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 Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
## Contents

1. Progress since our last inspection 4
2. A summary of our inspection 5
3. What we found during our inspection 8

Appendix 1 – Requirements and recommendations 15
Appendix 2 – About our inspections 17
1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 14 September 2017

Recommendation

*We recommend that the service should administer all medication to the patient at the prescribed time when possible.*

Action taken

From medication charts, we saw that medications were given on time.
2  A summary of our inspection

We carried out an unannounced inspection to Marie Curie hospice on Tuesday 6 April 2021. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of four inspectors.

As part of this inspection, we did not request a self-evaluation from the service.

What we found and inspection grades awarded

For Marie Curie Hospice Edinburgh the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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prevention and control procedures in place that state clearly what staff are expected to do.

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.2 - Assessment and management of people experiencing care</strong></td>
</tr>
</tbody>
</table>

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.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Marie Curie Hospice to take after our inspection**

This inspection resulted in one requirement and four recommendations. The requirement is linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Marie Curie, the provider, must address the requirement and make the necessary improvements as a matter of priority.
We would like to thank all staff at Marie Curie Hospice, Edinburgh for their assistance during the inspection.
3 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment was clean and in a good state of repair. Bed occupancy had been reduced to 14 to allow all accommodation to be single rooms. Personal protective equipment (PPE) was readily available and accessible to staff. The service should make sure staff comply with the Health protection Scotland’s national Infection prevention and control manual for the use of sessional PPE.

Visiting arrangements had been reviewed in line with national guidance and each patient was allowed four named visitors, up to two visitors from the same household could visit in a 24 hour period. Visitors completed a track-and-trace form and a personal protective equipment (PPE) station was in place at the hospice’s entrance.

Clinical staff changed into uniform on their arrival to the building and out of uniform before leaving. Changing facilities for staff were available on-site with shower and toilet facilities. Staff told us they carried uniforms home appropriately in a disposable or washable bag before laundering their uniforms at home at 60 degrees.

The hospice was cleaned to a good standard and we saw completed cleaning schedules in all patient rooms. We found the majority of patient care equipment, including toilet risers, bath chairs and hoists were cleaned to a good standard. The mattress we looked at was in good condition.

The laundry was found to be clean and tidy with an efficient process in place to manage laundering patients’ clothes and linen.
We were told all domestic staff completed infection control training online. We observed domestic staff wearing FFP3 masks due to the increase use of chlorine and risks associated with the fumes. Staff had been fitted and risk-assessed for these masks.

Sufficient hand wash basins were available throughout the hospice and were stocked with soap, paper towers and alcohol-based hand gel.

Staff were observed carrying out appropriate infection prevention and control practices and had completed online training. We saw a good supply of PPE and stations in place through the service. Staff were observed wearing surgical masks and face visors at all times and wore gloves and aprons when appropriate.

**What needs to improve**

We were told sessional visors were cleaned with wipes and paper towels were used to dry the visor between sessions. Staff stored their visor in a plastic cover with their name on it when not in use. We advised staff that guidance suggests visors should be sessional use and if removed during the session they should be cleaned with 1000ppm chlorine solution between each use (recommendation a).

**Recommendation a**

- The service should ensure that staff follow best practice guidance for the use and cleaning of sessional visors.

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

All patients were screened for COVID-19 before admission. COVID-19 tests carried out on admission and daily COVID-19 risk assessments were documented in patient care records. However, patient care records did not consistently record pre-admission patient screening information, their consent to share their information or discussions about their power of attorney.

On admission to the hospice, all patients were screened and tested for COVID-19 symptoms. They were re-tested on day 3 following admission, on day 7 and weekly after that. Further testing would be carried out if the patient developed COVID-19 related symptoms.

Patients were cared for in en-suite single rooms and placed on a red (high-risk) pathway, which required the use of enhanced personal protective equipment until the test result came back as negative.
We saw a consistent record of COVID-19 test results and completed daily COVID-19 risk assessments.

We reviewed four electronic patient care records and found essential nursing and medical assessments thoroughly completed from the time of the patient’s admission to the hospice. These included assessments for nutrition, pressure ulcers and risk of falls. We also saw anticipatory care documentation where appropriate, including the patient’s preferred place of care and preferred place of death.

Staff regularly discussed patients’ cases during a weekly multidisciplinary meeting and we saw clear evidence that patients’ wishes were regularly reviewed at this time. The integrated palliative care outcomes scale is a tool which allows the patient to express their concerns and wishes regularly in a documented format. We saw this was carried out regularly.

A visiting information leaflet was available for all families about COVID-19 restrictions. We saw documented evidence that all families received this leaflet on the day of admission.

The hospice had developed an electronic format to record COVID-19 activity for all patients, especially the process for testing, test results and when the next test was due. We were told this was reviewed daily during the handover of information between staff.

**What needs to improve**

Staff told us that a COVID-19 screening checklist was completed by senior staff prior to admission. The checklist included a discussion with the person who had made the patient referral. However, only two of the four patient care records we reviewed had this documented. This information should be documented consistently in patient care records (recommendation b).

While the service had a good patient assessment process in place, only two of the four patient care records reviewed had documented evidence of the patient’s consent to share information (recommendation c).

We saw good evidence that the wishes of the patients were considered regularly during their admission. However, we saw no documented evidence that the patient’s power of attorney had been addressed or was in place (recommendation d).

- No requirements.
Recommendation b

- The service should ensure that patient care records contain details of pre-admission COVID-19 patient screening details consistently in each patient care record.

Recommendation c

- The service should ensure consent to share information is consistently recorded in patient care records.

Recommendation d

- The service should ensure that, where applicable there is evidence that the patient’s power of attorney is documented and a copy of the document is stored in the patient care record.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Clear and decisive leadership and assurance structures were in place, as well as a supportive approach for patients, their families and staff. A coronavirus pandemic management group co-ordinates the provider’s national response to the pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were taken to minimise the risk of transmission. However the provider must have clear infection prevention and control procedures in place that state clearly what staff are expected to do.

The hospice had set up a coronavirus pandemic management group in March 2020, at the start of the pandemic as part of its business continuity arrangements. This was made up of senior managers from both of the provider’s hospices in Scotland, and included input from the provider’s central senior managers. From March 2020, the group met daily and this had been reduced to weekly at the time of our inspection. Minutes we saw from these meetings showed that the service responded to updated guidance from government, Public Health England and Health Protection Scotland. Risk assessments had been carried out and appropriate control measures identified to minimise the risk of COVID-19 transmission in the hospice.

The hospice infection control team had close links with the provider’s head office infection control team. It had also created a working relationship with NHS Lothian’s health protection team, which gave senior managers direct access to public health expertise and advice during the pandemic.

A regular programme of audits were carried out, including checking equipment, compliance with policies and procedures, and observing staff behaviour. These audits were recorded and reported to the clinical governance group. Any issues or staff non-compliance were discussed at the group and dealt with immediately.
We spoke with staff from the medical, nursing and housekeeping teams, who told us senior managers were responsive. Staff told us they felt well supported.

It was clear the hospice management and staff had responded quickly to the current COVID-19 pandemic. Effective measures had been implemented to keep patients, their families and staff as safe as possible. This was informed by up-to-date guidelines and comprehensive risk assessments throughout the patient journey.

A provider-level infection prevention and control manual was in place describing the principles that all Marie Curie hospices should follow to prevent and control infection. The hospice had developed standard operating procedures (SOPs) that sat beneath this policy, describing how staff should implement these principles, such as:

- SOP: Infection Prevention and Control
- SOP: Standard Infection Control Precautions (SICPs), and
- SOP: Coronavirus Additional Precautions.

A ‘Pandemic Procedure’ had been developed to help the hospice manage the remainder of the current COVID-19 pandemic and also prepare it for any future pandemic situations.

**What needs to improve**

While there is a recognition that the hospice provided proactive management of the service during a pandemic, the hospice’s standard operating procedures for infection prevention and control did not describe the standard infection prevention and control precautions staff were expected to follow and how they should be implemented. Instead, staff were instructed to follow NHS Lothian’s *Infection Prevention and Control Policy* and Health Protection Scotland’s *National Infection Prevention and Control Manual*. Some staff we spoke with were unable to tell us how to access the infection control policy or standard operating procedures and did not have a clear understanding of standard infection control precautions. For example, some staff were:

- unclear what parts per million available chlorine (ppm av cl) solution they should use for general cleaning, to clean blood and bodily fluid spillages or how they would make the different dilution rates, and
- not disposing of their face mask before leaving a patient’s room.

Clear infection prevention and control procedures must be in place so that staff understand what is expected of them (requirement 1).
Requirement 1 – Timescale: immediate

■ The provider must have appropriate procedures for infection prevention and control in place that state clearly what staff are expected to do.

■ 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 National Health Services (Scotland) Act 1978, 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.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a</strong></td>
<td>The service should ensure that staff follow best practice guidance for the use and cleaning of sessional visors (see page 9).</td>
</tr>
</tbody>
</table>
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
| **b** | The service should ensure that patient care records contain details of pre-admission COVID-19 patient screening details consistently in the same place (see page 11). | 
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
| **c** | The service should ensure consent to share information is consistently recorded in patient care records (see page 11). | 
Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

*The service should ensure that, where applicable there is evidence that the patient’s power of attorney is documented and a copy of the document is stored in the patient care record (see page 11).*

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.12

<table>
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<tr>
<th><strong>Domain 9 – Quality improvement-focused leadership</strong></th>
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<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>1 The provider must have appropriate procedures for infection prevention and control in place that state clearly what staff are expected to do (see page 14).</td>
</tr>
</tbody>
</table>

Timescale – immediate

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

<table>
<thead>
<tr>
<th><strong>Recommendations</strong></th>
</tr>
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<tbody>
<tr>
<td>None</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

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**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

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**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

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**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare 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.

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More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot