Unannounced Focused Inspection Report: Independent Healthcare

Service: Marie Curie Hospice, Glasgow
Service Provider: Marie Curie

21 April 2021
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Healthcare Improvement Scotland: Unannounced Focused Inspection Report
Marie Curie Hospice - Glasgow, Marie Curie: 21 April 2021 2
# Contents

1. Progress since our last inspection  
   
2. A summary of our inspection  
   
3. What we found during our inspection  
   
Appendix 1 – Requirements and recommendations  

Appendix 2 – About our inspections  

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 26-27 July 2017

Requirement
*The provider must ensure that they review the risk management plan for the rooftop garden.*

**Action taken**
A risk management plan had been developed after our last inspection. This plan had been reviewed and all actions had been completed. **This requirement is met.**

Requirement
*The provider must ensure that all staff have an up-to-date performance review and development plan in place.*

**Action taken**
A staff performance review plan was in place for all staff. We saw evidence of ‘My Plan & Review’ personal development review and were told each member of staff had this document in place highlighting their development plans. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 26-27 July 2017

**Recommendation**
*The service should make sure that all policies are version controlled.*

**Action taken**
All policies we reviewed had a clear version control process and consistent naming convention.

**Recommendation**
*The service should develop its participation strategy and ensure that information gathered is more visible within the hospice.*

**Action taken**
The participation strategy had been updated to include the various ways that information is displayed in the hospice.
Recommendation
The service should make sure that information gathered from feedback is more visible in the hospice.

Action taken
We saw an ‘improvement tree’ had been placed in an accessible area of the hospice. This allowed patients and their relatives to provide feedback and place it on the tree or in a box. However, due to COVID-19, this was not currently in use.

Recommendation
The service should ensure sharps bins are not filled past the warning line. Larger items should be disposed of in appropriate sized bins to avoid overfilling of smaller bins.

Action taken
Sharps waste was being managed appropriately, in line with the guidance in Health Protection Scotland’s National Infection Prevention and Control Manual.

Recommendation
The service should ensure staff are consistently following hospice procedures to record patient consent in relation to medication.

Action taken
We saw comprehensive documentation covering all aspects of consent in every electronic patient care record we reviewed.

Recommendation
The service should ensure that all hand washing sinks are Scottish Health Technical Memorandum (SHTM) 64 compliant.

Action taken
Although we saw the majority of clinical hand wash basins had been upgraded, we saw they had not been updated in the sluice areas. Clinical hand wash basins should be installed or upgraded in line with current guidance as part of a planned refurbishment of the hospice. We will follow this up at future inspections.
**Recommendation**

_The service should make the induction process clearer. Each staff member should have a timescale for completion and a list of competencies specific to their role to be completed._

**Action taken**

The hospice has a clear induction programme in place for each individual new recruit. This included hospice information and guidance towards appropriate education, policies and training to be completed with dates for completion attached.

**Recommendation**

_The service should ensure it implements a clearer framework for developing and evaluating strategic plans._

**Action taken**

A ‘Marie Curie Strategy’ set out the provider’s purpose, values, strategic drivers and goals. This formed part of the hospice’s quality improvement plan which detailed its framework for evaluating and developing the service.
2 A summary of our inspection

We carried out an unannounced inspection to Marie Curie Hospice - Glasgow on Wednesday 21 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 - Glasgow, 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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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
</tr>
<tr>
<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
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</tbody>
</table>
were in place at the hospice, as well as a supportive approach for patients, their families and staff.

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

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
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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 to take after our inspection**

This inspection resulted in three recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at Marie Curie Hospice - Glasgow 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

Appropriate procedures helped manage patients and visitors safely in the service. The environment was clean and in a good state of repair. Staff should ensure compliance with the correct products for routine cleaning of near patient equipment, the use of personal protective equipment and hand hygiene.

Visiting had been restricted to essential visitors only, in line with current national guidance. Visitors were screened for COVID-19 before entering the reception area. Signage promoted social distancing, the use of face masks and hand hygiene. Alcohol-based hand rub and face masks were available for visitors entering the hospice.

The service had reviewed and changed how it used some areas in the hospice to follow social distancing, including the cafe being used as an area for staff breaks. We also saw signage in all areas stated the number of people that could be in that area at one time. Where possible, we saw staff were observing social distancing.

Staff changed into a uniform when entering the building and changed back into their own clothes before leaving. Dedicated staff changing rooms were available, with lockers, showers and toilets with appropriate hand hygiene facilities.

Aerosol-generating procedures present an increased risk of cross-infection to the environment, because of the fine spray of air or water generated. Staff told us that aerosol-generating procedures did not routinely take place in the
service. All clinical staff had been fitted for higher specification face masks and these were available if required to care for patients safely.

At the time of our inspection, all patients were being cared for in single rooms. Some bedrooms, which had previously been shared bedrooms, allowed relatives to stay with the patient. Relatives that wished to stay with patients were screened using the COVID-19 questionnaire and had to observe a self-isolation period from the point of admission. For patients in the last days of life, families were supported to remain with their relative.

Patients were being cared for using either a red or amber pathway. If a patient had a suspected or confirmed COVID-19 infection, the red pathway was followed. If a COVID-19 infection was not suspected or confirmed, the amber pathway was used. If enhanced infection prevention and control precautions were in place, a visible colour indicator was placed on the patient’s door. For patients nursed on the red pathway, we saw appropriate signage displayed on their door to remind staff and visitors that infection prevention and control precautions were required.

Clinical hand wash basins with liquid soap, hand towels and waste bins were available. Alcohol-based hand rub dispensers were also located throughout the hospice.

Appropriate personal protective equipment was available, including:

- aprons
- face shields
- fluid-resistant face masks, and
- gloves.

Gloves and aprons were stored in dedicated dispensers located near the point of care. Used personal protective equipment was disposed of in the clinical waste bins.

Equipment was clean and in a good state of repair. The environment was clean, tidy and generally in a good state of repair allowing for effective cleaning and decontamination. We saw that windows could be opened for ventilation in the patient bedrooms. Domestic staff we spoke with were able to tell us the cleaning products they used, where they would be used and the colour-coding for the equipment required in line with current guidance.
We saw the clean linen was stored in a dedicated area. Used and contaminated linen was managed appropriately and laundered on and off-site. Staff uniforms, blankets and patients’ own clothing were laundered on site at an appropriate temperature, in line with current guidance.

A rolling programme of infection prevention and control audits was in place, including for hand hygiene and the use of personal protective equipment. We saw evidence that audits completed over the last year showed good compliance rates.

What needs to improve
During our inspection, we saw examples where staff did not follow Health Protection Scotland’s *National Infection Prevention and Control Manual* to help prevent cross-infection, such as:

- Staff continued to wear PPE gloves, aprons or face visors after finishing a task, such as handling dirty linen.
- Staff did not take the opportunity to decontaminate their hands at appropriate times.
- Clinical staff told us that they decontaminated near patient equipment, such as patients’ dining tables, bedside tables and mattresses using detergent wipes.

We were also told that detergent wipes were used to clean ‘frequent touch’ points, such as railings and door handles. This is not in line with current guidance (recommendation a).

- No requirements.

Recommendation a

- The service should ensure compliance with the guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual* for hand hygiene and the use of personal protective equipment, and Health Protection Scotland’s *Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum* for the decontamination of the environment and near patient equipment.
Quality indicator 5.2 - Assessment and management of people experiencing care

Daily COVID-19 risk assessments were part of patients’ daily assessment and were recorded appropriately in the patient care records. Most patient care records did not document evidence of discussions with patients and families before admission about the restrictions in place due to the pandemic. The pre-admission COVID-19 screening process was also not documented in the patient care records before admission to the hospice.

On admission to the hospice, all patients were screened and tested for COVID-19 symptoms. They would be re-tested on day 3 following admission, then 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 for the first 14 days following admission. Regardless of the results, patients were encouraged to remain in their rooms with access to the outside if required.

On admission to the hospice, all patients followed a COVID-19 pathway. Patients:

- followed a COVID-19 testing plan.
- had daily COVID-19 risk assessments and temperature checks carried out.
- had their consent to treatment and share their information obtained and documented.

In the five electronic patient care records we reviewed, we found essential nursing and medical assessments thoroughly completed from the time of the patient’s admission to the hospice. These included assessments for:

- nutrition
- pain assessment
- pressure ulcers, and
- risk of falls.

Where relevant, we also saw anticipatory care documentation, including the patient’s preferred place of care and preferred place of death. We saw evidence
in four of the five patient care records that power of attorney was discussed with the patient and family.

Each patient had an integrated palliative care outcomes scale (IPOS) carried out regularly. This tool allows the patient to express their concerns and wishes regularly in a documented format.

Each patient was discussed at a weekly multidisciplinary meeting, where their wishes would be considered and the plan of care would be reviewed and agreed.

**What needs to improve**

We saw comprehensive discussions taking place with patients before their admission to the hospice. However, of the five patient care records reviewed, only one documented a conversation before admission about the restrictions in place from the pandemic. This information should include the need to isolate in a single room, the testing and screening that would take place and visiting restrictions. These discussions should be recorded consistently in the patient care records (recommendation b).

Staff told us about the COVID-19 screening process before a patient was admitted to the hospice. We were told that this was often a verbal discussion over the telephone with community or hospital healthcare teams before the patient’s admission. This was not documented in the patient care records (recommendation c).

- No requirements.

**Recommendation b**

- The service should ensure that, before admission to the hospice, patients and families are made aware of the COVID-19 restrictions in the service and this conversation is documented in each patient care record.

**Recommendation c**

- The service should ensure that the pre-admission COVID-19 screening process is documented in each patient care record prior to admission to the hospice.
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

A caring services pandemic group had been established at the start of the pandemic to co-ordinate the provider’s national response, with a business continuity plan group managing daily activities under its guidance. The risks from COVID-19 had been thoroughly considered and actions taken to minimise the risk of transmission. Clear and decisive leadership and assurance structures were in place at the hospice, as well as a supportive approach for patients, their families and staff.

A caring services national pandemic group was set up at the start of the pandemic and continued to co-ordinate the provider’s national response. This national group provided leadership and guidance to Marie Curie operational managers and clinicians throughout the UK. A weekly hospice group was also established to co-ordinate the implementation of the national group’s guidance in the hospice.

From March 2020, the business continuity plan group had met daily. This had been reduced to a weekly meeting at the time of our inspection. Minutes we saw from these meetings showed that the provider and service had responded comprehensively to changing guidance from government, Public Health England and Health Protection Scotland.

We saw evidence of continuous evidence-based leadership in infection prevention and control that helped keep staff, patients and families safe. For example, risk assessments had been carried out and appropriate control measures identified to minimise the risk of COVID-19 transmission in the hospice. New policies and procedures had also been developed for staff to follow. Information about new guidance and changes to working practice were regularly emailed to staff. Staff training had been provided on new procedures,
such as how to correctly wear and dispose of personal protective equipment. Staff attendance at infection control training was 100%.

The hospice infection control team had close links with the provider’s head office infection control team. A working relationship with NHS Greater Glasgow & Clyde’s public health team also gave senior managers direct access to public health expertise and advice during the pandemic. Senior managers told us about a new Marie Curie Scottish infection prevention and control group that had recently been established and was due to meet for the first time in May 2021. This new group will report into the provider’s Scottish oversight and performance group, as part of its quality assurance framework.

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 regular programme of audits was carried out, including checking staff compliance with standard infection control precautions, and observing staff practice. These audits were recorded and any staff non-compliance was discussed immediately with individual staff members, with overall results and action plans being displayed on the staff infection prevention and control noticeboard. Results were also reported to the business continuity plan group where action plans were analysed and trends monitored.

We spoke with staff from the medical, nursing and housekeeping teams, who told us senior managers were responsive. The majority of staff told us they felt well supported.

It was clear that the provider and senior managers at the hospice had responded quickly to the 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 that were continuously reviewed as and when needed.

- 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 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.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should ensure compliance with the guidance in Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> for hand hygiene and the use of personal protective equipment, and Health Protection Scotland’s <em>Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum</em> for the decontamination of the environment and near patient equipment (see page 11).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td>b The service should ensure that, before admission to the hospice, patients and families are made aware of the COVID-19 restrictions in the service and this conversation is documented in each patient care record (see page 13).</td>
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</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

**c** The service should ensure that the pre admission COVID-19 screening process is documented in each patient care record prior to admission to the hospice (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
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.

**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.

**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.

**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.

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:

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Email: his.ihcregulation@nhs.scot