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17 June 2014

Dear Ms Hamblett,

Re: Healthcare Inspectorate Wales announced visit to Marie Curie Centre, Penarth, on the 21 May 2014.

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Marie Curie, Centre, Penarth on 21 May 2014.

Background

An announced visit was undertaken of the facilities and environment at the Marie Curie Centre and to review staff files which are kept off the premises at a central location and had been unavailable on previous visits on 9th May 2014.

An announced inspection was made of the facilities and environment at the Marie Curie Centre on 9th May 2014. Personnel files were also reviewed as they are kept off the premises at a central location and had been unavailable on previous visits.

Overall view of Healthcare Setting

The building was situated on a sloping site, with extensive views over the Bristol Channel and the west coast of England.

Due to the site topography, the main accommodation was set over three main floor levels, entered from the front at the main ground floor level. Towards the rear, there was a basement and lower basement level.

The bedroom accommodation was located on the ground and first floor levels, with a day care centre located on the basement floor level, and entered from a separate lower entrance.

The main reception area, together with patient accommodation at ground and first floor levels, had undergone an extensive upgrading programme, which was completed some 18 months ago. This programme had rationalised the former bed provisions, and these were now provided within two three-bed areas, one four bed area and five single bedrooms. All but three of the single bedrooms were now provided with private en-suite facilities and in the case of these three bedrooms, an adjacent assisted bath, walk-in shower, toilet and wash basin was provided.

The former large dayroom had been changed into bed accommodation to facilitate these changes and a smaller, more private, day room had been provided in lieu.

The overall result of the upgrading works had provided a very modern, light and more dignified level of accommodation, which maximised the floor space and still provided pleasant outlook from the bedroom areas.

Premises, Environment and Facilities

Since the refurbishment contract, some problems had been experienced with water penetration around some of the window frames. It was advised that the main contractor was due to return shortly to rectify the problems.

Some staining had appeared in areas of the new en-suite slip-resistant floor coverings, and further investigation is needed into the cause and repair of the problem.

There was some deterioration of the existing double glazed window units that had occurred, which had caused condensation to form within the units. The extent of the deterioration needed to be evaluated, and a programme of replacements implemented.

The technical testing information of the various services was inspected in respect of the fire alarms, fire extinguishers, emergency lighting and electrical wiring installations, and generally found to be satisfactory. There was a need to ensure that a correct rotation of call points was used on the weekly fire alarm tests

A Fire Risk Assessment had been produced on 31st July 2013, and whilst the majority of action points had been implemented, there were still three outstanding.

It was noted that an annual on-load test of the stand-by generator was overdue and needed to be implemented without further delay. However, before this was done, there would be a need to address the UPS provision for IT services.

Fire training sessions for staff are held at regular intervals, and a further six sessions over a two day period are planned for early June. In parallel with this, the computer training records were being updated, so that senior management may be made aware of personnel that do not fulfil this statutory requirement.

Fire drills were carried out four times a year, and the outcomes duly recorded. There had also been a number of false alarms recorded since the refurbishment works with visitors accidentally hitting the fire point to exit the building, as opposed to the door release. This had been overcome by fitting protective covers over the fire alarm points.

All of the main heating boilers were being serviced and maintained, and arrangements made for some scheduled repairs to be carried out in June.

A Legionella Management plan was in place, which was supplemented by a log book for the various tests required. Generally these were in order, but attention was needed to comply with the safe showers temperatures, particularly where electric showers were installed. The latter appliances, which were not in patient areas, were disconnected on the day of inspection, until suitable adjustments or replacements could be made.

Clinical waste was disposed off via contract, and a current copy of the 'Certificate of Registration' should be requested from the contractor.

Management and Personnel

Ten personnel files were reviewed from different categories of staff. There was evidence of staff appraisal having been undertaken and there are plans for these to be updated over the coming 3 months. There was evidence of two references, registration details job descriptions, qualifications and other appropriate personal information.

Mandatory training requires updating for most staff as highlighted elsewhere in recent reports and there are plans to amend this over the next 3 months. 8 of 10 files were missing staff photographs and these are being updated at present. The systems for Disclosure and Barring Service (DBS) checking is undergoing review within the central system of Marie Curie and consequently there were many DBS checks that were out of date and there was no risk assessment for the management of this delay within the system. This was discussed at the time of the visit.

New Requirements from this Inspection

Action required	Timescale for completion	Regulation
Attend to defective window frames	8 weeks	Regulation 26(2)(b)
Evaluate the extent of deterioration of existing double glazed window units, and implement a programme of replacement	8 weeks	Regulation 26(2)(b)
Ensure a correct rotation of call points on the weekly fire alarm tests, to ensure that all zones are covered within a 13 week cycle	4 weeks	Regulation 26(4)(a)
Complete action points 7(8), 7(10b) and	4 weeks	Regulation 26(4)(f)

Action required	Timescale for completion	Regulation
7(13) of the Fire Risk Assessment.		
Carry out a full load test on the stand-by generator	4 weeks	Regulation 26(2)(a)
Carry out repairs to boiler flue assemblies	4 weeks	Regulation 26(2)(b)
Make adjustments and/or replacements to electric shower units.	4 weeks	Regulation 26(2)(b)
Obtain a copy of current 'certificate of registration' for clinical waste contract	4 weeks	Regulation 9(1)(n)
CRB/DBS out of date for many staff and no staff photographs in place	Immediate and on-going	Regulation 21 (1) (a) & 21(2)(a)

Yours sincerely



Yours sincerely

Phil Price
Inspection Manager

cc Mr Andrew Wilson-Mouasher - Divisional General Manager /Acting registered manager