

Independent Healthcare Inspection (Unannounced)

Marie Curie Hospice, Bridgeman
Road, Penarth, Vale of
Glamorgan, CF643YR

Inspection date: 23 January 2018

Publication date: 26 April 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	14
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect independent services	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Improvement plan	27

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Marie Curie Hospice on 23 January 2018.

Our team, for the inspection comprised of three team members. One HIW inspection manager and two clinical peer reviewers. The inspection was led by the HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We were satisfied that the service provided safe and effective care. High standards of care and treatment were identified with all staff focussed on delivering patient centred holistic care and support. Areas of innovation were identified in relation to areas of documentation. We evidenced that there had been a significant amount of work and development undertaken since our last inspection. On this occasion we found very few areas where the service was not fully compliant with standards/regulations.

This is what we found the service did well:

- Staff demonstrated a very caring and courteous approach to the delivery of holistic care and treatment
- The environment was of an excellent standard
- Patients and their relatives were very happy with the services provided at the hospice
- Meals provided at the hospice were appetising and wholesome
- Interactions between staff and patients were dignified and respectful
- There were clear lines of responsibility and accountability

This is what we recommend the service could improve:

- Bays with 4 beds need to be reconfigured for privacy and dignity
- Language choice to be included on admission form
- Audit of medical charts and paper assessments
- Safe use of portable radiators

We identified regulatory breaches during this inspection regarding – documentation, staffing and health and safety. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful

action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Marie Curie Hospice is registered to provide an independent hospice at Bridgeman Road, Penarth, Vale of Glamorgan, CF64 3YR.

The service was first registered on 17 December 2002 with the following Conditions of Registration:

Condition 1

The number of persons accommodated overnight at any one time shall not exceed thirty (30) and the number of day care places shall not exceed twelve (12).

Condition 2

The establishment is registered to provide Specialist Palliative Care.

The service employs a staff team which includes; a part time medical director, two consultants, two senior doctors (on rotation from NHS hospitals) four junior doctors (on rotation from NHS hospitals). Nurse manager, lead nurse, in patient nurse manager, four ward sisters and a team of 33 nurses and 19 health care support workers between two wards.

Additionally, there is a team of allied health practitioners which includes: the allied health practitioner lead, occupational therapists, physiotherapists, one technician, social workers, a spiritual co-ordinator and a pharmacist who is seconded from the Cardiff and Vale University Health Board.

The clinical staff are supported by catering, domestic and administrative staff teams.

The service provides specialist care for the people of Cardiff and the Vale, who have cancer or other life limiting illnesses. The hospice has a 30 bed in patient facility providing respite (occasionally), palliative care, symptom control, pain management and a day care service. The day care service provides activities, a range of support services and alternative / complimentary therapies. Additionally there are clinical nurse specialists who lead clinics for on going clinical reviews, visit patients in their own homes and support the in patient clinical staff..

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

All discussions held with patients and their family members were very enthusiastic and supportive of the services delivered at the Marie Curie Hospice. We saw patients and their relatives/carers being treated with dignity and respect. Opportunities were provided for feedback about patients / relative / carer experience, through the utilisation of face to face discussions and post visit questionnaires.

During the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 7 were completed. We also spoke to 2 patients and 2 relatives during the inspection. Patient comments included the following:

The nursing care being given by all staff is excellent

Very happy with care provided at the hospice. Needs are always attended to promptly

The food is excellent but they keep giving large portions and have asked and agreed to give smaller portions because I don't like wasting food

It's an excellent service with very caring staff.

Health promotion, protection and improvement

The focus of the hospice is to provide individualised patient centred care. This is undertaken through a range of methods including clinical and therapeutic support and guidance from the multi-disciplinary team.

Additionally, help, support and advice are provided to patients to manage their own health and improve symptom management. The hospice utilised a range of alternative therapy resources and relaxation methods to promote patients physical, mental, emotional and religious wellbeing.

We also saw information and advice literature available throughout the hospice on topics such as; healthy eating and calorie intake, hand washing, reducing falls, dementia, preventing pressure sores and smoking cessation.

The service also provides a 24 hour palliative care advice line where patients or their relatives / carers can call for advice and support. A trained nurse receives the call and will deal with the advice immediately. If further advice is required the nurse can contact the on call doctor.

Dignity and respect

During the entire visit all members of the inspection team viewed patients and their relatives being cared for in a dignified and courteous manner. Patients and relatives confirmed to members of the inspection team their positive experiences, praising the staff for the considerate and dignified care being provided to them. All patients had their continence needs assessed during their admission and provided with ongoing support during their stay at the hospice.

There were two wards, one on the ground floor and one on the first floor. The layout of both wards were identical with a mixture of single, triple and four bed rooms / bays. We discussed the four bed room with the lead nurse, mainly regarding the lack of privacy and dignity because patient were facing the centre of the room (in the shape of a cross) which also meant that they were facing each other. During the inspection one patient was evidently quite poorly and this was possibly distressing for the other patients. If the patient were relatively well and able to converse with each other this bay would be ideal. We discussed either, refurbishing the bay or ensuring that appropriate patients are accommodated in the bay.

There were bedroom and shower facilities for family and friends to stay, which was along the corridor. The service told us that feedback from relatives indicated that these rooms would be preferably closer to the ward. The service have responded to these comments by arranging to move office rooms to the overnight stay facilities and will refurbish the current office space for relatives / friends to stay. This is a good example of listening and learning from feedback.

The entire layout of the building had been thoroughly thought out and designed with patients as the focus. There was a prayer room on each floor, quiet rooms, meeting rooms and the ground floor also accommodated the day facilities which were modern and tastefully furnished. There were individual, well equipped consulting rooms which were used for alternative treatments and clinical assessments. There was also an area to sit quietly and enjoy the exceptional views over Cardiff bay. Externally the gardens had been tastefully designed and provided a lovely space for people to walk and relax.

All patients, without exception, who responded to the questionnaire confirmed that the care and treatment being provided was excellent.

Improvement needed

The service needs to consider the best use of the four bed bays to ensure privacy and dignity of the patients.

Patient information and consent

The hospice had developed a statement of purpose and users guide which provided detailed information in regards to the hospice, its ethos and services offered.

We were informed that relatives were involved in discussing aspects of patients' care requirements in all cases especially where patients were experiencing difficulties fully understanding information. This was confirmed in the patient's records that we looked at and through conversations with relatives on the day. We saw that there was limited written information available in Welsh on the wards but in the waiting room and corridors of the reception area all information was bilingual.

Communicating effectively

During our discussions with staff and observing staff communicating with patients and relatives, it was identified that all staff were aware of the need to maintain discretion at all times. Offices and designated rooms were available for staff to talk to patients and family should they need to have private discussions. Patients records were kept secured and locked away in a designated staff room when not in use.

We were informed that the service had access to the NHS language line should a patient be admitted who requires information in another language.

There was a portable loop system available for patients with hearing difficulties and when questioned staff told us that if a patient had significant communication difficulties a laminated communication board would be developed using the information gathered from the admission assessments and relatives.

All patients who completed the questionnaire and relatives we spoke with on the day told us that they were given enough information about the services provided prior to admission.

Care planning and provision

We looked at a random sample of six patient records and found that the information was clear and satisfactory.

All care plans and assessments viewed were bespoke to the needs and requirements of the individual patients. Assessments viewed were written with the patients at its core and included detailed information regarding the patients. The patients and relatives' involvement was clearly evident within the documentation. Information was very well organised and easy to locate. At present the service have both electronic and paper records however, they are in a transition period with documents being scanned and transferred onto the electronic system. We identified that some improvements were required in relation to ensuring that paper records are kept updated. Otherwise we were satisfied that the care planning was of an exemplary standard.

All patients who completed the questionnaire and relatives we spoke with on the day told us that they felt they were listened to and wishes where possible were respected.

Improvement needed

The service needs to ensure that paper records are maintained to the same standard as the electronic records. It would also be beneficial to expedite the change to fully electronic patient records.

Equality, diversity and human rights

We observed staff providing care and support in a way that promoted and protected patients' rights.

Staff were observed protecting the privacy and dignity of patients when delivering care or having discussions with patients and relatives. For example doors to rooms were closed when care was being delivered and staff always knocked on patients room doors prior to entering. Our only concern was the four bed bay which has been discussed earlier in the report.

Citizen engagement and feedback

The hospice obtained feedback from patients and relatives at all possible opportunities. Patients were able to provide feedback during their entire stay at the hospice. We also saw comment boxes and feedback forms on every ward

and on the reception desk. Feedback can also be provided online via their website. Patient stories and feedback was also available on the hospices [website](#). An example of listening to feedback was discussed earlier in the report with regard to moving the relatives overnight stay facilities.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, staff provide excellent safe and effective care to patients and supported their families in a holistic and inclusive manner.

There were numerous policies and procedures in operation to ensure that patients receive care and treatment bespoke to their requirements. We evidenced that patients' care needs, support and treatment had been assessed by staff and that staff reviewed these assessments regularly in order to promote patients wellbeing.

Managing risk and health and safety

All areas within the hospice had been risk assessed and evaluated. All doors to non-patient areas were kept locked and secure when not in use. All staff were issued with electronic key fobs to open designated doors such as the stairwell. Although all cleaning solutions and materials were kept secure and doors locked, on our arrival the cupboard doors were open and unattended. This was corrected immediately. Files contained up to date relevant information in relation to Control of Substances Hazardous to Health (COSHH) and were freely available.

The hospice had a good range of equipment available relating to emergency care. An automated defibrillator, airways, oxygen masks and oxygen was available. Although staff are trained to administer emergency treatment the hospice would also contact 999 services to transfer patients to appropriate general hospitals should they require specialist care.

During our visit, we saw that patients could either use the lift to access the reception area and the gardens or they could use the stairway. Appropriate safety measures were in place to avoid any accidents whilst using the stairs.

We noticed that there was currently work being undertaken to install air conditioning and 4 beds were closed to admissions due to the work. There was limited disruption to the day to day running of the ward. We also saw the use of uncovered portable heating radiators in some of the rooms and discussed the safety concerns on these appliances. We suggested that these be removed immediately or protective guards placed around them to prevent direct contact.

Improvement needed

The service must ensure the safety of patients by removing or placing protective guards around portable heating appliances.

Infection prevention and control (IPC) and decontamination

During our visit we found the hospice to be very clean, neat and tidy. The building had been refurbished to a high standard with work continuing in the lower ground area and air conditioning being installed throughout. No unsavoury odours were experienced. Patient bays and individual rooms were cleaned daily to a very high standard. Cleaning audits were viewed and these were completed comprehensively. Sufficient personal protective equipment such as gloves and gown were freely available. We observed excellent standards of staff washing their hands following patient contact. Staff were questioned regarding the importance of hand washing and they demonstrated a very clear understanding of its importance especially in relation to medically vulnerable patients. They were also aware of the Infection Control policy.

Staff were not encouraged to wear uniforms outside the building and there were changing rooms available for staff. We saw that staff adhered to this policy.

We viewed the sluice room and the laundry room and both were well presented and set out in order to promote good standards of infection prevention. Equipment was stored appropriately and decontaminated thoroughly. Commodes were provided to patients requiring one and we saw that they were cleaned and stored appropriately. This promotes good practice in relation to infection control and prevention.

Bed mattresses were decontaminated regularly and always undertaken when the patients leave following their stay. We did however note that the clinical couch in Victoria consultation room was not as clean as it should be.

Infection rate data was available and reviewed by a central national team on a monthly basis. We were satisfied with the results of the audits.

Sharps bins viewed within the hospice were not overfilled and were stored and maintained securely. Staff were questioned and understood the procedure required should they have a needle stick injury.

Equipment such as the syringe drivers¹, (which are on loan from the NHS) must be washed and visibly clean before returning to the hospital for specialist cleaning. Equipment to aid moving and handling such as glide sheets and slings were single use.

Staff of all grades had received training in relation to infection prevention and control. The hospice also had a range of infection control policies and procedures in operation.

We saw that infection prevention and control was excellent on the wards with staff aware of their role in preventing cross contamination and maintaining good standards of cleanliness.

Nutrition

During our visit the inspection team observed patients receiving a lunchtime meal. Everyone thought the food was appetising and nutritious. There was a four week rolling menu with a good choice and variety of meals. Although there were general menus the head chef also catered for individual needs of patients. When the main kitchen was closed, snacks were available in the ward kitchen.

All patients were assessed in relation to the assistance that they required with eating / drinking and we observed staff assisting patients in a calm, dignified and unobtrusive manner. During the assessment patients likes, dislikes, dexterity and ability were also documented and there was a range of cutlery and utensils available to assist independent eating.

A food trolley was brought from the kitchen to the ward and the food was served without delay and staff appeared well organised and effective in their management of the mealtime. However, food temperature was not being checked at point of service to the patient. This means that the last meal being served could be colder than recommended. The quantity of food portions was good. Patients were offered alternatives at mealtimes if the food was not to their preference.

¹ A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

The kitchen facilities were of a good standard and the required records such as cleaning schedules and temperature recordings were up to date.

Conversation with the chef on the day indicated that there was a lack of awareness regarding allergens although there was a very comprehensive file available which other members of the catering staff were aware of. We also saw cooked ham uncovered, being defrosted in the fridge above other stored food. This was remedied immediately. This was discussed with the lead nurse and we suggested the need for further training for some catering staff.

Improvement needed

The service needs to ensure that food temperatures are checked again at the point of service.

The service needs to ensure that all catering staff are adequately trained for the work that is expected of them.

Medicines management

The hospice was utilising the all Wales Drug Charts, which were generally completed thoroughly and consistently to ensure the safe and effective management of medication administration. No gaps in administration were identified in records. Records evidenced clearly what medication had been administered by staff, with clear dates for drug commencement and completion. All records were clear and legible. We did note however that on some charts allergy information had either not been recorded or the effect of the allergy noted.

Medication was prescribed by the medical staff and ordered daily from the local general hospital pharmacy. Any drugs required in an emergency or outside of the weekly ordering would be delivered from the hospital usually within an hour. Oxygen was administered via cylinders and we saw that these were stored securely and safely. There was an on site pharmacist working weekdays and this was extremely beneficial for easily accessible support and advice. This is an example of noteworthy practice.

On the day no patients were self administering medication. However, there was a locked cupboard next to patients beds for storage of medication although staff would still administer the medication. All patients were assessed in order to ascertain if they were capable of safely self administering their own medication.

All medication was stored in locked cupboards within a locked treatment room. Drug trolleys were locked and stored securely within a locked room when not in use. We saw that the hospice monitored and recorded the temperature of the room and locked fridges where medication was stored.

We looked at the control drugs register and entries had been recorded appropriately.

Patients at the hospice wear identity bands for safe practice. We saw that one patient did not have an identity bracelet and we spoke to the nurse who rectified this immediately.

During our visit we did not view any medication being left unattended and observation of medication administration rounds evidenced good safe practice.

Improvement needed

The service needs to ensure that allergies and their effects are clearly documented on the medication charts.

Safeguarding children and safeguarding vulnerable adults

We saw that staff had been trained in the safeguarding of vulnerable adults and there was a designated lead within the hospice. There had been no safeguarding referrals made since the last inspection.

Blood management

The hospice provided blood transfusions when necessary and followed the All Wales policy. Blood tests are initially undertaken to cross match the blood types. The blood is then ordered and collected from the local general hospital one unit at a time so there is no requirement for safe storage on the premises. This was always a planned procedure and therefore policies and procedures were in place to ensure safe transportation and administration of the transfusion.

Medical devices, equipment and diagnostic systems

The hospice had sufficient numbers of hoists, monitoring equipment, commodes and pressure relieving mattresses available to meet the needs of all patients. All equipment viewed were maintained to good standards and serviced regularly under contract. Portable appliance testing (PAT) was also rigorously monitored at regular intervals. All beds in operation at the hospice

are electronic which allow patients to alter its height and position according to their preference. All beds are supplied with high risk mattresses to assist with the prevention of pressure area damage arising.

There was a maintenance team on site however there was also a contract with the local general hospital and the bed manufacturers to ensure safe and regular maintenance procedures are in place.

There was a site folder for reporting any faults and the company had a contract with an outside agency who would attend for any repairs.

Safe and clinically effective care

We were advised that patients with a diagnosis or demonstrating signs of confusion / dementia were provided with additional supervision, in order to ensure their wellbeing and safety. We saw evidence in patient records that Deprivation of Liberty Safeguards (DoLS)² assessments were in place where required.

Pain management was undertaken in a consistent manner. Patients were assessed for their pain and medication provided as prescribed. The hospice also promoted the use of alternative therapies to manage pain in order to provide a comprehensive and holistic pain management plan for patients. Therapies such as massage, aromatherapy and reiki were used to promote patients wellbeing and address the symptoms of pain.

There were physiotherapy and occupational therapy teams employed to improve the quality of life and compliment the clinical care.

Participating in quality improvement activities

The hospice held regular staff meetings and training events. Records of staff meetings were not viewed on this occasion. The hospice was always looking to innovate and provide the best possible services for patients. One such area of

² The Mental Capacity Act says that your liberty can only be taken away by health professionals if they use the procedures called the Deprivation of Liberty Safeguards (DoLS), or if the Court of Protection has granted permission. This protects you from having your liberty taken away without good reason.

innovation identified was the creation of a coffee shop which would be available on the ground floor for patients and their visitors. This was meant to bring a sense of "community" to their stay whilst also allowing visits outside of the hospital environment.

Staff were also encouraged to improve their skills, knowledge and qualifications and the organisation were looking to train staff in advanced nursing roles such as nurse prescribing and clinical assessments skills.

Records management

We found patient records were being stored securely when not in use to prevent access by unauthorised persons. Electronic records were password protected. Patients' records demonstrated consistency and continuity of inputs. Staff explained that the electronic system highlighted any outstanding areas which had not been completed and would not allow the record to continue without this information. This is an example of noteworthy practice. We therefore saw that electronic records were complete and gave a true and accurate account of patients' stay at the hospice.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Overall, we saw management structures, lines of delegation and clear lines of accountability visible at the hospice. The services provided at Marie Curie Hospice were very well managed and all managerial staff demonstrated a clear vision for the service. Patients were placed at the heart of all managerial decisions.

Discussions with staff all confirmed that good training was provided and that managers operated an open and transparent style to management within the hospice.

Governance and accountability framework

During our inspection we were introduced to the clinical lead nurse who was in charge in the absence of the Registered Manager. The clinical lead was very experienced and knowledgeable in caring for patients with life limiting conditions. We were provided with all information requested in a very comprehensive manner which indicated a breadth of knowledge of the service provision as an entirety not only the clinical aspects.

There were robust internal and organisational audit systems to ensure compliance with Regulations and best practice guidance.

There were clear lines of management and accountability both internally and organisationally. Staff told us they were aware of their responsibilities and were confident to question any decisions made by management should the need arise.

We were confident that there were adequate meetings to deal with the running of the hospice and to cascade information both upwards and downwards to all staff.

Senior multi-disciplinary management attended monthly Quality and Safety meetings which cascaded down to three branches of the management structure; patient safety, patient experience and medicine management. From these meetings relevant ward meetings were held to share information.

There were weekly multi-disciplinary meetings to specifically discuss patient care.

Dealing with concerns and managing incidents

The majority of patients told us in the questionnaires that they would know how to raise a concern or complaint about the services they receive at the hospice. One patient did not answer the question.

There were good systems in place for managing complaints. We were told that where possible issues were dealt with at a local level although there were avenues of redress through the wider organisation. Details of complaints were recorded organisationally and where required the health board and HIW would also be informed. We saw that information was available for patients, family and visitors informing them how to raise complaints / concerns. HIW contact details were also available on the service user guide.

The hospice had robust policies procedures and monitoring systems in place in order to monitor concerns, complaints and incidents. These were fed into the NHS and HIW systems.

Any accidents are recorded on an electronic data base which we were shown during the inspection. It contained detailed information on accidents and near misses.

Workforce planning, training and organisational development

We were informed by staff that training was encouraged and as such one day a month was allocated for all staff to attend training. We consider this noteworthy practice. Staff were able to request specific training pertinent to their roles. During staff training days, specialist training would be provided as required. We looked at the electronic system in place which identified where staff were not compliant with mandatory training and saw that it was robust and easy to navigate. This assists the Registered Manager to ensure that staff are adequately trained to undertake the work required of them.

We saw records that evidenced staff appraisals were being performed in a timely manner and staff confirmed this in conversations.

Workforce recruitment and employment practices

There were comprehensive recruitment practices in operation from the national organisational office. We did not request to view these on this occasion. There was only one vacant nursing post on the day of our inspection.

We looked at the nursing compliment on each shift and found that during the day there was a good skill mix and numbers of staff to meet the needs of the patients. Staff compliment on a night time was reduced and there were two nurses and one health care support worker on each ward. Senior staff told us that extra staff are available when acuity is high or there are expected condition deteriorations.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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
No Immediate concerns were identified on this occasion			

Appendix B – Improvement plan

Service: Marie Curie Hospice

Date of inspection: 23 January 2018

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The service needs to consider the best use of the four bed bays to ensure privacy and dignity of the patients.	10. Dignity and respect	Admissions to be allocated a bed suitable to their needs Consideration to be given to poorly patients to move into cubicles if one is available Reduction of beds in four bedded area to be discuss/explored with MC Executive Team and LHB	Ceri Davies, IPU Manager /Paula Elson, Hospice Manager /Andrew Wilson Mouasher. Divisional General Manager	Immediate/ 6 months
The service needs to ensure that paper records are maintained to the same standard as the	8. Care planning and provision	Audit be undertaken to identify area of improvement.	Carolyn Gent – Lead Nurse/Ceri Davies IPU Nurse	March 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
electronic records. It would also be beneficial to expedite the change to fully electronic patient records.		Emis group to review further documents to be added to electronic system	Manager/Siwan Seaman Consultant	
Delivery of safe and effective care				
The service must ensure the safety of patients by removing or placing protective guards around portable heating appliances.	22. Managing risk and health and safety 12. Environment	Portable heating appliances removed from clinical areas Air handling unit are in process of being installed – March 2018 New windows to be installed in patient areas May 2018 Heating survey to be undertaken.	Alison Morgan, Facilities Manager /Lisa Miller. Head Estates	Immediate- 12 months
The service needs to ensure that food temperatures are checked again at the point of service. The service needs to ensure that all catering staff are adequately trained for the work that is expected of them.	14. Nutrition	Food to be temperature checked at point of serving. Head chef to work with all catering staff to ensure that they understand training undertaken and implications to work carried out. Individual performance plans to reflect learning needs and learning styles.	Wendy Walsh Head Chef	Immediate- 3 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service needs to ensure that allergies and their effects are clearly documented on the medication charts.	15. Medicines management	<p>Medical and nursing staff instructed on importance of documentation of allergies on medication charts via email.</p> <p>Above to be reiterated at all induction sessions and monthly clinical updates.</p> <p>Audit to be carried out in 6 weeks time by IPU nurse manager.</p> <p>Actions to be monitored and reviewed at medicines management.</p>	Nurse Manger/Siwan Seaman Consultant	3 months
Quality of management and leadership				
No Improvements were identified on this occasion.				

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): Paula Elson

Job role: Hospice Manager

Date: 9/3/18

