Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Marie Curie Hospice (Adults)

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote Quality Check of Marie Curie Hospice (Adults) as part of its programme of assurance work.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control (IPC), governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found here.

We spoke to the hospice deputy head of service delivery for Wales, lead nurse and inpatient nurse manager on 19 January 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- Is the environment is safe for staff, patients and visitors?
- Is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- Do the staff management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care?

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments and incident reviews. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We were told the service reacted promptly to the COVID-19 pandemic. We reviewed documentation and had discussions with staff which reflected that the hospice environment has been made as safe as possible for staff, patients and visitors.

We were told of a number of changes which had been made to the environment to help protect staff, patients and visitors from the risk of transmission of COVID-19. There is restricted access to the hospice and only essential key staff are working within the environment, with all non-essential staff working from home. We reviewed a hospice COVID-19 secure workplace risk assessment document which identified the processes and measures in place within each area of the hospice. Such measures included two metre social distancing with social distancing signs displayed in key areas, availability of hand sanitising gel and cleaning wipes, posters displayed on doors depicting the maximum capacity for individual rooms, appropriate use of PPE and enhanced cleaning regimes within the hospice.

Further documents included policies and risk assessments for visitors, visiting professionals and essential contractors entering the hospice. We discussed the challenges faced during COVID-19 when national restrictions were placed on visitors in healthcare settings. We were told that visiting to the hospice by patients' relatives or significant others was reviewed at regular intervals and in line with transitioning from one phase to the next of the pandemic. Visiting is currently only permitted for patients in the final days or hours of life or whose care is being guided by the Care Decisions Tool (CDT)[1]. We were told that patients can have up to two nominated visitors. If they are non-related members from separate households they must visit separately however if they are from the same household they may attend at the same time. All visitors are met in reception by a hospice clinical employee and a risk assessment completed on entering the building which includes temperature recording. Visitors are shown how to don and doff[2] personal protective equipment (PPE) correctly, advised to keep PPE on during their visit and escorted to the patient's room where they must remain until they are ready to leave. Similar processes are in place for when visitors leave the hospice.

We were told that patients' dignity is maintained at all times with single sex accommodation for patients and dementia friendly wards. It was explained to us that prior to the pandemic outbreak the hospice could accept 28 inpatients. This had now been significantly reduced to 14 inpatients as the multiple bedded bay areas have been reconfigured to accommodate only one patient in each area. This means that each patient has access to their own bathroom facilities. We were also told that since the outbreak of the COVID-19 pandemic there has been a decrease in community referrals to the hospice and more patients are being cared for at home due to the fear of the transmission of COVID-19 and the visiting restrictions within the hospice. It was explained to us that whilst the demand is less within the hospice, there has been a significant increase in care provided by the community palliative care team to patients in their own homes. The hospice has also seen an increase in the admission of patients with more complex end of life care needs as patients are remaining in their home

[1] The Care Decision guidance represents a patient-centred model of care focussing on communication, comfort and compassionate care for the patient and those important to them wherever possible.
[2] Donning and doffing is the process of putting on or removing personal protective equipment

environment for as long as possible.

We were informed that the hospice has two rooms which were available to provide overnight accommodation facilities to visitors. These rooms are not currently in use and visitors stay within the patient's room to minimise the risk of transmission of COVID-19.

We were told that virtual visiting was being encouraged and most patients had access to their own electronic devices. Additional devices have been purchased by the hospice and support staff are available to facilitate patients in making telephone and video calls to loved ones. We were also told that the hospice support team make regular contact with families to keep them updated of patient's condition and families are encouraged to call the hospice for information whenever needed. In addition, families are kept updated of patient's medical condition through virtual contact by telephone or video call from a member of the hospices' medical team.

It was explained to us that patients' needs are assessed upon their admission to the hospice. A patient and family support team are available to provide emotional support and patients are seen daily be a member of the medical team. Staff within the hospice have produced a video to introduce various members of the staffing team and a virtual tour of the hospice environment for family members to enable them to have an understanding of those providing care to their loved ones. Patients are able to access spiritual support virtually; however on occasions when a spiritual leader needs to attend in person, this is individually risk assessed.

We were told that additional rest areas had been identified within the hospice to allow staff to take breaks to remove their face masks and have refreshments. Staff are encouraged to take regular breaks.

No areas for improvement were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

A review of submitted audits, policies and procedures as well as discussions with staff demonstrated that the risk of infection is assessed and managed to keep staff, patients and visitors safe. We saw evidence of an annual Health and Safety Systems and Compliance Audit undertaken in July 2019. We were told that the service as the service had received a five star rating the audit will be repeated in July 2021. In addition, we were told that an Internal

Quality Audit will be undertaken in February 2021 in a revised format aligned to the restrictions in place due to COVID-19 will focus on virtual methods of assessment until face to face visits are possible. Documentation reflects the new approach aims to combine self-assessment, peer assessment and collaboration with an emphasis on cross organisational learning.

Regular hand hygiene audits and use of PPE audits are undertaken and recent data reflected high compliance rates. We were also told of an annual programme of IPC audits including aseptic procedures, indwelling catheters and housekeeping. We were informed that daily cleaning schedules are completed and there is a programme of monthly cleaning audits. We noted the cleaning audit from April to December 2020 also showed high compliance. In addition, we were told there is an annual audit cycle for waste management, legionella, food safety and decontamination of laundry.

We were told that IPC training was mandatory for all clinical facing and non-clinical staff and saw evidence of compliance rates of 97% for clinical staff and 100% for non-clinical staff. We were also told the hospice has support from an IPC link nurse who has provided additional ongoing support to staff and training to include donning and doffing PPE and FFP3[3] mask training. IPC audit results are displayed within the hospice for staff awareness.

We were told that the hospice has maintained good levels of appropriate PPE to use in line with government guidelines. The hospice has a stock maintenance control system in place to manage PPE supplies. PPE dispensers are available within the hospice to ensure quick and easy access to PPE for staff and visitors.

It was explained to us that there is a weekly COVID-19 testing for staff and any staff displaying symptoms are immediately required to go home and isolate. We were also told of a vaccination programme for front line staff. The majority of staff have been vaccinated with the remaining staff scheduled for their vaccinations.

We considered the arrangements currently in place at the hospice to manage potential COVID-19 patients. We were told that a risk assessment was conducted of every patient admitted to the hospice. Documents reflected that, in line with IPC guidance, the hospice has classified all their patients as high risk on admission and following a 14 day isolation period and if the patient remains asymptomatic then they are downgraded to medium risk, however, the use of personal protective equipment (PPE) remains the same. Any patient requiring Aerosol Generating Procedure (AGP)[4] is deemed as high risk and staff ensure the correct PPE is used to carry out the process. We were informed that the hospice has an AGP policy in place. Staff also explained to us the processes in place to care and treat the patients who test positive for COVID-19 to prevent onward transmission.

[3] An FFP3 respirator mask protects against particulates such as dust particles and different airborne viruses
[4] An aerosol generating procedure is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

No areas for improvement were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

We were told that at the time of the outbreak of the COVID-19 pandemic, the Marie Curie Business Continuity Plan (BCP)[5] was activated. A number of measures were introduced to ensure information was cascaded down to staff in a timely manner and they are kept up to date with the rapidly changing landscape. These included the introduction of daily and weekly COVID-19 meetings, daily departmental huddles, twice weekly central COVID-19 pandemic meetings and a staff question and answer process via a Marie Curie central designated email group. Information was also relayed by email from a senior manager within the hospice to all staff.

We were told Welsh NHS COVID-19 and IPC guidance as well as Marie Curie specific guidelines were adhered to. The nurse in charge within the hospice could access a central drive for up-to-date information and guidance on COVID-19 guidance and advice. In addition we were told that fortnightly lead nurse meetings and monthly hospice manager meetings are held. A weekly central bulletin is also produced for all Marie Curie staff.

We were told the hospice ensured safe staffing levels through the use of their establishment genie tool and staffing acuity tool. Staff confirmed that the hospice had low levels of staff absence and vacancies and this was evidenced by data provided. Discussions relating to staffing establishments, staff vacancies, turnover, sickness appraisals and risks and mitigations also took place at governance meetings. We were also told that the hospice had policies in place to support managers and staff including recruitment, mandatory training compliance and study leave.

It was explained to us there are a number of initiatives in place to support the wellbeing of staff. We were told that staff anxiety was heightened at the outset of the pandemic and a senior member of the team was working weekends to provide support where necessary. Support is available from the Marie Curie occupational health team and staff can also refer themselves to the employee assistance programme. In addition, support is available through wellness recovery action plans (WRAP)[6] plans and personal health plans. We were also told

[5] Business continuity plans lay out how an organisation responds to threats to its regular operations.
[6] The Wellness Recovery Action Plan is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be.

that the hospice had facilitated shwartz rounds[7] reflective support sessions for staff. Through discussion it was established that senior managers feel well supported and all staff within the hospice have pulled together to work closely as a team. We were told that the responsible individual for the hospice is in regular contact with hospice leaders.

We were told that clinical supervision has been made available to staff through formal supervision sessions.

We saw evidence of high compliance percentages for statutory and mandatory training for staff to include medicines management, diversity and equality and health and safety. We were told there was a learning and development site available for staff to access a range of training and an agreed annual training plan for staff. We asked to see data on the completion rates for staff for their annual Performance Appraisal and Development Reviews (PADRs) and saw that compliance rates were at 93.62%. All staff had undergone an appraisal to include their objectives, other than staff who are currently absent from work on essential leave.

We were told that processes are in place to ensure that adverse events and near misses that occur within the hospice are reported through their electronic database, sentinel. The hospice also has policies and standard operating procedures in place which include serious incidents, incident management and freedom to speak up. We were told that staff actively enter incidents onto the system when appropriate. Incidents are discussed on a weekly basis by managers to ensure that action plans are progressed and closed. We were told of processes to investigate serious incidents and complex complaints as well as processes for providing feedback and learning to individual staff. We were told that wider learning is shared with all staff.

It was explained to us that patient and family feedback is captured in a variety of ways. We saw evidence of feedback captured between October and December 2020. Data reflected that 97.56% of responses fell within the two highest categories of very good and good. We also read comments from patients and loved ones which reflected positivity of the care, compassion and support provided by the hospice staff.

No areas for improvement were identified.

[7] Group reflective practice forum which provides an opportunity for staff from all disciplines to reflect on the emotional aspects of their work.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.