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A summary of our inspection

About the service we inspected

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

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

- visit the day care therapy unit for individual appointments or to attend a group
- receive visits from specialist nurses to their home (through the community nurse specialist team), or
- be admitted to the hospice inpatient ward.

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

The aim of the service is to provide specialist, research-based palliative care which enhances quality of life for people affected by cancer and other illnesses.

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

The day care therapy service can take up to 12 people, 3 days every week from 10am–2pm. Patients and families are also provided with complementary therapies on an appointment basis.

A team of trained volunteer staff support the hospice in various activities such as working on the reception, offering drinks and snacks, and gardening.

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 Hospice - Edinburgh on Tuesday 14 and Wednesday 15 July 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 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:** 4 - Good  
**Quality Theme 2 – Quality of environment:** 5 - Very good  
**Quality Theme 3 – Quality of staffing:** 5 - Very good  
**Quality Theme 4 – Quality of management and leadership:** 5 - Very good

The grading history for Marie Curie Hospice - Edinburgh 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, and  
- the previous inspection report of 15 and 16 July 2014.

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

- accident and incident records  
- audits and surveys  
- ‘deep-dive’ report  
- five patient care records  
- five staff files  
- information leaflets about the services  
- minutes of staff meetings including quality assurance and peoples meeting  
- policies and procedures  
- quarterly quality and safety report  
- training records, and  
- the website.

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

- two healthcare assistants  
- four staff nurses  
- eight patients  
- administration and reception staff  
- director of nursing  
- facilities manager  
- hospice manager  
- housekeeping staff  
- medical director  
- pharmacy assistant, and  
- practice educator.
We inspected the following areas:

- consulting rooms
- day care therapy unit lounge area
- external gardens
- inpatient wards, toilets and bathrooms
- laundry, and
- reception area.

**What the service did well**

We noted areas where the service was performing well.

- Marie Curie Hospice - Edinburgh supported new staff through a programme of development and learning.
- Marie Curie Hospice - Edinburgh had robust systems in place to maintain quality and identify areas for improvement.

**What the service could do better**

We did find that improvement was needed in the following areas.

- The service should develop care plans that include the emotional, social and spiritual needs of their patients.
- The service should ensure that patients and family involvement in care planning should be recorded more effectively.

This inspection resulted in five 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.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 15 and 16 July 2014

Requirement
The provider must develop an appropriate risk assessment for the use of bedrails that takes into account the type of equipment in use.

Action taken
The service had implemented a multi-purpose assessment of patients where bedrails were used. Records we looked at showed all patients with bedrails in use had appropriate risk assessments and consents in place. This requirement is met.

Requirement
The provider must ensure monitoring of hot water outlets takes place to ensure safety of patients and visitors.

Action taken
A temperature monitoring regime had been implemented. Monthly checks were made on the temperature of hot water taps with thermostatic mixer valves. These checks made sure they are set correctly and working as expected. We saw records of checks carried out over the last 10 months. This requirement is met.

Requirement
The provider must ensure no patient is subject to restraint or limit to freedom unless this has been assessed and agreed. In order to ensure this:
(a) training must take place for staff
(b) risk assessments and documentation must be used if a limit to freedom is to be agreed, and
(c) review dates must always be in place to ensure that this is for the shortest time possible.

Action taken
Records showed staff had training on restraint. Patients who required restraints had risk assessment and consents in place. Restraint is reviewed as part of the multidisciplinary meeting. This requirement is met.

Requirement
The provider must ensure that adult support and protection referrals are made in line with the Marie Curie Cancer Care policy for safeguarding without delay.

Action taken
We reviewed documentation that showed concerns about adult support and protection referred and addressed appropriately. The senior social worker had the lead in this area. Records confirmed that staff received training on adult support and protection as part of their induction. This requirement is met.
Requirement

The provider must ensure that there is follow-up and analysis following incidents to ensure that there are lessons learnt to prevent future occurrence. Accidents with serious injury must be notified to Healthcare Improvement Scotland in line with notification guidance.

Action taken

We looked at incidents and noted that these were followed through and formed monthly reports to the quality assurance group. Incidents were analysed for trends and action plans developed in response. We saw that following a serious incident, a root cause analysis was being carried out. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 15 and 16 July 2014

Recommendation

We recommend that the service should ensure information supplied to patients and relatives includes how to make a complaint, how to access their records if they wish, and offers the chance to view policies on resuscitation decisions, statements about future treatment and end of life care.

Action taken

The patient bedside folder included information on how patients could access their records and encouraged patients and relatives to ask about anything else that might not be in the patient bedside folder. This recommendation is met.

Recommendation

We recommend that the service should ensure that staff have training in how to deal with complaints or concerns.

Action taken

The facility manager had given staff training on how to deal with complaints and concerns. Staff we interviewed were able to confirm the process. This recommendation is met.

Recommendation

We recommend that the service should ensure that patients or their representatives are consulted when appropriate in any DNACPR decisions and, if this is deemed inappropriate, the reason why is clearly documented.

Action taken

Do not attempt cardio pulmonary resuscitation (DNACPR) directives were in place and showed full consultation with patients and their families about their wishes. All new staff were given training on DNACPR policy and procedures. This recommendation is met.
Recommendation

We recommend that the service should ensure that patient care records show complete next of kin contact details and when and in what circumstances a family member should be contacted in the event of a fall or a sudden change of condition.

Action taken

We saw complete next of kin entries in all records with details of who to contact and in what circumstances. This recommendation is met.

Recommendation

We recommend that the service should ensure there is full multi-professional assessment of patients’ social, psychological, spiritual and intellectual needs.

Action taken

This recommendation is reported under Quality Statement 1.5. This recommendation is not met (see recommendation a).

Recommendation

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

Action taken

This recommendation is reported under Quality Statement 1.5. This recommendation is not met (see recommendation b).

Recommendation

We recommend that the service should ensure that individual smoking risk assessments are carried out to agree the level of support a patient may need to go outside to smoke. The house rules on smoking should be made clear. Any difficulties with this should be fully discussed so that arrangements to deal with this can be put in place.

Action taken

In all patient care records we looked at, there was evidence of a smoking risk assessment. The service’s rules around smoking were clear in the patient bedside folder and information displayed in wards. This recommendation is met.

Recommendation

We recommend that the service should ensure that commodes with footplates have the footplates attached and available for use.

Action taken

The service no longer used this particular type of commode. This recommendation is met.
Recommendation

We recommend that the service should continue to work on the development of the national dependency tool for hospices in Scotland, so the service can calculate and plan the number of staff needed on wards to meet the needs of patients.

Action taken

The national dependency tool exercise had been completed and showed the staff establishment was sufficient. The service planned to reduce inpatient beds and increase community nursing services. This exercise was the basis for projected staffing numbers. This recommendation is met.

Recommendation

The service should develop a staff training analysis and plan to ensure that there are sufficient staff with palliative care qualifications to cover each shift.

Action taken

The service developed a database which recorded staff qualifications. Staff were offered training opportunities in palliative care and we saw that staff had a range of qualifications and skills. This recommendation is met.

Recommendation

We recommend that the service should ensure that local audits are put in place to drive up standards in record-keeping.

Action taken

Local real-time audits were being carried out using a tablet computer. These audits looked at care documentation such as next of kin records, restraint and consent. This recommendation is met.

Recommendation carried forward following and upheld complaint investigation of 19 December 2013

We recommend that the service should ensure that if family members are involved in care it is discussed, agreed and included in the relevant care plan.

Action taken

This recommendation is reported under Quality Statement 1.5. This recommendation is not met (see recommendation b).
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2
We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good
Marie Curie Cancer Care’s website had information about the services it provided nationally and locally. Part of the website is about the services offered in Edinburgh, where patients and their families considering using the services can:

- find information about the hospice
- find information about staff who work there
- find out how to provide feedback about services
- find out how to contact the service, and
- see a map showing the location of the hospice.

Other information included how to be referred to the hospice, how to donate to the charity and a more detailed information leaflet that could be downloaded. Photographs showed what life is like when using the service.

Since our last inspection on 15 and 16 July 2014, Marie Curie Hospice - Edinburgh had reviewed and updated its patient bedside folder. We saw these at the end of each patient’s bed. Staff told us that patients and relatives were made aware of the folder on admission and reminded where appropriate. The folder covered the following topics in an easy-read format:

- a little about Marie Curie
- food and drink
- general information
- how we keep your information safe and confidential
- how you can support our work
- information for visitors
- let us know what you think, including how to make a complaint
- medication
- our service and how we can help
- preventing infection
- reduce risk of falling
- sources of information and other support
- TV and radio, and
- your room.

We saw information for patients and relatives on how to make a complaint in the patient bedside folder. Posters and leaflets on how to make a comment or complaint were also on
display. The ‘Marie Curie Hospice, Edinburgh’ booklet showed three steps to follow if service users were unhappy with their treatment or service. The patient bedside folder also contained information on how patients could access their records and encouraged patients and relatives to ask about anything not in the folder.

The two information points, in reception and day services, were well stocked with a range of up-to-date information leaflets covering many topics, such as:

- ‘Marie Curie Hospice, Edinburgh: an introduction to services’
- ‘Tell us what you think: How to comment, compliment or complain’
- ‘Help us make our services better for you: comments card’
- ‘Being cared for at home’
- ‘Introduction to the Marie Curie Nursing Service’
- ‘When someone dies’
- ‘Mouth care’
- ‘Appetite’, and
- ‘Falls prevention’.

The information points had comments boxes for patients, relatives, professionals and visitors to post their completed comments cards. We also saw food order forms for relatives and a clear notice with advice for patients and visitors on allergies.

Boards displaying information included June 2015 results of patient feedback and actions then taken in a ‘you said, we did’ format. We also saw clear information to help patients and relatives know who worked in the hospice.

In each ward, staff photographs, names and designations on information boards was up to date. The patient bedside folder included a welcome message from the hospice manager alongside a photograph. Information about how to determine the roles of staff based on the colour of their uniform was also included in the patient bedside folder.

We saw the information that can be handed out or sent to potential service users. We were told that information could be made available in large print and in other languages on request. An interpreter service could be arranged if required. Individuals can visit the hospice before they are admitted to help them decide if the service will meet their needs. Leaflets are sent to local hospitals, GP surgeries and community staff. We also noted a welcome letter for visitors available at reception which contained information on the hospice facilities such as:

- the location of the visitor toilet
- how to order food
- play areas for children, and
- who to ask if relatives wish to stay overnight.

**Areas for improvement**

Some information on the information boards could be made more visible and accessible to patients and relatives. Increasing the size of the type, particularly the ‘you said, we did’ information and the complaints posters, would help.
Although a lot of work had been carried out to improve and promote the patient bedside folder, awareness was still low among the patients we spoke with. The service could consider how they can further promote this information.

- No requirements.
- No recommendations.

**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: 6 - Excellent**

We saw a consent to treatment policy in place. In patient care records, we saw appropriate consents were in place and evidence of patient and family involvement.

We looked at Marie Curie Cancer Care’s website and noted that policies and training modules were clearly identified as Scottish legislation.

Do not attempt cardio pulmonary resuscitation (DNACPR) directives were in place and showed full consultation with patients and their families about their wishes. All new staff were given training on DNACPR policy and procedures.

We saw signed consents in relation to bedrails were in place in line with guidance from the Mental Welfare Commission and in keeping with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Documentation is audited nationally by the provider to ensure policy is being followed. The service also carried out a local audit of consent documentation and we saw that the results showed policy was being followed.

Where patients were unable to consent, the Adults with Incapacity (Scotland) Act 2000 was implemented and we saw that this was documented.

The multidisciplinary team discussed all patients every week and included discussion on patients’ ability to provide consent.

- No requirements.
- No recommendations.
Quality Theme 1 – Quality of care and support

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

Grade awarded for this statement: 5 - Very good
We saw evidence that patient and relative’s views were regularly being sought using a variety of methods. These included:

- completing the electronic real-time feedback system
- completing the paper version comments cards
- informal feedback gathered during management ‘walkrounds’, and
- a national annual patient survey.

The electronic real-time feedback system asks questions about aspects of care and support such as:

- cleanliness
- dignity and respect
- food and drink
- involvement in care
- quality of information, and
- the relief of pain and other symptoms.

This electronic feedback system gave the service and provider instant results. We were given the results of these surveys for May, June and July. These showed high levels of satisfaction with the service and all but one of the questions were answered as either ‘very good’, ‘good’ or ‘fair’.

The paper survey asks similar, but not identical questions and has an additional space for general comments about the service.

Each survey asks the person filling it in to state if they are a patient, family member, carer or visitor. The survey takes account of the services the person is using. This allows the feedback to be set in the correct context and passed to the correct person or department for action, if necessary.

The service had established a patient experience and service user group. We saw the minutes from the last meeting of the group. These showed the group is engaged in a wide variety of topics, including:

- patient information
- quality assurance
- service delivery, and
- user involvement.
We could see from the minutes that progress on the actions from the last meeting was reviewed. New actions were allocated to a member of the group and timescales were given. This group formed part of the overall governance arrangements for the hospice and reported to the quality assurance group.

Marie Curie Cancer Care is currently consulting on a redesign of services provided in Edinburgh. We saw evidence of a coffee and conversation event held to engage with the local community about the proposed changes. The report of the event showed the views of those who attended the event will be considered.

The service had developed a standard operating procedure for gathering feedback from patients, families, carers and staff. It sets out how feedback from patients will be handled and gathered for action. It also described the circumstances when immediate action may be needed as a result of feedback. The feedback database was populated by the results of the real-time electronic surveys. This database, along with the incident reporting system, is used to log any comments received through the paper survey or other means. The second part of the procedure set out how staff were told about the feedback and information.

Areas for improvement

While the surveys do cover a wide number of topics and issues, they are focussed on the quality of care and support. While this may be intentional, Marie Curie Hospice - Edinburgh could consider widening the scope of the surveys. Questions about the quality of staff and the quality of management could help these surveys. The questions about the quality of the environment and the information provided could also be widened to cover:

- how comfortable the rooms are
- if any additional facilities are required
- whether the patient bedside folder is useful, and
- what the quality of information available on the website is.

Questions asked in the real-time feedback survey and the paper comments card do not match. This means there is no way to link the comments and answers from the paper comments card into the patient feedback database. Marie Curie Hospice - Edinburgh could consider revising the comments card so the questions match. This would allow all feedback to be analysed together.

■ No requirements.
■ No recommendations.

**Quality Statement 1.5**

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

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

During the inspection, we examined five patient care records. Of these five, three patients had been in the hospice for at least a week and had been admitted before. The other two patient care records were for patients who were new admissions.
We noted that patients’ clinical needs and interventions were well recorded. We saw that each file had detailed communication notes about clinical care plans. We saw some evidence of individualised needs being met. For example, one patient was supported to see their family member before they died; it was arranged quickly and its outcomes were well documented.

Marie Curie Hospice - Edinburgh recently introduced a new document called ‘Person Centred Care at the End of Life’. This document was used when a person was in the last few days or hours of life. It included a section for information on spirituality, religion and culture and communication and support for the family.

Work had also started to support staff to work in a more person-centred way to improve patient experience more than the hospice’s current practice of person-centred moments. Two introductory meetings had taken place to roll out the programme. We also saw the hospice had a new stock of ‘This is me’ documents. The hospice planned to use these documents with patients with a cognitive impairment or communication difficulties.

All patients we spoke with thought the service had the correct information about their family and carers, including preferences of when they should be contacted.

Nationally, Marie Curie Cancer Care plans to move to an electronic case record and improve general documentation for all patients. This move is planned for the beginning of 2017. Meanwhile, Marie Curie Hospice - Edinburgh had recognised improvements in documentation were required. The hospice had formed a short-life working group to review and revise current documentation.

**Areas for improvement**

At the previous inspection in July 2014, we recommended that Marie Curie Hospice - Edinburgh ensure patients had multidisciplinary assessments of their social, psychological, spiritual and intellectual needs. During this inspection, it was not clear if patients had any multidisciplinary assessments carried out.

In the service’s untitled ‘white document’, used on admission, we noted sections for recording:

- personal
- social
- work
- leisure, and
- psychosocial issues.

With the exception of brief entries in two records stating the patients had close families, these sections were blank. ‘Family tree’ sections were completed and we saw patients’ preferred place to die were recorded. We saw records of multidisciplinary team meeting discussions. Although these discussions may have included the wider needs of the patient, such as social, spiritual and emotional needs, these records largely focussed on clinical needs.

Marie Curie Hospice - Edinburgh should record social, psychological, spiritual and intellectual needs to help shape care plans and demonstrate care given to patients (see recommendation a).
At the previous inspection in July 2014, we recommended that Marie Curie Hospice - Edinburgh ensure patient care records show proposed care, length of stay and care plans were fully discussed and agreed with the patient. During this inspection, it was not clear if this was the case in any patient care records we looked at (see recommendation b). Separate care plans were included for each topic, for example:

- bowel care
- falls prevention
- oral care
- pain management, and
- skin care.

Each separate clinical care plan was well completed, dated and signed with no missed entries. However, from these separate care plans, it was difficult to see a patient’s overall plan of care and whether it had been developed with the patient or their relative.

Marie Curie Hospice - Edinburgh should continue its plans to increase patient and relative involvement in developing personal care plans. The hospice should also develop a method to record the discussions and agreements that had taken place. Plans should be easily understood by patients and staff, particularly new and agency staff. They should be comprehensive enough that the plan of care is clear, including, where possible, anticipated length of stay in the hospice. Two patients we spoke with said they felt that they did not have all the information they would like about their care.

It was not easy to get a sense of the individual from the patient care records, for example, their personality, their background, their likes and dislikes. We were told by management staff that the person-centred project will address how to plan care in an individualised way that reflects individual’s wishes and preferences.

- No requirements.

**Recommendation a**

- We recommend that the service should ensure there is full multidisciplinary assessment of patients’ social, psychological, spiritual and intellectual needs.

**Recommendation b**

- We recommend that the service should ensure that patient care records show proposed care, length of stay and care plans have been fully discussed and agreed with the patient or their family, or if they have not been discussed the reasons for this.

**Quality Theme 2 – Quality of environment**

**Quality Statement 2.2**

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

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

We found that all areas of the hospice were clean and tidy. Newly refurbished areas were bright and welcoming.
The ward areas had single ensuite rooms and triple bed bays with ensuite facilities. All bedrooms had doors to outside areas. On the ground floor, there was access to a patio area and, on the first floor there was access to a balcony area. Beds can be pushed out onto the balcony. The patio and balcony overlooked the landscaped gardens. Furnishings were of a high standard. Guest beds were available if family wanted to stay overnight. Several areas were for patients and relatives to use, including lounges and quiet rooms.

The day care therapy unit also had access to a garden space used by patients and staff.

Staff and visitors to the hospice used a sign-in and sign-out system at the front reception. This helped reception staff monitor who was present on-site and improved the security of the building.

A programme of monthly technical audits to monitor the quality of cleaning and maintenance was in place. These audits identified tasks that need to be completed regularly and the staff groups, such as domestics, responsible for them. We saw action plans had been created and completed as a result of past audits. The frequency of the audits was determined by risk:

- high risk areas were audited monthly
- medium risk once every 2 months, and
- low risk areas were audited every 3 months.

Arrangements are in place with a number of contractors and equipment manufacturers for regular planned preventive maintenance. The service also has a system in place to report and monitor the reactive maintenance that is required. This, along with the technical audit, should mean patients benefit from a well-maintained building.

The service had identified that an increasing number of its patients had been diagnosed with dementia or another cognitive impairment as well as their life-limiting or terminal condition. The service kept a stock of items that can be used to adapt bedrooms to make them easier for people with dementia to live in. Items included:

- clocks
- contrasting colour toilet seats
- contrasting colour light switch covers
- pictogram signs for toilet doors, and
- ‘This is me’ booklets.

**Area for improvement**

While the service had been recently refurbished, we noticed some limitations to the environment. Some of the areas created as a part of the refurbishment were not as useful as anticipated. The service’s management team planned to make further changes to the layout of the service to create:

- more consulting rooms
- more treatment rooms
- more office space, and
- a more inviting reception area.

We will review the changes to the environment at the next inspection.
■ 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 a service level agreement with NHS Lothian to provide training, advice and audit for infection prevention and control. This provides them with 7.5 hours a month focused on the clinical aspects of infection prevention. NHS Lothian had just completed a major unannounced audit and the service had already developed a draft action plan in response. This agreement with NHS Lothian meant that the service and its patients benefit from access to expert advice.

The service could also access advice from the national Marie Curie infection prevention and control lead. Infection control also formed part of Marie Curie Cancer Care’s national audit plan.

The service’s computer network had a wide variety of infection prevention and control policies available on it. Staff could access these. We saw policies around:

- clostridium difficile infection
- hand hygiene
- laundry, and
- sharps and other waste management.

We saw that there were a number of initiatives in place to support effective cleaning. Domestic staff had a daily cleaning schedule and associated sheets to sign when tasks were completed. The schedules included spaces where domestic staff could record any job not done and how these outstanding tasks could be completed. Mattress checks were carried out daily and between each patient. A bed space cleaning monitoring tool had been introduced to make sure nursing staff cleaned all areas before a new patient was admitted. We saw the monitoring tools were filed in the patient care record once they were completed.

The incident records we saw showed there had been no recent incidents of patients contracting an infection during an inpatient stay. This demonstrated that current infection prevention and control practices were effective. Our observations of practice supported this.

We saw that cleaning and infection control were included in the discussions at two of the governance meetings; the quality group and the environment and risk group. Both groups report to the high level quality assurance group.

A system was in place to make sure that bedrooms were thoroughly cleaned after they had been used for patients with an infection that could be passed to others. Records were available to demonstrate that the required cleaning had been completed. Both domestic and nursing staff signed these records.
Areas for improvement
We saw no evidence to suggest poor compliance with the standard infection control precautions. However, the hospice did not have a formal local audit programme in place to monitor compliance and highlight areas for improvement. The management team recognised this and were developing an audit programme. The service should make sure this work is completed and the programme of audits implemented (see recommendation c).

We noted that some policies were quite old and needed to be reviewed. Management had also recognised this and planned to review them. The service should make sure all its infection control policies are reviewed and updated as necessary (see recommendation d).

No requirements.

Recommendation c
We recommend that the service should continue to develop, and subsequently implement, the programme of audit against the standard infection control precautions.

Recommendation d
We recommend that the service should continue to review and update, as necessary, all the infection control policies.

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 five staff files and found appropriate recruitment and selection checks. We saw evidence of:

- application forms
- health assessment
- membership of the protecting vulnerable groups (PVG) scheme
- registration with professional bodies, for example Nursing & Midwifery Council (NMC), and
- two references.

All staff completed a 6 month probationary period to assess for appropriate skills and aptitude. Files we viewed confirmed that 6-monthly reviews were taking place.
All staff had an induction. Nursing staff we spoke with confirmed they spent two weeks as an extra member of staff on wards. These staff also told us they had a mentor to give support and education. The induction included core mandatory elements, such as:

- adults with incapacity
- basic life support
- data protection
- infection control
- moving and handling, and
- safeguarding adults.

Nurses completed 2 days of initial training which included medication numeracy. Nursing staff were also given annual clinical updates.

Staff we spoke with told us the induction programme was very good.

The practice educator had developed and implemented a programme for new staff nurses called 'My first year programme'. Staff completed a portfolio that included a self-assessment, opportunities to learn and reflective accounts. Staff covered various modules, including:

- clinical governance
- health and safety, and
- dealing with death.

A more experienced member of staff was assigned as a mentor to the new staff nurses. Feedback from staff in the programme was positive. The programme was new and the service planned to start evaluating it in October 2015.

**Area for improvement**

Staff told us that morale had improved from last year but had concerns about losing staff skills when experienced staff moved on.

- No requirements.
- No recommendations.

**Quality Statement 3.3**

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

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

Staff we spoke with told us they felt supported by management staff. Management staff told us they work hard to create a positive, supportive culture for staff with an open-door approach. Staff confirmed the manager was accessible and they felt comfortable discussing any issues.

Clear policies were in place to govern all aspects of staff management, including grievance and disciplinary procedures. We spoke with the practice educator who showed us an annual training plan. This included two mandatory training days each year. Staff were given a yearly
medication management update, and all nurses completed a drug calculations competency check during their induction. Online and face-to-face training was delivered. Reports on training delivery stated over 95% of staff had met training requirements. Staff told us there was a sufficient range of training available and they were encouraged to apply for courses.

Staff could access online resources through the Marie Curie Care intranet. These included the Royal Marsden clinical nursing procedures, Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Care Excellence (NICE) guidelines.

All staff completed an annual personal performance and review document (PPRD) with their line manager. This was used to identify training and development needs, provide support and manage any areas where practice could be improved. Management staff monitored PPRDs and reported through the governance system.

Staff were aware of the whistleblowing policy and procedure and could describe actions around identifying adult support and protection issues.

Clinical supervision was available for staff. The service recently introduced ‘Schwartz rounds’. Schwartz rounds offer all staff scheduled time to openly and honestly discuss social and emotional issues they face, and share their experience. The first session was well attended and staff we spoke with said it was helpful and supportive.

Staff receive training in ‘centre cover’. This is for staff who will be in charge outside normal working hours and at weekends without more senior staff. The training supported staff to identify when on-call arrangements had to be activated in response to different situations. The manager discussed plans to review weekend and out-of-hours senior staff cover.

Staff registrations were monitored by head office, and we saw staff registrations were current. The service was progressing revalidation for nursing staff and supporting nursing staff to develop portfolios in preparation. A system was in place for medical revalidation locally with NHS Lothian.

We spoke with some patients during the inspection and they told us:

- ‘They [the staff] are good.’
- ‘It is an absolutely wonderful place. The nurses are very caring and helpful. The nurse sat with me when I was down in the dumps.’

**Areas for improvement**

Marie Curie Hospice - Edinburgh had a high turnover of registered nurses in the past few years. At the time of inspection, there were four nurse vacancies and a charge nurse was working their notice. This had led to many new members of staff (80%) recruited in the past two years.

Staff we spoke with had concerns about the high staff turnover, its impact on consistency of care and the amount of time given for induction. A high number of agency staff were used, but we saw they had worked in the hospice for some time and were knowledgeable about the patients. Management staff told us they were developing a local bank of staff to provide cover. Staff told us recruitment processes were extremely slow when led by the central human resource department of Marie Curie Cancer Care. The service had been allowed to recruit locally and this should speed the process up. Some patients we spoke with still thought staff were very busy, and sometimes not enough staff were available.
We reviewed the spreadsheet for the PPRDs and discussed them with the service manager. From this, we saw the inpatient unit figures showed about 60% of the PPRDs were completed. We were told this was due to staff turnover and a shift in priorities. Management staff planned to follow up on the outstanding PPRDs (see recommendation e).

- No requirements.

**Recommendation e**

- We recommend that the service should ensure all staff receive a personal progress review.

**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**

The service held regular meetings with staff to discuss operational issues and staff told us this was also an opportunity to provide feedback or make suggestions.

The provider had developed the Marie Curie care strategy in consultation with staff through roadshows. Locally, the hospice is being redesigned in response to patients’ changing needs and staff confirmed they were part of this process.

Management staff promoted an open-door culture and staff were engaged through a variety of methods, such as:

- emails
- huddles
- newsletters, and
- one-to-one meetings.

We saw a recent staff survey had taken place to look at ways to improve communication.

We saw that through the governance structure, staff were involved in various meetings and projects. Staff also told us they had been invited to attend the quality assurance governance group.

Volunteers had regular events, part of which looked at ways to improve the service.

Staff were invited to join national working parties that focus on various aspects of care delivery. For instance, there is currently a working party looking at improving documentation.

We saw that noticeboards provided information and reports for staff.

Marie Curie Cancer Care’s human resources department automatically send an exit questionnaire to staff who leave the service and ask them to complete and return it. If the returned forms raise specific concerns, they are passed to the human resources business.
manager to discuss with the relevant senior manager. A member of the human resources team carries out any face-to-face interviews if they are requested.

**Area for improvement**

To help determine reasons for high staff turnover, the medical director had discussed holding additional exit interviews with staff willing to speak with the service. This may be useful in finding insight into staff retention issues.

- No requirements.
- No recommendations.

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**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: 6 - Excellent**

The service submitted a comprehensive 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 very good quality information that we were able to verify during our inspection.

Marie Curie Hospice - Edinburgh had excellent systems in place to monitor, improve and assure the quality of the service being delivered. We saw a clear system of governance through a range of groups that met every two months. The terms of reference for these groups showed us that each group had a clear remit, membership and reporting process. All groups had an annual work plan in place for identified issues or improvement projects and we saw these were regularly updated. All groups reported to the monthly quality assurance group. These groups covered:

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

Systems in place to monitor quality of service included:

- accident and incident
- audit programme
- complaints
- risk register
- staff appraisal
- surveys or questionnaires, and
- training evaluation.
Minutes for the quality assurance group showed that representatives from the various subgroups were invited to this meeting. Staff who had attended the quality assurance group fed back that they had a greater understanding of how the governance system worked. Topics discussed at this meeting included:

- audits
- complaints
- patient care provision
- policy updates
- staff training, and
- surveys.

The audit programme included a corporate programme of annual audits analysed at head office, then benchmarked across Marie Curie services. The annual audits gave the service timescales for submitting action plans to address gaps identified. Internal audits, such as environment and nursing documentation, are scheduled. We spoke with staff who told us they were involved in audits and developing action plans.

The provider also carried out a review of compliance, called a ‘deep-dive’. This is carried out each year and inspects the service against the same quality themes used by Healthcare Improvement Scotland. The deep-dive team included service user representation. A deep-dive was carried out at Marie Curie Hospice - Edinburgh on 25 and 26 March 2015. A thorough report with some recommendations for improvement had been developed. The senior management team developed an action plan in response to the findings. We saw this was progressing and many recommendations had been implemented. For example, noticeboards were now being used to display survey results.

The provider had a clear strategy and we saw staff and stakeholders were consulted about plans for local service developments.

Developments and updates were given to staff through a weekly email and the staff newsletter. Staff told us they felt included and consulted about proposed changes in the service.

Documentation showed that complaints were addressed within policy timescales and learning from these was discussed through the governance meetings.

Area for improvement
The service could consider how to gather feedback about the quality of care from all stakeholders, such as commissioners.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 1.5

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

**Recommendations**

We recommend that the service should:

- **a** ensure there is full multidisciplinary assessment of patients’ social, psychological, spiritual and intellectual needs (page 17).

  National Care Standards – Hospice Care (Standard 2.3 – Assessing your needs)

- **b** ensure that patient care records show proposed care, length of stay and care plans have been fully discussed and agreed with the patient or their family, or if they have not been discussed the reasons for this (page 17).

  National Care Standards – Hospice Care (Standard 2.2 – Assessing your needs)

### Quality Statement 2.4

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

**Recommendations**

We recommend that the service should:

- **c** continue to develop and subsequently implement, the programme of audit against the standard infection control precautions (page 20).

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

- **d** continue to review and update, as necessary, all the infection control policies (page 20).
Quality Statement 3.3

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

**Recommendation**

**We recommend that the service should:**

- ensure all staff receive a personal progress review (page 23).

National Care Standards – Hospice Care (Standard 6.3 – Staff)
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>22/05/2013</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
</tr>
<tr>
<td>11-12/11/2013</td>
<td>Not assessed</td>
<td>Not assessed</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>4 - Good</td>
</tr>
<tr>
<td>15-16/07/2014</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>5 - Very good</td>
<td>4 - Good</td>
<td>4 - Good</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:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at: [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx)
Appendix 5 – Inspection process

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](http://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 Hospice - Edinburgh, Marie Curie Cancer Care was conducted on Tuesday 14 and Wednesday 15 July 2015.

The inspection team was made up of the following members:

Kevin Freeman-Ferguson
Senior Inspector

Karen Malloch
Inspector

Julie Miller
Inspector

Fraser Tweedie
Public Partner
## Appendix 7 – Terms we use in this report

### Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<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.