

Independent Healthcare Inspection Report (Unannounced)

Marie Curie Hospice

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Marie Curie Hospice, on 6 and 7 February 2024. The following hospital wards were reviewed during this inspection:

- Ward - 16 beds providing palliative and symptom control services

Our team, for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be very good.

Patients spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner.

The hospice environment was clean, tidy and well maintained. The reception area was light and welcoming. The wards and private rooms were spacious and most had good views of the gardens and sea.

The hospice had two relatives' rooms which had kitchen facilities. One room was equipped for relatives to stay overnight.

The hospice had a coffee shop on the lower floor which had access to well maintained gardens. A communal area was also situated on this floor where group activities were held. Staff told us that birthday parties and weddings were also performed there.

We saw patient feedback was obtained through a variety of ways. However, the feedback was not displayed within the hospital.

This is what we recommend the service can improve:

- Ensure patients are aware of the available facilities such as the spa rooms
- Patient information board to include information in the Welsh language
- Display a 'You said, we did' board to include patient feedback.

This is what the service did well:

- Clean and welcoming environment
- Staff engagement with each other, patients and relatives
- Provisions for relatives to stay overnight which included kitchen facilities
- Group activities and promotion of wellbeing.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care at Marie Curie Hospice to be safe and effective.

There was a multidisciplinary approach to the planning and provision of care.

The staff team were committed to providing patients with compassionate, safe, and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

This is what we recommend the service can improve

- Introduce a system to identify when equipment has been cleaned e.g. 'I am clean' stickers
- Ensure the door to the office where paper records are stored is locked at all times
- Ensure safe storage of stock in the store room.

This is what the service did well:

- Provision of person centred and holistic care
- Multi-disciplinary approach to the assessment, planning and provision of care
- Appropriate and contemporaneous record keeping
- Medication management in general.

Quality of Management and Leadership

Overall summary:

We found good management and leadership at the hospice, with staff, in general, commenting positively on the support that they received from the management team.

Staff told us that they were happy in their work and that an open and supportive culture existed.

We found training compliance rates to be over 90% for all topics.

There was an appropriate recruitment and induction process in place.

We saw that there was a wide range of comprehensive policies and procedures in place. All of which had been recently reviewed.

We were told that there compliance for staff appraisals appeared low a the organisation was undergoing implementation of a charity wide Career Development Tool.

This is what we recommend the service can improve

- Include the name and contact details of HIW in the Complaints Policy, Statement of Purpose and Patient Guide
- Ensure staff appraisals are completed using the new framework
- Display results of patient feedback in a prominent area.

This is what the service did well:

- Comprehensive policies and procedures
- Appropriate oversight from management
- Appropriate recruitment and induction process
- Training compliance rates for all topics were good.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 5 were completed. Patient comments included the following:

“Nothing at all to complain about. All very nice people, everything you want is provided”

“I would like to compliment all the staff who are truly amazing. The environment is spectacular. It was my dying wish to come here and spend my last days in here. Luckily I made a rapid recovery”

Health promotion, protection and improvement

Health related information and pamphlets were available in various parts of the hospice, many of which were bilingual. We saw information on notice boards displayed in the reception and within clinical areas.

We saw good interactions between staff and patients with staff attending to patients’ needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

Dignity and respect

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients’ privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family, and that staff called them by their preferred name.

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

Bedrooms were furnished and decorated to a good standard. Patients and relatives had access to communal lounge and a separate dining room. There was also access to a garden with outside seating for patients and visitors to enjoy the panoramic views of the surrounding countryside.

Patients were offered the opportunity to engage in group and/or individual activities and therapy.

Patient information and consent

The Statement of Purpose (SOP) and Patient Guide (PG), were available in Welsh and English, provided useful information about the different types of services provided, the hospice facilities and staff. However, the registered manager must provide details of HIW on both the statement of purpose and patient guide.

The registered manager must ensure HIW are cited in the SOP and PG in line with the regulations.

We saw staff seeking patients' consent before delivering care and before sharing information about their care with other professionals.

Communicating effectively

Throughout the inspection, we saw staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

We were told that some staff members spoke Welsh including one of the Consultants, which meant that Welsh speaking patients and relatives could converse with them in Welsh should they choose to do so.

The senior managers explained that they use the Wales Interpretation and Translation Service (WITS) for patients requiring language support for a variety of other languages in addition to Welsh.

The service also had a hearing loop available for patients with hearing loss.

Care planning and provision

The quality of the patients' records we looked at was good, with written evaluations completed by the care found to be comprehensive and reflective of any changes in the care provided.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we

saw evidence that relatives were consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

The hospice team, work in consultation with the health board palliative care team and other healthcare professionals. Consequently, staff could access specialist support and advice when necessary, for example from dieticians, tissue viability specialist nurses and speech and language therapists.

Equality, diversity and human rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms were closed when care was being delivered.

We found that Deprivation of Liberty Safeguards (DoLS) and Mental Capacity assessments were being conducted as and when needed.

Citizen engagement and feedback

We were told that the number of complaints received about the service was very low and dealt with at the source where possible. All complaints both verbal and written were logged to capture any themes and trends.

The hospice had a complaints policy which had been reviewed recently. However, the policy did not contain HIW's details.

The registered provider must include details of HIW in the complaints policy as stated in the Independent Healthcare Regulations.

The senior staff explained the ways in which the service seek feedback. We were told that a link to an online survey is sent to patients or relatives who have been cared for at the hospice.

We were told that the service invited feedback from patients and carers using standardised Marie Curie feedback forms that are made available to patients and relatives. Service users and carers could also provide feedback using an online format of the form that is accessed using a QR code. There were iPads available in the hospice which could also be used to access feedback forms. We were assured that feedback could be provided anonymously if required. Results were then logged in a central database and used for service improvement.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found that the delivery of care was safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines. All policies had been recently reviewed.

General audits and risk assessments were being undertaken to reduce the risk of harm to patients, staff, and visitors. We found that falls risk assessments and pressure area risk assessments were being undertaken routinely along with other clinical risk assessments. However, we found that there was no formalised tool for the recognition of sepsis. On discussion with staff we were told that a new sepsis tool had been introduced and staff were currently undergoing training for this. We were supplied with evidence to support this.

We found satisfactory security, on-call and emergency planning arrangements in place.

Infection prevention and control (IPC) and decontamination

There were generally good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. However, we recommend that a system be introduced to identify when equipment has been cleaned e.g 'I am clean' stickers.

There was an infection control policy in place supported by comprehensive cleaning schedules. We saw domestic staff present on the ward for the duration of our inspection.

We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection. We saw staff using PPE appropriately. We saw evidence of a variety of written IPC audits being undertaken.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospice. We saw staff performing appropriate hand hygiene before and after providing care. We were supplied with evidence of hand hygiene audits from past the three months which showed staff were 100% compliant.

Nutrition

We saw that meals were provided at regular intervals throughout the day.

Patients on the second floor told us that meals are often cold when they arrive as patients on the first floor were catered for first. This was fed back to the managers and subsequently the process was changed during our inspection where trays of meals were taken to patients residing on the second floor whilst first floor patients were being served from a trolley. This resolved the issue and patients told us they were happy that this process had changed.

Staff were seen helping patients with their food and drink as needed. The hospice had an open visiting policy so relatives can also be present to assist at meal times.

Medicines management

Medicines management arrangements were generally safe, effective, and well organised. We were told of a recent incident involving a medication error that had brought about a lessons learnt exercise and resulted in further training and tighter processes.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

Medication was appropriately stored. We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed.

Staff described the process in which controlled medication was obtained. There was an arrangement with Cardiff and Vale University Healthboard where controlled medication was ordered from head office pharmacy service. The service was awaiting arrangements to be made with the pharmacy at Llandough Hospital.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place. We saw evidence that safeguarding training for the protection of adults and children was 100% compliant.

We were told that there was one ongoing safeguarding issues at the hospice at the time of the inspection. This involved the Deprivation of Liberty Safeguards (DoLS) procedures. We saw that documentation has been completed appropriately and timely.

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment such as hoists, standing aids, blood pressure, oxygen saturation and blood sugar monitoring devices. We were told that

equipment is regularly checked, serviced and calibrated by Cardiff and Vale University Health Board. Staff told us they reported faulty equipment to managers who arranged collection from the medical equipment department.

The hospice had a defibrillator situated in a prominent position on the ward.

Safe and clinically effective care

There was evidence of very good multi-disciplinary working between the care staff at the hospice and other professionals therapy staff, GPs and specialist nurses. From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

The hospice team work in consultation with the health board palliative care team and other healthcare professionals. Consequently, staff could access specialist support and advice when necessary, for example from dieticians, tissue viability specialist nurses and speech and language therapists.

Participating in quality improvement activities

Medical staff told us they are currently taking part in a national trial. The aim is to determine if there are benefits to giving fluids during end of life care. They reported a good uptake into the trial.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. Records were being maintained electronically for day care patients and in paper format for the respite patients. We recommended that all patient records be maintained electronically.

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was based at the hospice making them available to patients, visitors and staff. This also enabled them to monitor and assess the quality of the service provided.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal, documented staff performance and appraisal reviews were taking place on a regular basis. The organisation was undergoing the implementation of a new Career Development Framework and Progression Tool and staff were transitioning over to the new process which we were told should be complete by June 2024.

Team meetings were being held on a regular basis and minutes maintained and shared with those staff members unable to attend.

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients and their relatives/carers.

Dealing with concerns and managing incidents

The hospice's Statement of Purpose and Patient Guide, available in Welsh and English, provides information about how to raise a concern or complaint. However, the registered provider must add HIW's details to both the Statement of Purpose and the Patient Guide in line with the regulations. This recommendation is mentioned earlier in the report.

Workforce planning, training and organisational development

Staff at the hospice were encouraged to access both in house and external training opportunities.

The staff training information provided showed mandatory training completion rates to be above 90% for all topics. Staff were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding as well as service specific training.

Workforce recruitment and employment practices

There was a formal staff recruitment process in place. This included an induction plan that was facilitated by the practice educator.

We looked at a sample of staff records and found that the hospice had followed the appropriate procedures and undertaken relevant recruitment checks prior to the commencement of employment.

We were told that there was currently one vacancy for an Allied Health Professional. The service had recently recruited nurses and these were due to commence employment in the weeks that followed the inspection.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans 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 inspection.

As a result of the findings from this inspection 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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
During our inspection of the medicine preparation room we found two items of expired medication.	This posed a risk of being administered to a patient and potentially resulting in harm.	The ward manager was informed immediately.	The items were removed and destroyed.
Medical records were stored in an office where the door was wedged open.	This posed a risk of unauthorised access to confidential medical records.	The door was closed and the ward manager was informed immediately to ensure the door remains closed at all times.	Door was closed and the managers disseminated instructions to all staff to ensure door remains closed.
We spoke to patients who feedback that the order in which meals are	This meant that some patients were not	We informed the managers of the	The kitchen staff changed the way meals were delivered and ensured trays were

delivered results in some patients receiving cold meals.	receiving appropriate nutrition.	feedback we had received and this was escalated to the kitchen staff.	delivered to the second floor patients at the same time as the first floor patients.

Appendix B - Immediate improvement plan

Service: Marie Curie Hospice, Penarth

Date of inspection: 6 and 7 February 2024

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Marie Curie Hospice, Bridgeman Road, Penarth, CF64 3YR.

Date of inspection: 6 and 7 February 2024.

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Add HIW details to the complaints policy, Statement of Purpose, and Patient Guide	The Independent Health Care (Wales) Regulations 2011 Regulation 6 Schedule 1 (10)	<p><u>Specific:</u> Amend the Complaints Policy, Statement of Purpose, and Patient Guide to include contact details of Healthcare Inspectorate Wales (HIW).</p> <p><u>Measurable:</u> Ensure that HIW contact details are clearly stated in the revised documents.</p> <p><u>Achievable:</u> Assign responsibility the Registered Manager to ensure these documents are updated appropriately.</p> <p><u>Relevant:</u> Addresses the regulatory requirement to include HIW details in patient documentation.</p>	Registered Manager.	30.04.2024.

		<u>Time-bound:</u> Complete the update before the end of April 2024.		
Develop a system to identify when equipment has been cleaned	Independent Health Care (Wales) Regulations 2011 Regulation 15. (8) (c)	<p><u>Specific:</u> Re-iterate the importance of compliance to the 'I am clean' sticker process to visibly identify when equipment has been cleaned. This action will be embedded into place-based governance meetings for wider communication and also communicated with staff via e-mail.</p> <p><u>Measurable:</u> All equipment used for patient care will be visibly marked after being cleaned.</p> <p><u>Achievable:</u> Task the Infection Prevention and Control Governance team, and link nurses, to monitor compliance to this system in practice.</p> <p><u>Relevant:</u> This system of working aims to improve infection prevention and control measures and reduce risk within the hospice.</p> <p><u>Time-bound:</u> Re-iterate the importance of compliance to this system of working with immediate effect. However, review to ensure that this action is fully embedded before the end of April 2024.</p>	Head of Quality and Clinical Practice (Wales). Clinical Lead - Hospice Services (Wales). Inpatient Nurse Manager.	30.04.2024.

<p>The registered manager must ensure staff receive appropriate appraisals.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 20 (2) (a)</p>	<p><i>Marie Curie clinical staff have previously received appraisals using the “My Plan and Review” tool. However, these members of staff are currently in the process of transitioning onto the newly implemented “Career Development and Progression Framework” tool.</i></p> <p><i>During this period of significant change, the charity has agreed a deadline for all appraisals to be completed in Wales before the end of June 2024, using the new tool.</i></p> <p><u>Specific:</u> Managers will continue to ensure that all staff members undergo timely and documented performance appraisals before the forthcoming deadline.</p> <p><u>Measurable:</u> Using the “Learn and Develop” online system, managers will track the completion of staff appraisals and maintain records of discussions and outcomes. This will be monitored by the place-based Clinical Governance Panel.</p> <p><u>Achievable:</u> Line managers remain responsible for ensuring that appraisals are completed within their teams. This process is overseen by the Senior</p>	<p>Registered Manager.</p>	<p>01.07.2024.</p>
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		<p>Leadership Team and monitored by the place-based Clinical Governance Panel.</p> <p><u>Relevant:</u> This process supports staff development and ensures compliance with the regulatory requirements.</p> <p><u>Time-bound:</u> Line manager will conduct appraisals for all staff within the next appraisal cycle, ensuring completion before the end of June 2024.</p>		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative -

Name (print): Samuel Clements.

Job role: Head of Quality and Clinical Practice (Wales).

Date: 28.03.2024.