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23 April 2014

Dear Ms Hamblett,

Re: Healthcare Inspectorate Wales unannounced visit to Marie Curie Hospice, Penarth on the 3 April 2014.

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Marie Curie Hospice, Penarth on 3 April 2014.

OVERALL VIEW OF THE HEALTHCARE SETTING

The Hospice provides 30 in-patient beds and day care facilities. The bedrooms were all tastefully decorated and en-suite and there had been a recent upgrade to the hospice's facilities. The bedrooms were a mixture of single rooms and 4 bedded bays and were equipped with T.V./Radio, telephone and nurse call points. There were also assisted bathrooms. Catering facilities were on site. The laundry was undertaken off site.

On entering the building the patient is greeted at the main reception desk. The Receptionist will then direct the service user to the various departments required. The Statement of Purpose was found to be out of date and in need of review and the Registration documents were not in evidence and could not be located.

Quality of Treatment and Care

It was clear that care was person centred, based on evidence and of a high standard. There were clear monitoring and auditing systems in place. Opportunities for feedback were given to patients and carers. Complaint information was also fed into the review

process which was ongoing and there was evidence of patient satisfaction surveys with action plans at the entrance to the hospice. Unfortunately there were a number of policies and procedures that required updating and these are outlined below. The establishment had a number of audit mechanisms that examined aspects of the care provision including the environment. Information from these audits was used to inform the ongoing hospice development plan and annual report.

The clinical governance framework also ensures that quality was maintained although the education and training aspects of this framework currently required attention. Clinical procedures were explained to patients so that they understand the implications of the treatment including the potential risks and side effects, and any options available to them and were fully involved in decision making about their care. Patients were allowed as much choice as can be afforded them and staff appeared to be mindful of patient's rights to privacy, dignity and independence as their condition allows.

A multidisciplinary approach to patient care was maintained. Patients documents viewed at inspection confirm that medical, nursing, physiotherapists, and occupational therapists were involved in an individual's care. There was a pleasant and relaxed atmosphere within the hospice and staff were observed to relate to relatives in a calm and sensitive manner. No interviews took place with staff or patients during this visit.

Assessment was undertaken using a clear assessment tool and directed by the medical staff. There were care plans in place based on clear ongoing review of the patient's condition seen through the documentation. A comprehensive range of leaflets was available to assist, guide and inform patients, relatives, carers and any other person and this information was clear and easily accessible.

There was some ongoing education and training for staff and clinical governance arrangements were in place. However, some aspects of mandatory training had not been delivered over the past 2 years and were not scheduled as part of the organisational mandatory training programme. A part time education coordinator had recently been appointed and there was a plan in place to address the education deficits.

There was a daily ward round and the patients care was discussed with the patients and relatives if the patients wish. There is a Do Not Resuscitate (DNR) system in place but no clear evidence of advanced care planning although care plans showed that discussions about care had taken place with the patient and families. There were numerous missing signatures for care accountability.

There was a need for a central database with staff signatures to indicate that they have all read and understand policies and procedures. There were policies and procedures found on the central database but these were not available within departments. There was no medical gases policy and this was required. There had been a number of drug errors over the past year and there was an educational programme now in place to address problems in this regard. The latest figures showed some reduction in incidents. Controlled Drugs records revealed 8 missing signatures. A selection of prescription charts were examined and found to be correctly completed.

There were appropriate policies and procedures in place to reduce infection. There was adequate equipment for staff. The hospice undertakes ongoing infection control audits.

Audits of Hand Hygiene and Sharps management had been undertaken last year and there was evidence of action plans and change resulting from these audit outcomes.

Management and Personnel

There was clear organisational and management structure for Marie Curie hospice with an operational manager managing the establishment on a day to day basis however the Registered Manager was currently unavailable and interim arrangements to cover her role had not yet been agreed.

The Human Resources policies were seen on the central database but were not within departments and personnel records were not reviewed on this occasion as these were kept off site.

The clinical governance committee monitored all aspects of practise to ensure that professional standards were maintained. It was stated that all medical, nursing and allied therapeutic staff were registered with the appropriate professional organisation confirming registration to practice. Registration requirements were held on a central database, with a flag up system for staff licensing renewal dates.

Criminal Record Bureau (CRB) checks were carried out on staff and there were systems in place to ensure that all staff were up to date with their professional qualifications. All newly employed staff and volunteers followed an induction programme that included health and safety issues. Qualified and experienced nurses lead nursing care both in the ward and day centre supported by health care support workers. Many nurses held specialist palliative care qualifications.

The ward duty roster confirmed that the number and skill mix of staff on each shift over a 24 hour period were appropriate to the number and needs of inpatients at the time of inspection.

A large number of volunteers were engaged and provided a valuable service in a variety of roles both within the Hospice and through fundraising. Volunteers do not provide personal care. In determining suitability for engagement at Marie Curie Hospice, volunteers submit to the same procedures as staff recruited for employment. Volunteers were provided with induction and ongoing training opportunities.

Protection of Vulnerable Adult's procedures were in place but there was no Deprivation of Liberty policy available. The hospice cared for adult's only but visiting children were welcomed into a safe environment of care.

Premises, environment and facilities

The environment was clean and all visitors entered via a reception foyer. Patients and visitors could access all areas of the hospice. Clinically the environment supported a good standard of care with up to date equipment available. However, storage areas were overfull and clinical supplies were being stored on the floor. Cleaning chemicals were not in locked cupboards.

It was stated that there was a rolling programme of maintenance and refurbishment within the hospice but other than fire procedures and equipment this was not witnessed at this visit. Accident records were maintained appropriately and all accidents requiring referral under the RIDDOR rules were reported to the Health and Safety Executive locally.

Records management

All records required by legislation were in place and all documentation was maintained securely in line with the principles of the Data Protection Act. All data protection and Caldicott guidance was followed and the management of information was observed to be satisfactory.

Patient's records were clear and up to date and all members of the multidisciplinary team used the same record system. Patients can access their records and they were aware of this.

The visit highlighted the issues below and these were provided in a verbal overview to the acting registered manager at the end of the visit.

New requirements from this inspection discussed at the time of inspection:

Action Required	Timescale for completion	Regulation Number
<p>1. Non compliance of hospitals policy and procedures with administration/recording of controlled drugs –</p> <ul style="list-style-type: none"> • There were eight missing signatures found in the Controlled Drugs Records Book. 	<p>Immediate and on going Completed 4.4.2014 Confirmed by RM (A)</p>	<p>Regulation 9(m) and 15 (5) (a) (b)</p>
<p>2 A number of policies were found to be out of date and required review. Out of date hospital policies included-</p> <ul style="list-style-type: none"> • Medical Gases policy was not found. • Laundry policy was not found. • Housekeeping policy was not found. 	<p>48 hours as from 17:00 Friday 4 April 2014 applies to items 2-3</p> <p>To be completed 1.7.2014 Confirmed by RM (A)</p>	<p>Regulation 9 (1)</p> <p>Regulation 9(1)(d) &15 (8)(c)(ii)</p> <p>Regulation 9(1)(c)(n)</p> <p>Regulation 9(1)(c)(n)</p>

<ul style="list-style-type: none"> • Deprivation of Liberty policy was not found. <p>3 Mandatory training of staff was found to be out of date and incomplete and there were no clear records of training delivered.</p> <p>4 Storage areas required review as overfull. Infection control and safety risk to users. Cleaning supplies not in locked cupboards.</p> <p>5 Statement of Purpose required review.</p> <p>6 Accountability record not signed at the end of all changes of staff members shift.</p> <p>7 Certificate of Registration not in evidence</p>	<p>To be completed 1.7.2014 Confirmed by RM (A)</p> <p>Immediate and on-going</p> <p>To be completed 1.7.2014 Confirmed by RM (A)</p> <p>48 hours as from 17:00 Friday 4 April 2014 Completed 8.4.2014 Confirmed by RM (A)</p> <p>Immediate and on-going Completed 4.4.2014 Confirmed by RM (A)</p> <p>Notification to HIW HIW notified 4.4.2014</p>	<p>Regulation 16 (3)(a) &19(2)(d)</p> <p>Regulation 20(2) (a)</p> <p>Regulation 9(1)(e)(k)&15(1)</p> <p>Regulation 8(a)</p> <p>Regulation 23(1)(a)</p> <p>Regulation 9(1)(e)</p>
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Healthcare Inspectorate Wales (HIW) would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr Andrew Wilson-Mouasher (acting) registered manager at Marie Curie Hospice, Penarth.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'Phil Price', is positioned above a horizontal line.

Yours sincerely

Phil Price

Inspection Manager

cc MrAndrew Wilson-Mouasher - Divisional General Manager /Acting registered manager