a complaint.

Action taken

The complaints leaflet had been amended to make it clear that patients and relatives could contact Healthcare Improvement Scotland directly if they wished to make a complaint. This recommendation has been met.
4 Key findings

Quality Theme 3

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: 4 - Good
We found that the service’s performance was good in the areas we examined for this standard statement. We came to this conclusion because patients and relatives had opportunities to give feedback on the quality of staffing. We saw some evidence that if patients and relatives gave their views, the service would take note of these and act on them.

Staff told us that the main method of giving feedback on the quality of staffing is when patients and relatives speak with them informally. If any concerns were raised staff, would escalate this to the nurse in charge or the line manager. This meant that action could be taken to resolve any issues raised.

The incident reporting system was used to record any concerns or complaints and we checked to see how this was responded to. We saw evidence that staff act upon concerns raised.

The user experience group had two volunteers to represent the views of patients and relatives. There were plans to further develop this group.

Patients who were admitted to the wards had a folder with some helpful information about the service. This included some limited information about being allocated a nurse to look after them for the day and night (see more comments under areas for improvement).

The ‘help us make our services better’ comments cards were available on the ward areas. The ward clerks could offer assistance in completing these comments cards. This was a proactive approach to getting feedback from patients.

A patient told us that staff always introduce themselves at the start of each shift and that the staff were ‘of a very high quality always polite with a lovely attitude.’

Areas for improvement
No information about which staff were on duty in the ward areas was available. Although staff introduce themselves to patients at the start of the shift, some patients may forget this information. Visitors also may not know the names of staff. We discussed this with the management team and this should be improved. For example, a photo board of staff and information about team nursing could be displayed. Team nursing is the method used to allocate a group of nurses to look after a group of patients. This is intended to help provide continuity of care.

Visitors had no clear point where they could easily approach staff as the office door was locked. Management recognised this. An improvement was planned to change this so staff are more accessible to patients and visitors.

A patient had made a complaint and staff did not recognise it as something that needed to be escalated. Escalating the complaint would have meant that adult protection procedures
would have been followed. Staff told us that they knew they should escalate issues, but they needed more training in how to deal with complaints and concerns. Staff were unsure how complaints and concerns link with adult protection procedures. The incident form used could be improved to help staff with this decision-making. Management had already started to take action to improve staff training in dealing with adult protection issues (see recommendation a).

The questions on the comments cards could be changed to gather feedback on the quality of staffing. The results of surveys, comments and the actions taken could be displayed to show that feedback is listened to and acted upon (see recommendation b).

- No requirements.

**Recommendation a**

- We recommend that Marie Curie Hospice – Edinburgh should ensure that staff have training in how to deal with complaints or concerns.

**Recommendation b**

- We recommend that Marie Curie Hospice – Edinburgh should develop more specific feedback on the quality of staffing and use this information to create action plans for improvement.

**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 found that the service’s performance was good in the areas we examined for this standard statement. We came to this conclusion because there were important strengths which had positive impact on the patient experience. However, there were areas for improvement which needed to be addressed.

Staff told us that the training available was good and recent changes were making sure they were up to date with topics considered essential. An online training system was used for the majority of sessions. Face-to-face clinical updates were also held at least once a year. Courses were available covering subjects identified at a national level as being essential for staff to achieve. Staff could also apply to do external courses. These training opportunities helped staff to stay up to date with best practice.

Staff we spoke with told us that they have an appraisal every year. This appraisal informed individual personal development plans. Some staff had their personal development plan reviewed at regular intervals, usually with their line manager.

Recent team meetings were not taking place as often as they should. As a result, management had asked for these to take place monthly. Staff were aware of this change. Staff hoped that it would give them a forum for raising issues or concerns and help team development.

A fortnightly newsletter had been introduced to keep staff up to date and provide feedback on results of incident analysis. Staff spoken with viewed this positively.
The ward sisters’ role was under review. It was decided that they should be based on the ward to offer more visible leadership, rather than in offices out of sight. This was viewed positively by staff.

Staff gave us comments as follows:

- ‘fantastic place to work’
- ‘difficult couple of years’
- ‘some unsettled staff but always positive with the patients’
- ‘need to value the staff we have got’
- ‘a sense that we are not being supported as we should be’, and
- ‘feel people are now beginning to listen, in process of turning a corner’.

Areas for improvement

Staff turnover had been high in 2012 (20%). Although this was reducing, all of the staff we spoke with felt that there were staffing issues affecting their motivation. These included:

- a perception that there were not enough staff
- a high use of agency staff (25%), and
- concern about the use of suspension and disciplinary procedures which had affected a small number of staff.

The result of this was that staff felt changes needed to be made to improve staff stability and retention. Management agreed with this, but we could not see a clear plan to improve (see statement 4.2).

A dependency tool can be used to calculate how many staff are needed to care for patients with changing care needs. The service did not use a dependency tool. This was discussed with management and a plan was already being put in place to introduce a tool. This should be put in place as soon as possible to help plan the number of staff needed on wards. This would also ensure that staff can clearly see the criteria for staffing numbers (see recommendation c).

We asked about the support systems for staff. We were told that sometimes team meetings had not taken place. Staff also found it difficult to be released to attend support sessions such as clinical supervision. Clinical supervision offers staff a one to one or group situation for support in learning and developing their clinical practice. We heard from some staff about team work being affected. This was in relation to personalities, concern about decisions and staff changing roles. Leadership needs to be developed throughout the hospice to deal with these issues and to ensure effective teamwork (see recommendation d).

We were told clinical supervision is used as a means of supporting staff, but the sessions had very low attendance. A lack of clinical supervisors meant that clinical supervision sessions did not take place regularly. Systems to help to share good practice and for staff to feel supported should be encouraged more actively (see recommendation e).

Many staff told us that they had raised concerns but felt these were not acted upon. We often heard that staff felt they were not valued. A more direct recording system and feedback of actions taken as a result of staff concerns should be developed. This would let staff know that their concerns have been noted and have made a difference (see recommendation f).
It had recently been agreed that development plans for staff will be reviewed quarterly. Achieving the targets set had been an issue in the past. This will be reviewed at the next inspection.

The adult support and protection policy uses the terminology ‘safeguarding’. This is the terminology used in English legislation and guidance. This could be confusing for staff. The policy should be updated using the terminology of Scottish legislation and guidance in order to avoid confusion for staff. Plans were already in place for policy updates to take place and so progress will be checked at the next inspection. Issues had been identified with staff escalation to management in the event of an adult support and protection issue arising. The service was taking action to ensure that this was more widely understood and staff were following procedures correctly.

- No requirements.

Recommendation c
- We recommend that Marie Curie Hospice - Edinburgh should explore ways to help them calculate and plan the number of staff needed on wards. For example, the use of dependency tools.

Recommendation d
- We recommend that Marie Curie Hospice - Edinburgh should ensure that key staff have competency and skills in leadership and promotion of effective teamwork.

Recommendation e
- We recommend that Marie Curie Hospice - Edinburgh should ensure that staff support sessions such as clinical supervision are made fully available with an explanation as to the purpose.

Recommendation f
- We recommend that Marie Curie Hospice - Edinburgh should ensure that staff concerns are recorded and actions taken in response are fed back.

Quality Theme 4

<table>
<thead>
<tr>
<th>Quality Statement 4.1</th>
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<tr>
<td>We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.</td>
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Grade awarded for this statement: 4 - Good

The comments made in Quality Statement 3.1 also apply to this statement.

Areas for improvement

See Quality Statement 3.1.

Little consideration had been given to the involvement of patients, relatives or representatives in commenting on the quality of management. The hospice management team recognised this issue.

Patients, relatives or representatives could help to grade the hospice against the quality themes for their self-assessment. This would be a way to involve patients, relatives or
representatives. Another way could be to offer them the chance to be involved in groups and influence service improvement plans.

- No requirements.
- See recommendation g

**Quality Statement 4.2**

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

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

We found that the service’s performance was good in the areas we examined for this standard statement. We came to this conclusion because there were important strengths which had a positive impact on the patient experience. However, there were areas for improvement which needed to be addressed.

Marie Curie Cancer Care was developing a strategy for the service for 2014–2017. Staff could contribute to this strategy by attending meetings or using on-line contacts, so the workforce had a chance to get involved.

The director of nursing for Marie Curie Cancer Care was due to hold an event at the hospice in November 2013. The purpose of this was to identify nursing priorities for the next few years. Again this afforded staff an opportunity to determine future objectives.

At a more local level, the use of meetings was improving. Staff told us that management were trying to address issues affecting staff motivation.

**Areas for Improvement**

Although staff had some opportunities to contribute to the development of the service, staff perceptions were not all positive, as outlined in Quality statement 3.3.

Staff told us that it was often difficult for them to participate in contributing to the development of the service. This was due to staff being very busy on ward areas and feeling that delivering care to patients is more important. The management team should consider how staff could be released in order for greater participation in local developments.

The local senior management team informed us that they had a clear vision for the future development of the service. However we saw no evidence that this had involved consultation with staff. Staff had not been made aware of the vision (see recommendation g).

- No requirements.

**Recommendation g**

- We recommend that Marie Curie Hospice - Edinburgh should ensure that staff, patients and their relatives can contribute to service development.
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.

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<thead>
<tr>
<th>Quality Statement 3.1</th>
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<tbody>
<tr>
<td>Requirements</td>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
<td>We recommend that Marie Curie Hospice – Edinburgh should:</td>
</tr>
<tr>
<td>a</td>
<td>ensure that staff have training in how to deal with complaints or concerns.</td>
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<tr>
<td></td>
<td>National Care Standards for hospice care – standard 21.6</td>
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<tr>
<td>b</td>
<td>develop more specific feedback on the quality of staffing and use this information to create action plans for improvement.</td>
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<td>National Care Standard for hospice care – standard 21</td>
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<tr>
<th>Quality Statement 3.3</th>
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<tbody>
<tr>
<td>Requirements</td>
<td>None</td>
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<tr>
<td>Recommendations</td>
<td>We recommend that Marie Curie Hospice – Edinburgh should:</td>
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<td>c</td>
<td>explore ways to help them calculate and plan the number of staff needed on wards. For example, the use of dependency tools.</td>
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<td></td>
<td>National Care Standards for hospice care – Standard 6.1</td>
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<td>d</td>
<td>ensure that key staff have competency and skills in leadership and promotion of effective teamwork.</td>
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<td></td>
<td>National Care Standards for hospice care – Standard 6.1</td>
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<td>e</td>
<td>ensure that staff supports such as clinical supervision are made fully available with an explanation as to the purpose.</td>
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<tr>
<td></td>
<td>National Care Standards for hospice care – Standard 6.5</td>
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### Quality Statement 3.3 (continued)

**Recommendations**

We recommend that Marie Curie Hospice – Edinburgh should:

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<tr>
<td><strong>f</strong></td>
<td>ensure that staff concerns are recorded and actions taken in response are fed back</td>
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</table>

National Care Standards for hospice care – Standard 6.7

### Quality Statement 4.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 4.2

**Requirements**

None

**Recommendation**

We recommend that Marie Curie Hospice – Edinburgh should:

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<tbody>
<tr>
<td><strong>g</strong></td>
<td>ensure that all staff can contribute to service development.</td>
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National Care Standards for hospice care – Standard 5.4
Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 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   5   4   3   2   1
excellent very good good adequate weak 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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

- Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

- Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service to check for factual accuracy

- Report published

- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Marie Curie Hospice - Edinburgh was conducted on Monday 11 and Tuesday 12 November 2013.

The inspection team consisted of the following members:

Sarah Gill
Lead Inspector

Gill Swapp
Inspector
Appendix 5 – The National Care Standards

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

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

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

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

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

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