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MACMILLAN
CANCER SUPPORT

WHEN TRUST MATTERS

Macmillan Quality Environment Mark® (MQEM)

Assessment Report

Bolton Hospice

12 March 2024



The Macmillan Quality Environment Mark®

The Macmillan Quality Environment Mark (MQEM)

Working with the Department of Health in England and health and estates executives in the three Celtic nations Macmillan developed and launched the Macmillan Quality Environment Mark in January 2010, as the first national standard for cancer facilities in the UK. MQEM sets a benchmark for the patient experience in the built environment of cancer care, based not only on the published evidence base for healthcare environments but also the personal contributions of over 400 people affected by cancer.

The focus of the quality mark is on the design and use of built environments. However, it does not just consider the physical environment, but also considers how far the physical environment is designed, used and managed in a way that supports high quality care, and in turn, contributes to the enhanced wellbeing of people affected by cancer.

The Macmillan Quality Environment Mark expects a place that:

- is welcoming and accessible to all;
- respects the privacy and dignity of all users;
- supports the comfort and well-being of all users;
- gives users choice and control; and
- listens to the users' voice.

2010

Year started

900 +

Assessments
Completed

256

Award Holders

94%

Pass Rate

69%

of Award Holders
are NHS

37%

of Award Holders
are Information &
Support Services

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1. Introduction to the facility (environment)

On the 12th March 2024 the MQEM assessment team undertook an assessment of:

Bolton Hospice (N135)
Queens Park Street
Off Chorley New Rd
Bolton
BL1 4QT

Bolton Hospice first opened in March 1992 and the consultant-led team provides specialist care and support for local people with terminal or life-limiting illnesses and their families in the hospice, and at home. The hospice cares for patients throughout their illness, helping to improve their wellbeing and quality of life. It also provides compassionate, dedicated and dignified care for patients at the end of their life.

The palliative care provided aims to improve wellbeing and quality of life by focusing on pain relief, symptom control and addressing each patient's individual psychological, social, spiritual and practical needs. The end-of-life care provided aims to meet the needs of a patient and their family within the last phase of life and into bereavement.

Care is provided via dedicated inpatient and outpatient facilities along with a Hospice at Home service. The hospice building is located about a mile from the centre of Bolton and is well known and supported by the local community. It is an independent charity mainly funded by the people of Bolton.

The physical environment comprises of:

- A main reception and waiting area;
- The inpatient unit includes a nurses station, conservatory, family overnight accommodation and 18 private en-suite bedrooms, all with direct access to the Garden of Tranquillity.
- Outpatient facilities are located in the Wellbeing Hub. This includes:
 - a reception;
 - a day therapy lounge;
 - dedicated areas for clinic appointments;
 - treatment rooms;
 - complementary therapy rooms;
 - a hairdressing salon;
 - a creative therapy area;
 - patio garden;
 - family space and quiet area.
- A café and gift shop.
- A multi-faith centre including ablution rooms and a prayer and reflection room which can be used by patients, visitors and staff.
- A kitchen.
- The top floor of the hospice building is a dedicated staff area and includes offices, break facilities and an education and training suite.



Introduction to the facility (services)

A consultant-led team of doctors, nurses and other professional staff provide expert care within the hospice itself. There is planned day therapy for patients on Tuesdays with drop-in services provided on Wednesdays and Thursdays. Consultant-led outpatient clinics are held at the hospice every week. Day therapy offers a range of services to patients including:

- A period of assessment and therapy provided by the hospice team, which includes giving carers at home some time to themselves.
- The opportunity to meet other people, get to know the hospice team and ask advice.
- Fresh approaches to care and support, for example through complementary therapies.
- An opportunity for patients to talk about their illness and how it is affecting them and their families.
- Weekly nursing review and monitoring of ongoing symptoms.

In addition, patients are able to access occupational therapy and physiotherapy services, social services, creative and complementary therapies. The Christie NHS Foundation Trust runs lymphoedema clinics from the Wellbeing Hub which patients are able to access.

In 2022/23 the hospice cared for 262 inpatients and there were 1,158 wellbeing hub attendances.

Working with district nurses, GPs and Macmillan nurses the hospice also provides a care at home service to help those with specialist palliative and end of life care. In 2022/23 the hospice at home service made 1,387 visits, caring for 179 patients in the community.

Families and carers are well provided for with the hospice offering 24-hour advice for patients, carers and healthcare professionals on palliative and end of life care issues. Bereavement support is also offered.

An education service is also offered by the hospice for healthcare professionals in the area. Courses cover diverse topics such as advanced care planning and palliative support, dementia and palliative care and learning disabilities and autism in palliative care. In 2022/23 452 healthcare professionals participated in the courses.

Adjacent to the hospice building is Giles House which is the main administrative hub of the hospice. Also, included within Giles House is a Macmillan Cancer Information and Support Centre which holds the MQEM award. Staff from the Macmillan centre provide information and support for patients, carers and families.

In total the hospice employs 132 staff, and they are supported by a team of over 700 volunteers providing a range of invaluable services such as help with meals and refreshments, meet and greet, driving, gardening and flower arranging to working in the hospice's network of shops.



2. Summary Assessment Findings

Overall Outcome

The hospice exceeded the level required to **retain** the Macmillan Quality Environment Mark ® and is to be congratulated on this achievement

Staff and volunteers are **proud** of the MQEM award and value the **recognition** that it provides.

As with previous years staff had, in advance of the assessment, completed an **accurate self-assessment** demonstrating continuing **good insight** into the requirements of MQEM.

Staff had additionally carried out a review of recommendations made in the 2021 assessment and were able to evidence that these had been addressed.

It was clear from discussions with staff that the facility is committed to providing the highest quality care for its patients within a **welcoming and safe environment**. This care extends to families and carers and it was clear from the assessment visit that the hospice is providing **family centred care** in an **environment that facilitates this**.

Improvements since the last assessment

The guest room in the inpatient unit has been upgraded.

In response to user feedback, mattresses in the inpatient unit have been replaced.

The hospice has started on a programme to replace curtains in the inpatient windows with blinds. At the time of the assessment around half the rooms had blinds.

Artwork has been added to the Wellbeing Hub.

The conference and education facility has been upgraded.

Solar panels have been installed.



Summary Assessment Findings continued

Staff used a new on-line self-assessment platform and are to be thanked for their input to this. The new platform allows for self-assessment scores and comments to be recorded and there is the facility to upload evidence for each requirement.

A comparison of the self-assessment and independent (auditor) assessment scores is provided and as can be seen scores were similar for many areas.

Staff are now encouraged to use the on-line tool to record any actions taken in response to the recommendations made in the report.

DESIGN AND USE OF SPACE

Area	Self assessment	Auditor Assessment
Accessibility	5.0	5.0
Choice & control	5.0	5.0
Support	5.0	5.0
Privacy & dignity	4.8	4.8
Comfort & well-being	4.9	4.5
Total	4.9	4.8

THE USERS JOURNEY

Area	Self assessment	Auditor Assessment
Accessibility	5.0	4.9
Comfort & well-being	5.0	5.0
Privacy & dignity	5.0	5.0
Support	5.0	5.0
Choice & control	4.0	5.0
Total	4.8	4.9

THE SERVICE EXPERIENCE

Area	Self assessment	Auditor Assessment
Choice & control	5.0	5.0
Comfort & well-being	5.0	5.0
Privacy & dignity	5.0	5.0
Support	5.0	5.0
Accessibility	4.3	5.0
Total	4.9	5.0

THE USERS VOICE

Area	Self assessment	Auditor Assessment
Staff understanding of their user profile	5.0	5.0
Approach to user involvement	5.0	4.7
Total	5.0	4.9

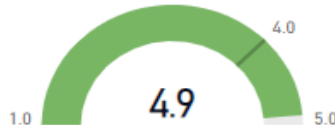
OVERALL SCORE

Self assessment

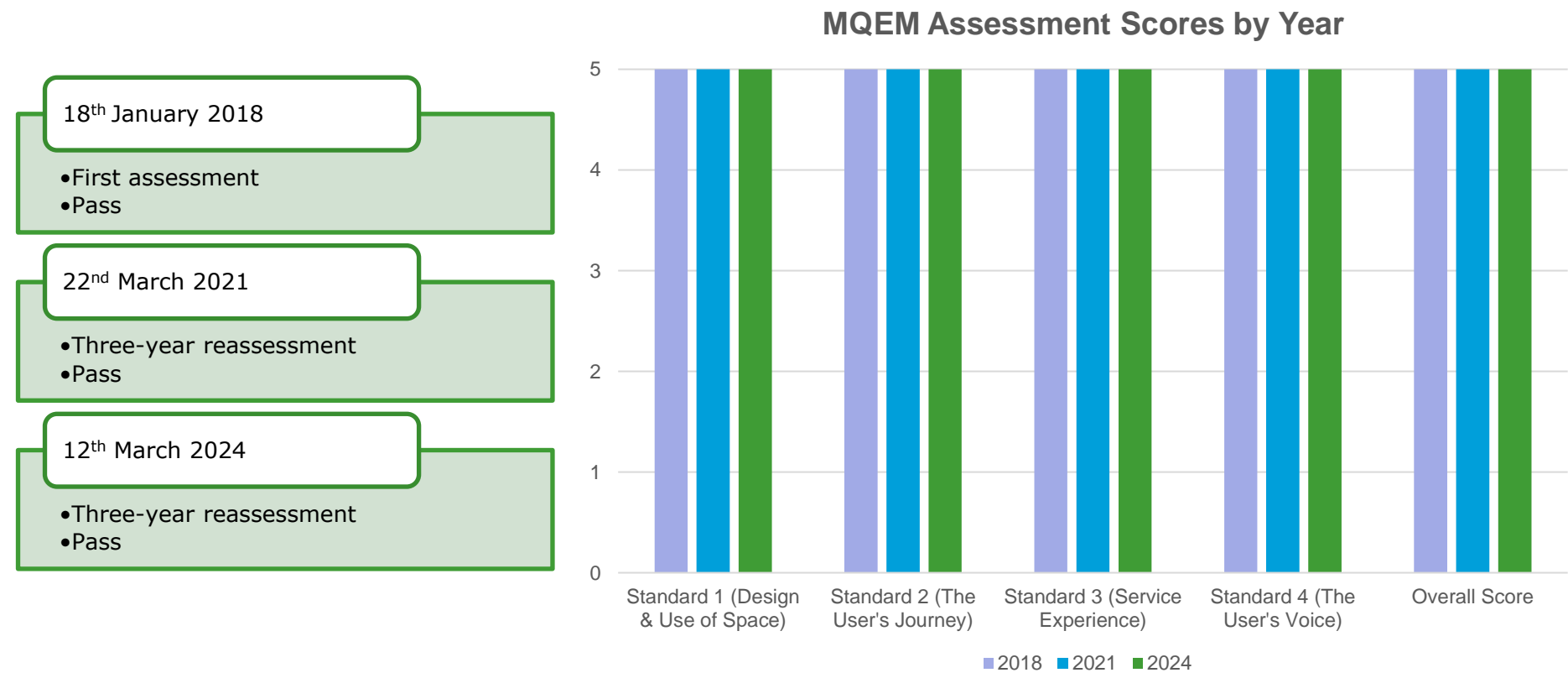


OVERALL SCORE

Auditor Assessment



3. MQEM Assessment History



Scoring Explanation: Within the MQEM there are five core principles of quality which are applied to four different standards. Contained within these are a number of indicators which facilities are assessed against. Assessment levels are: 5 is Excellent, 4 is Very good, 3 is Reasonable or Average, 2 is Poor, and 1 is Very poor. Level 4 is the average level that facilities need to achieve across all four Standards to attain/retain the MQEM award.



4. Detailed assessment findings and recommendations



Standard 1: Design & Use of Space

This Standard relates to the design and use of space in the facility, and considers how far it underpins the principles outlined in the Quality Environment Mark.

Key strengths

- Bolton Hospice is located close to Bolton town centre and has good access to roads and public transport networks. The hospice site is easy to find thanks to good signposting within the local area and clear wayfinding guidance on the hospice’s dedicated website.
- There are two entrances to the building: the main entrance, which provides access to the inpatient unit and education suite; and the wellbeing hub entrance. Accessibility to both entrances is excellent with level surfaces and automatic doors providing easy access for all.
- Receptions offer a welcoming environment with high ceilings, attractive lighting, colourful chairs and artwork all assisting in providing a warm welcome. Volunteers are based at both receptions throughout the day, and they are quick to greet visitors with a smile.
- The inpatient unit is split into two wings with 18 en-suite bedrooms. Visitors are greeted at a central nursing station and directed to the relevant bedroom. Good signposting helps visitors to find their way. Visitors can meet with patients in their rooms or in the day room, conservatory or gardens.
- The en-suite bedrooms are large with plenty of space for a bed, reclining chair, visitor chair and storage. One room is designated as a bariatric room and has a larger bed and chair. The inpatient rooms provide a calming environment, and patients have full control over their lighting and temperature. Furniture throughout the inpatient unit is comfortable and is adjustable by patients. Within the inpatient area staff have gone to great lengths to provide a “home from home” environment and patients are encouraged to bring photographs, etc. from home to personalise their space. Decorative curtains and bed coverings are used to provide a cosier atmosphere. En-suite bathrooms provide patients with privacy and there is ample space to store personal belongings.
- All rooms have large patio doors which allow patients to enjoy the views over the lovely gardens. The doors enable patients to access the gardens directly from their rooms and are large enough to allow a bed or chair to be wheeled out.

Findings & Recommendations – Design & Use of Space

Key strengths continued

Patients’ relatives have access to a recently decorated guest suite with en-suite shower room. They are able to sleep there or in the patient’s bedroom should they wish. Toiletries and refreshments are provided for families, and they have access to a kitchen. Every need seems to have been considered in designing a space that allows patients and their families to be together during palliative and end of life care.

The inpatient environment looked clean, fresh and well maintained throughout.

The Wellbeing Hub has been designed to be both welcoming and homely. On entering there is a small reception desk where patients can register for appointments. Most of the space is however taken up by the café, hospice shop and a comfortable seating area. The café is open to anyone and is well utilised by the local community.

A large day room provides ample space for group activities with a craft room next door providing a perfect space for the many activities that are on offer. Tables in the craft room are height adjustable to accommodate patients in wheelchairs.

Clinic rooms are large and have been designed so that users can sit side by side clinicians. The use of colour in walls and furniture helps to make them less clinical spaces.

Complementary therapy rooms and a hairdressing salon complete the Wellbeing Hub. As with other spaces these have been well designed for the services on offer and provide comfortable, homely spaces.

Patients and visitors also have access to a well thought out multi-faith suite which includes facilities for ablutions. It has a calm and peaceful ambiance and is well used by those visiting and using the hospice.

Privacy and dignity are assured throughout the hospice. There are well develop training programmes for staff and volunteers which cover privacy and the environment has been designed to enhance privacy. Engaged signs are situated where required with curtains providing additional privacy in clinic rooms. Sound attenuation measures are good which helps to ensure aural privacy.

Artwork is displayed throughout the hospice and much of this was created by patients. The approach to artwork within the facility is impressive and sessions led by a Creative Therapist are regularly held for patients, families and carers, allowing them to create their own pieces. Participants have responded positively to these sessions with family members in particular appreciating the lasting memories that are created.

Findings & Recommendations – Design & Use of Space

Key strengths continued

- Storage facilities are good throughout the hospice ensuring that it is kept tidy and clutter free.
- Space for staff and volunteers has been well considered with ample administrative space as well as dedicated toilets, storage and changing facilities and break areas.
- An education and training suite completes the hospice facilities, and this provides an excellent venue from which to run an education service for healthcare professionals in the area.

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.2.5	The facility design supports privacy and dignity for users when in, or moving between, changing and consultation or treatment areas.	4	<p>Within the Wellbeing Hub the privacy of patients is assured through the use of engaged signs, privacy curtains and blinds. Staff and volunteers also have a knock and wait policy for doors.</p> <p>Within the inpatient unit there are curtains or blinds in all patient bedrooms. Signs can also be used to indicate if no one should enter a bedroom. The assessors noted that when they were in the conservatory or in the gardens that it was possible to see into patient bedrooms.</p> <p>Many hospices/inpatient units that have windows or doors looking onto gardens now apply privacy film to glazing which prevents anyone from looking in. The hospice may want to consider this.</p>			
1.2.10	Toilets are clean.	5	<p>All toilets appeared clean during the assessment and had signs asking users to report any issues with cleanliness or supplies of soap, tissue, etc. The assessors noted that the accessible toilet next to the Sanctuary was in need of some modernisation. In particular, the toilet seat was marked which made it appear dirty.</p> <p>The hospice would be advised to replace the toilet seat in the accessible toilet located next to the Sanctuary.</p>			

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.1	All areas are kept clean and tidy, and look well cared for.	4	<p>During the assessment the hospice was found to be clean and tidy. Given that it was recently renovated the Wellbeing Hub was found to be in good condition and looked almost “as new”.</p> <p>There were some signs of wear and tear in the inpatient unit with some scuffs on paintwork. Curtains looked a little untidy and skylights in the conservatory looked to have not been cleaned for some time.</p> <p>Staff explained that there is a maintenance programme in place and that redecoration of the inpatient area would take place. When this occurs, users should be consulted to identify if any changes to the colour scheme would be appreciated. Staff should ensure that skylights are included on the external window cleaning programme. The hospice has replaced curtains with blinds in inpatient rooms that face the rising sun. It is recommended that blinds are installed in all rooms.</p>			
1.3.4	Furniture, fixtures and fittings are selected with the comfort of users in mind.	5	<p>Within the inpatient unit, patients are provided with an adjustable bed and reclining chair. A variety of chair types are available in areas used by visitors. There is good feedback from users on the furniture within the inpatient unit. When the Wellbeing Hub with refurbished users were involved in selecting the furniture. Again, there is a variety of chair types with some being adjustable. During discussions with the assessors, users stated that some of the chairs in the main day room could be uncomfortable as they were too low and didn’t provide sufficient back support. Feedback in surveys was generally very positive.</p> <p>Staff would be advised to seek feedback from those using the Wellbeing Hub to better understand the concerns so that change can be made if required.</p>			

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.5	There is adequate and convenient storage for equipment.	4	Storage facilities have been well considered and staff make good use of them ensuring that the hospice is kept tidy throughout. The only notable exception was the craft room in the Wellbeing Hub. Due to the variety of crafts that are carried out many supplies are maintained, and the storage facilities appeared insufficient. As a result, boxes were stored on top of cupboards which was a potential fire risk as the cupboard tops have uplighting on them. The room as a whole appeared cluttered and cramped.			
			The boxes should be removed from the cupboard tops and staff and volunteers should be advised not to store any resources on them. Storage facilities within the craft room should be reviewed to identify if additional storage could be provided in the room or elsewhere and whether the number of resources could be reduced.			
1.3.6	People using the facility feel that the way in which the space is decorated (including use of colours and finishes) contributes to their sense of comfort and well-being.	4	Having been refurbished the Wellbeing Hub offers a bright, warm and welcoming environment. Colour has been injected into the hub via paintwork and furnishings. Users were involved in selecting the colours and finishes and there has been positive feedback following the refurbishment exercise. The inpatient unit in contrast is now looking a little dated and less colourful than the Wellbeing Hub. Whilst feedback from users continues to be positive there is work that could be done to improve the décor within the inpatient unit.			
			The assessors shared photographs of inpatient units that they had visited in other hospices. As discussed, the inpatient rooms and communal spaces would benefit from an injection of colour which could be achieved via feature walls or vinyl artwork. Many hospices now apply a theme to their inpatient room with rooms given a name and the décor then matching that. For example, a “Sunflower Suite” might have a feature yellow wall with pictures of sunflowers and/or yellow cushions. Staff would be advised to consult with users on whether redecoration is required. If so, users should be involved in selecting colours and finishes.			

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.7	Artwork is used in the facility, including treatment areas.	4	<p>Artwork is displayed throughout the hospice and much of this was created by patients. The approach to artwork within the facility is impressive and sessions led by a Creative Therapist are regularly held for patients, families and carers, allowing them to create their own pieces. Participants have responded positively to these sessions with family members in particular appreciating the lasting memories that are created.</p> <p>Artwork in the inpatient unit includes photos of the hospice gardens providing patients with a connection to the outdoors. The size of some pieces and their location in bedrooms and corridors means that that they are not as eye catching as they might be.</p> <p>Should the inpatient unit undergo redecoration consideration should be given to refreshing the artwork. Careful attention should be given to the placement of the art to ensure that it can be seen by patients from their beds. Art does not need to be limited to traditional pictures and photos, and can include wall and window art such as vinyls and light boxes which can be incorporated in ceilings. Users should be involved in the selection of any new art.</p>			
1.3.8	Users of the facility have a positive response to the sourced art.	4	<p>As users were involved in creating many pieces a score of four is awarded here. Staff were able to provide anecdotal evidence to suggest that users appreciate the artwork on display but more formal evidence is required.</p> <p>To be assured that art is providing a positive distraction for, and is appreciated by users, staff should seek more formal feedback. This will help to determine whether any change is required.</p>			

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.10	People using the facility have access to a dedicated room in which they can be quiet.	5	Within the hospice there are various spaces which users can access for quiet contemplation. These include quiet rooms, prayer and reflection rooms. Users of the day service in the Wellbeing Hub stated that they would like more quiet spaces should they need time away from group activities.			
			Staff would be advised to consult with a wider group of Wellbeing Hub users to identify if more quiet spaces are required and for what purpose/duration. This will help to determine whether an additional quiet room is required or perhaps a screened area in the day room.			

Detailed assessment findings and recommendations



Standard 2: The User’s Journey

This Standard relates to how far the design and management of a facility contributes to positive experiences of people as they arrive and move through the facility.

Key strengths

- The hospice is well served by public transport. Bus services stop near the entrance and the hospice is located close to major transport hubs. The hospice benefits from having its own minibus and both it and volunteer drivers transport day patients to and from the hospice.
- Visitors and patients arriving by car have access to a large car park which is located close to the building entrance and drop off zones provides immediate access to the facility’s entrances. Car parking is free of charge and staff use the parking on rotation to ensure availability for priority groups.
- On arrival in the hospice, patients and visitors are met by a friendly team of staff and volunteers who will offer refreshments if they are waiting for an appointment.
- Signposting throughout the hospice is good and does not rely solely on the written word meaning that it is easy for all visitors to find their way around. All members of staff and volunteers working in the hospice do however take responsibility for helping people to find their way around the facility and helping them understand how it works. Excellent patient handbooks have been produced and these are available on the website.
- The inpatient unit is open 24/7 and admissions can be accepted at any time. Day patients have good control and choice over any appointment times managed by the hospice. In the unlikely event that there are any delays there are systems in place to notify patients.
- The hospice has well-developed relationships with other local services providing treatment and care for cancer and other long-term conditions. There are also established relationships with NHS providers, other hospices in the area, GPs, other palliative care providers and health professionals including occupational therapists, physiotherapists and dietitians. Staff have an excellent awareness of the support available and there is good signposting of people to other services.

Findings & Recommendations – The User’s Journey

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
2.1.7	It is easy for users to find their way around the facility themselves.	5	Signposting within the hospice is good and does not rely solely on the written word ensuring that it can be followed by all. Within the inpatient unit the signposting is akin to that which might be found in a hospital.			
			Should any refurbishment take place it would offer an ideal opportunity to refresh the signposting in the inpatient unit to make it more homely. Users should be consulted on any proposed changes.			

Detailed assessment findings and recommendations



Standard 3: Service Experience

This Standard relates to how far the services delivered in the facility reflect the key principles which underpin the Macmillan Quality Environment Mark

Key strengths

- Patients have access to a 24 hour help line and they indicated that they were highly appreciative of this.
- Information packs have been developed for both inpatient and day patient services. These are available on the website and are provided to all new patients.
- The hospice offers patients a wide variety of information from Macmillan, other charities and local support groups. Patients and visitors can also access the adjacent Macmillan Cancer Information and Support Centre. Staff from the Macmillan centre provide information and support for patients, carers and families. Information is well considered and an effective information management system ensures that information on display is relevant to users and is easy to locate. Information is made available in hard copy format as well as electronic versions and is easily accessible for those whose first language is not English.
- The hospice has excellent systems in place to support patients with additional needs. There is ready access to interpreters and the hospice environment includes hearing loops to support those who are hard of hearing.
- Staff have received training in organisational policies and procedures and all are familiar with local support services which allows for easy signposting of patients and visitors.
- Inpatients have a wide range of meal choices and are able to access food and refreshments at any time of the day or night. Day patients are also offered a meal.
- The hospice performed well against the requirements of this standard and there are no recommendations.

Detailed assessment findings and recommendations



Standard 4: The User’s Voice

This Standard considers how far the facility in question has sound processes in place for listening to user voices, and uses these to inform the design and management of their facility as part of a process of continuing improvement.

Key strengths

- Staff have an excellent understanding of the individual needs of patients with information on needs gathered throughout the patient journey. Throughout the assessment it was evident that staff clearly place patients at the centre of the service.
- The hospice has done and continues to carry out a huge amount of awareness raising in the local community with a view to increasing people’s understanding of the hospice and services provided. This includes an impressive amount of work to reach out to communities not accessing the service and working closely with Bolton PRIDE, the Bolton Council of Mosques and the Bolton Hindu Forum. The annual business plan describes the demographics and political context of the area and this helps to inform service provision.
- Staff are constantly looking at ways in which they can improve and enhance the services on offer. It is clear that they take a patient centred approach with a focus on making the patient journey easier for patients and relatives alike. This was supported by discussions with patients all of whom commented on the comfortable environment that has been created and the willingness of staff and volunteers to support not only the patient but also their families. The user voice is clearly of huge importance to the hospice and there was significant user involvement in the development of the new Wellbeing Hub.
- The hospice carries out an annual PLACE assessment ‘Patient Led Assessment of the Care Environment’ which looks at all areas of the services facilities provide. Scores are always very favourable and results are published on the website.
- Well designed processes are in place to capture feedback and the hospice was able to evidence change as a result.
- When asked, patients were hugely appreciative of the environment that has been created.

Findings & Recommendations – The User's Voice

User Consultation

As part of the assessment process the assessment team spoke with a small number of users to ask about their experiences of using the facility.

The assessment team would like to extend their thanks to those users that participated in the assessment and for their open and considered feedback.

Warm loving atmosphere, peaceful, beautiful, comfortable, homely, safe, a joyous place to be and caring.

Words used by users to describe the environment

Improvements suggested by users

Users were asked to suggest ways in which the environment might be enhanced or improved. Their suggestions included:

- Car parking – provide more parking spaces for patients, families and visitors.
- Seating – review setting in the Wellbeing Hub as some chairs aren't comfortable and don't provide enough back support.
- Menu – provide a broader menu for the Wellbeing Hub.
- Quiet spaces – provide more quiet spaces in the Wellbeing Hub for those that don't wish to partake in activities.
- Training – consider asking patients to share their experiences/insight during training sessions.

Quotes from service users

On access - The hospice is easy to find and get to. It is in a good position and is well known in the community. Access is good with the large drop off area out the front. It isn't far to walk when you get here. Car parking is a bit hit or miss; I feel they could do with more spaces. There is lots of information on the website which is quite reassuring. It is good to know about the services on offer and what the environment is like. It takes away some of the worry. Access is good for families with the open visiting.

On the welcome - The welcome couldn't be better. I am always greeted with a smile. It feels like coming home to be honest. There is such a warm loving atmosphere, and you feel that as soon as you walk in. Families also receive a warm welcome from staff. The volunteers are amazing, and their cheery smiles keep you going. When I walk in, I always feel that it is a happy rather than a sad place.

On comfort – The whole hospice is comfortable. It is very person centred and I think staff have designed it that way. It feels homely. Beds are comfortable. Chairs are comfortable but some in the Wellbeing Hub are a bit low. The food is tasty and varied and they always ask how much you want. You can bring things from home which is nice.

On the environment – it is very clean. Temperature is always good. It is quiet at night which helps with sleep. I love the views from the window. The garden looks lovely, and it is nice to see things going on and to hear the birds chirping away. There is lots of room and storage. I love the homely touches like the duvet cover. It is a very peaceful environment.

Support – The team in the Wellbeing Hub, all afford us the upmost dignity...when anyone needs toilet help or washing in the day unit and the inpatient unit, the caring, kindly, approach to helping with personal care is always conducted in such a way...the patient...me...feels my dignity is intact and I have been given space, and time to do what is needed, and accept help offered. One feels safe in their care... NOT diminished. I really enjoy going to the hospice – it is a space in which I know it is fine to be me.

Findings & Recommendations – The User’s Voice

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
4.2.2	There is evidence of on-going user consultation about the physical environment.	4	<p>The hospice has always been able to evidence proactive user involvement in changes to the environment and service. Ongoing user feedback on the environment is captured via different routes including: PLACE (Patient Led Assessments of the Care Environment) audits which cover some aspects of the MQEM standard; and surveys which cover aspects of the MQEM standard such as a recent catering survey. Patients and families are invited to provide feedback and staff are assured by a significant number of thank you cards and positive comments.</p> <p>Staff continuously listen and respond to patient requests and will adapt the environment to suit their needs.</p> <p>To ensure higher scores at future MQEM assessments it will be necessary to gather more substantial user feedback on the physical environment. This should be captured over a longer period of time to ensure that the needs of a wider cohort of users are considered. Most importantly feedback should provide robust evidence of what users like about the environment and what could be potentially improved.</p> <p>Feedback can be collected via a number of routes and does not always need to be through lengthy surveys. It is important to ensure feedback includes the key principles of the MQEM standard to capture all aspects about the physical environment. Other methods of collecting user feedback rather than the traditional survey methods could include gathering feedback via social media, focus groups, user attendance at meetings or informal gatherings. Many organisations now have a ‘question of the month’ which can help to provide more focused feedback on a particular area.</p>			

5. Next steps

It is suggested that an action plan is developed to prioritise the recommendations made within this report. This will then help drive improvement and provide a focus for this work.

The action plan should be available for the next reassessment.

It is recommended that an annual self-assessment against the MQEM standard is undertaken. This will help to ensure that the environment remains a focus for the organisation. It would be advisable to have user representation in the self-assessment to ensure that the user's voice is heard.

Should the organisation make any changes to the environment it will be important for future assessments to evidence that users were consulted and that they had an opportunity to influence plans.

On-going user feedback should remain a priority for the organisation as it will be important to demonstrate at future assessments that the current cohort of users remains satisfied with the environment.

The facility will need to be reassessed in March 2027. The assessment team will contact the facility in late 2026 to agree upon a date.

Publicity

The organisation is encouraged to publicise the successful outcome from this assessment on its website and on social media. Highlighting strengths identified during the assessment will help to raise awareness of the excellent work that the organisation is doing to improve the experience of those affected by cancer. Please use #MQEM and #CancerEnvironments in any publicity.



6. Background information on MQEM



Background - Launched in January 2010, MQEM was the first ever standard for assessing whether cancer facilities meet the holistic needs of people living with cancer. MQEM aims to set the highest possible standards for cancer care environments, driving forward the design and use of these facilities, based on a robust understanding of the needs of people affected by cancer.



Methodology – The assessment process has two key parts:

1. local self-assessment followed by;
2. external review.

First, each organisation assesses its own performance against the Macmillan Quality Environment Mark ® (MQEM). An external review team then further assesses performance, both by considering the self-assessment findings and visiting the organisation to validate this information and discuss related issues.



External assessment – The assessments are carried out by a DNV healthcare assessor and a Macmillan appointed volunteer assessor (a person affected by cancer). DNV manages the assessment process from booking through to reporting and trains the volunteers. Each assessment consists of a document review and observational study of the environment. User feedback is hugely important and at every assessment patients, families and carers are interviewed. Assessments cover a range of environments including treatment (chemotherapy, radiotherapy, inpatient, palliative) and supportive (information, complementary therapies, hospice).



The MQEM identifies five core principles of quality in cancer care environments:

- ✓ Accessibility
- ✓ Privacy and dignity
- ✓ Comfort and well-being
- ✓ Choice and control
- ✓ Support.

Disclaimer

The comments and findings of the assessment recorded in this report reflect the opinions of the assessor(s) based on the evidence provided by the organisation in relation to the requirements contained in the relevant Macmillan Quality Environment Mark ® (MQEM) standards.

The comments should therefore not be read as approval or comment in any other context. This report presents findings and recommendations pertaining to the physical environment in which people with cancer access information, support and treatment, and does not comment on the quality of service provided, clinical practice or the behaviour of any service provider.

The contents of this report are confidential between DNV, Macmillan Cancer Support and the organisation assessed, and must not be disclosed, copied, or elements reproduced in an amended format to any third party.

All queries regarding the report or assessment process should be sent to mqem@dnv.com.