In partnership with

WHEN TRUST MATTERS

Macmillan Quality Environment Mark ® (MQEM)

Assessment Report

The Yeleni Therapy and Support Centre, Hereford

12 September 2024

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

950 +
Assessments Completed

255 +
Award Holders

96%
Pass Rate

69%
of Award Holders are NHS environments

37%
of Award Holders are Information & Support Services

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The reception area

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1. Introduction to the facility

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

The Yeleni Therapy and Support Centre
2 Blackfriars Street
Hereford
HR4 9HS

The centre has Macmillan association via the MQEM award.

The centre already held the MQEM award having been last assessed in September 2021.

The Yeleni Therapy and Support Centre is a complementary health centre and cancer charity. It is open Monday to Friday between 9am and 5pm and is located in the centre of Hereford in a converted Victorian residence. The building housing the information and support centre is privately owned and leased to the centre. The charity offers a free tailor-made programme of up to eight complementary therapies plus ongoing support via self-help groups, workshops and classes to anyone with any form of cancer at any point in their cancer journey, whether it be upon diagnosis, during treatment or post treatment. Carers of those affected by cancer can access up to four free sessions.

Sessions are also offered to members of the general public. These are paid for, and a percentage of that income is used to fund free sessions for cancer patients. The charity also relies on fund raising, donations and lottery funding in order to offer the many and varied services provided. These include a comprehensive range of complementary therapies as well as weekly, face to face and online, wellbeing services covering exercise, relaxation and meditation.

The centre has qualified therapists who are experienced and dedicated to helping clients (users) feel better physically, mentally and emotionally. Additionally, there are volunteers, as well as the four paid members of staff that run the centre and an active board of Trustees.

The physical environment is spread over three floors and comprises of:

Lower Ground Floor

- Storage areas

Ground Floor

- Reception / waiting room
- Quiet / group room
- Therapy room
- Staff office
- Kitchen
- Accessible toilet
- A garden

First Floor

- Three therapy rooms
- Staff office
- Staff toilet and shower room

The quiet/group room

2. Summary assessment findings

Overall Outcome

The Yeleni Therapy and Support Centre has **exceeded** the level required to **retain** the Macmillan Quality Environment Mark® and is to be congratulated on this significant achievement

Staff are **proud** of the MQEM award and value the **recognition** that it provides with the award plaque being prominently displayed within the waiting area.

It was clear from discussions with staff that they have a huge amount of passion and energy for the centre and services provided. This was supported by discussions with clients, all of whom were extremely positive about staff and volunteers, services and the environment.

As with previous years staff had, in advance of the assessment, prepared a comprehensive evidence portfolio. Information was also **readily available** to demonstrate changes that had been implemented and **staff facilitated** a number of clients to be interviewed as part of the process.

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

Improvements since the last assessment

A new boiler has been installed.
Thermal blinds have been installed throughout the centre.
Heating and cooling air purifiers are now provided in all rooms.
A microwave and toaster have been installed in the staff kitchen.
There is new carpeting in three therapy rooms plus on the stairs and landing.
A hearing loop has been installed.
A defibrillator has been installed and all staff have been trained in its use.
The centre's information leaflet has been updated to include a location map.
New evaluation forms have been introduced to explore how clients feel both before and after a course of therapies.
Due to the local Breast Haven centre closing, the centre has expanded its services for breast cancer patients.
New support groups have been established, including one for clients with gynaecological cancers.

A therapy room

Summary assessment findings – user feedback

User Consultation

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

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

Non-clinical, welcoming, accessible, caring, warm, safe, clean, comfortable and homely.

Words used by clients to describe the environment

Improvements suggested by clients

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

- To provide some parking although clients appreciated this was difficult given the location of the centre.

Quotes from service users

On access *- It is in a great location. It is a shame that there isn't parking at the centre but with its central location this would be difficult. It isn't too far to walk from the car parks, and you can book the disabled space if you need to. Staff are very good at helping you with your journey planning. The location is more important than the parking and it is easy to get here by bus. I like being able to access the services away from the hospital. It is very accessible and easy to find. It seems to be well known and staff at the hospital tell you about it. The centre is very active on social media so you can keep up to date with what is going on.*

On the welcome *- You always get a lovely welcome whether that is in person, on the phone or when joining one of the on-line sessions. There are lots of smiley faces at Yeleni. When you are diagnosed nobody knows how to speak to you, but they do at Yeleni.*

On comfort *– I love my pamper sessions at the centre. It is very comfortable, and staff offer you blankets. You just disappear into your own world because it is so comfortable and relaxing. You forget you have cancer. The temperature is always just right which helps with comfort. Staff play music to help you relax.*

On the environment *– It is very clean and tidy. The décor is calming. It think the colours are spiritual and it adds interest to see different colours in each room. It is just like being in a home which is important. It doesn't feel clinical in any way. I wouldn't like to see any changes as it wouldn't feel the same. I can only describe it as a lovely, warm and safe environment. I do prefer the rooms at the back as sometimes you can hear the traffic when you are at the front. It is like a home from home.*

Support *– The staff are very supportive. You feel like you can ask anything. It is a very personal service, meaning that you don't feel like a number. They have got the centre just right. There is some information but not too much. As a cancer patient you get bombarded with information, so it is important to get the balance right, which they seem to have done. You are never kept waiting, unlike at the hospital. The range of services available is fantastic.*

3. MQEM assessment history and scores

13th February 2018

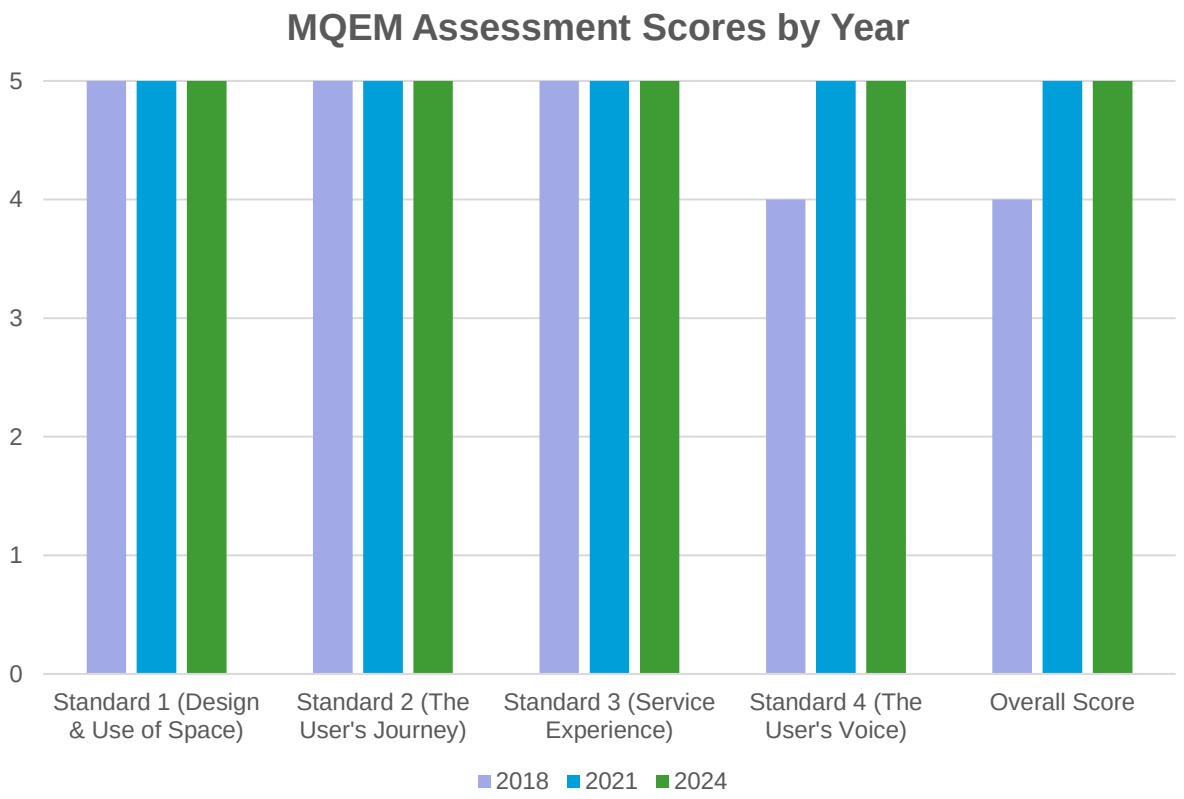
- Initial assessment
- Pass

28th September 2021

- Three-year reassessment (delayed due to the Covid Pandemic)
- Pass

12th September 2024

- Three-year reassessment
- Pass



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 Exceeds Requirements/Excellent, 4 is Fully Met/Very good, 3 is Partially Met/Average, 2 is Barely Met/Poor, and 1 is Not Met/Very poor. Level 4 is the average level that facilities need to achieve across all four Standards to attain/retain the MQEM award.

A therapy room

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MQEM assessment history and scores

The facility was assessed against version 3 of the MQEM Standards which was introduced in July 2024. A number of new requirements are included in the Standards and during 2024 they are being treated as pilots. This means that organisations are assessed against them, and whilst an indicative score is given, they are not included in the overall outcome. The table below show the new requirements and indicates those requirements that were applicable to the facility and the scores that would have been attained. Where applicable, recommendations are made within Section 4 of this report. It is likely that these requirements will be fully implemented from January 2025 so the facility should address any recommendations.

Requirement	Applicable	Score
1.3.6 Decoration within the facility provides a pleasant environment for users and staff.	Yes	5
1.3.8 The facility has a connection to the outdoors.	Yes	5
1.5.3 Inpatient facilities are designed to support privacy and dignity at the end of life.	No	N/A
1.5.7 Suitable staff support spaces are available and can be easily accessed from the main workspace.	Yes	5
1.5.8 Maintenance agreements are in place for buildings, gardens and equipment used within the facility.	Yes	5
2.5.1 Users are provided with information on their environment and an orientation.	Yes	N/A
3.3.1 The facility can demonstrate that multiuse space is effectively managed without compromising the user experience.	Yes	5
3.3.5 There are designated areas for the preparation of food/beverages for patients/visitors.	Yes	5
4.1.2 Service user numbers are monitored, and appropriate action taken, to ensure the physical environment remains sufficient for all user needs.	Yes	5
4.1.3 Staff and volunteer numbers are monitored, and appropriate action taken, to ensure the physical environment remains sufficient for their needs.	Yes	5
4.3.1 The facility has successfully implemented a system for capturing, analysing and monitoring user and staff feedback regarding the physical environment The system has been designed to be effective and user friendly to gather valuable insight into the use of the environment to make necessary improvements.	Yes	5

The garden

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
The centre is located in a converted Victorian house in the centre of Hereford town and clear signage outside of the building informs passers-by of the services provided. The centre's webpage includes information on how to find it as does a centre specific leaflet. Copies of this are available in local healthcare and community facilities. A board located outside the centre indicates the activities and support being provided on each day to help entice people into the centre.
The centre includes a reception/waiting area which is the point at which users enter the centre and are greeted by staff or volunteers. It offers an attractive and welcoming environment and is large enough for clients and any accompanying people. It has been designed to allow clients to communicate with staff and volunteers without any physical barriers and is wheelchair accessible.
The centre has been designed to ensure the privacy of clients. A quiet room is available for private discussion and any user identifiable information is securely stored in the office. The quiet room is of a good size and offers a comfortable place for clients to sit. It's location down a corridor means that it is in a private space and clients can leave without having to go through the main reception/waiting area. Other rooms have engaged signs which are regularly used by staff and volunteers.
The centre benefits from having two dedicated toilets, one of which is fully accessible. The location of the toilets ensures reasonable privacy for clients.
Privacy and confidentiality is well maintained throughout the centre with all records being kept securely in a staff area. Rooms offer added privacy with the use of signs, staff protocols and escorted access through the building.
The centre is cleaned once a day and during the assessment appeared to be clean and well cared for.
Large windows and skylights facilitating natural light into all areas of the building. Artificial lighting has been carefully considered to ensure that it is appropriate for the services provided in each area.

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
Rooms used for complementary therapies are of a good size and are well decorated. Thermal blinds have been installed in these rooms to maintain a comfortable temperature, whatever the weather.
Storage within the centre is well managed with a large storeroom being located on the first floor and a cellar on the lower ground floor. Staff have also ensured all rooms have sufficient storage to allow all items to be put away when not in use. This creates an environment that is tidy and appears clean and welcoming.
Furniture throughout the centre is comfortable and offers clients a variety of different seating types. Co-ordinating colours in walls, fabrics, furnishings and artwork ensure that the environment is warm and welcoming. This all contributes to the "home from home" environment.
Staff have access to a small office and due to the small number of staff on site at any one time there is sufficient space for all to work effectively. Staff and volunteers are able to make refreshments both for themselves and clients and they have access to secure storage for any personal belongings.
The building is owned by a private landlord. Maintenance agreements are in place for the building and the centre has individual supplier contracts for the ongoing maintenance and testing of equipment and fixtures. Internally the building appeared to be in good condition.

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.4	Furniture, fixtures and fittings are selected with the comfort of users in mind.	5	Furniture within the centre was chosen with input from clients and staff continue to receive positive feedback on its comfort. In keeping with the homely nature of the centre, seating is colourful, with this being particularly evident in the complementary therapy rooms, where the colour complements the overall theme of the rooms. Chairs in these rooms are fabric covered, comfortable and have arms to assist clients in standing. Within the waiting area and activity/quiet room chairs are functional but less homely than those used elsewhere in the centre. They were however selected as they are stackable, which allows them to be stowed when not required, thus freeing up space in the activity room for sessions such as yoga. Within the waiting area, there are only four chairs, and these are spaced out around the room meaning that family members would not be able to sit together. Those visiting support centres are often accompanied by a loved one and generally prefer to be able to sit side by side.			
			Should any refurbishment of the waiting area take place, staff may wish to consider providing different seating options including a small settee and some higher backed chairs. This would assist in making the waiting area a more homely environment.			

Findings & Recommendations – Design & Use of Space

Ref	Requirement	Score	Finding & Recommendations	Proposed Action	Responsibility	Timescale
1.3.8	The facility has a connection to the outdoors.	Not scored	This is a pilot requirement during 2024 and therefore was not scored. Had it been formally scored the centre would have achieved a 5 (excellent). The environment within the centre is modelled on Feng Shui principles with each of the complementary therapy rooms and the group room decorated in accordance with one of the five elements of earth, wood, fire, metal and water. Via artwork, crystals and other features staff and clients are provided with a visual connection to the outdoors. Music offering an audible connection to nature can be played during complementary therapy sessions. **As discussed at assessment NHS Forestry provide a number of free online resources which allows clients to immerse themselves in virtual forestry wellbeing experiences. The centre may wish to make these accessible to clients.**			
1.3.9	The facility has its own dedicated outdoor space that can be used year-round.	Not applicable	The centre has a small courtyard garden which is situated at the rear of the building. It is a well-maintained space with outdoor furniture, a retractable sun awning and a variety of colourful shrubs and ornaments. It can be accessed externally via the side of the building, or internally via the office. It is overlooked by the therapy rooms which brings the potential for conversations in either space to be overheard. Due to this and the difficult access arrangements the garden is now only used by staff. This seems a sensible arrangement and as such this requirement has been marked as not applicable. The assessors did note that the fire exit route for the building is via the office and the garden. The route through the office was a little cluttered and may hinder egress in an emergency situation. **Staff should ensure that the fire exit route is kept clear at all times to allow for easy egress.**			

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 Yeleni centre is located in the centre of Hereford and as such is well served by local roads, buses and the train station. The centre benefits from being on a side road, close to local supermarkets and car parking. The website includes information on transport arrangements and the updated centre leaflet includes a location map to assist with wayfinding.
The centre has one accessible car parking space which clients are able to book in advance.
The entrance to the centre is welcoming with lovely hanging baskets providing colour and interest. There is good accessibility into the centre with level, step free access and it is well lit during the winter months.
All clients are welcomed on arrival, made to feel at ease and offered refreshments which include a wide variety of teas, coffees and other drinks as required. Policy and training requires all members of staff and volunteers to take responsibility for ensuring that people receive help in finding their way around and in understanding the services that are available.
Clients are escorted to the relevant room and in keeping with the homely nature of the centre, signposting is minimal. Essential facilities such as toilets are however well signposted.
The centre is open Monday to Friday and provides free and confidential information, as well as practical and emotional support to people living with cancer and their families. Clients can drop in at any time for advice and information without the need for an appointment. Appointments are provided for the various therapies and group activities offered by the centre. These are well organised with staggered times ensuring there is minimal overlap of clients within the centre.
The centre performed well against the requirements of this Standard and there are no recommendations.

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
The centre is well advertised both within the organisation and within the local community. Users are provided with centre contact details in various formats including phone, text, e-mail and social media. The centre's information leaflet is available in English and other languages most commonly spoken in the area.
The centre was designed to ensure the privacy and dignity of clients at all times and the way in which staff and volunteers use the environment enhances this. Clients are not unduly overlooked, there are private spaces for quiet discussion and the environment, including the toilet, is kept clean at all times.
The centre has some multiuse space, such as the activity and complementary therapy rooms. Space within these is well managed so as not to compromise user experience. There are no physical barriers to discussion and systems are in place to ensure that discussions are not interrupted by phones or other people entering the space.
Information provision is carefully managed within the centre and written information was found to be well displayed, up to date and relevant to clients. Staff are able to support clients with additional needs via various means; interpreters can be easily provided and there are systems in place to support those with learning disabilities.
Information has been carefully categorised to allow clients to browse independently and a system is in place to avoid them being exposed to inappropriate or distressing information.
Social media, the centre's website and newsletters are all used to advertise groups and events. The centre has well-developed relationships with other cancer care facilities. Staff have an excellent awareness of the support available both locally and further afield and there is good signposting of people to other services. The centre was in particular able to demonstrate partnership working with organisations such as the local hospital, the local hospice and other NHS providers across the region.
The centre 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 clients with information on needs gathered throughout the client journey. Additionally, staff have a good understanding of the demographics of the local community and use this insight to tailor services. Most recently the centre has established new support groups to better support the needs of the local community and particular tumour types. Regular reports are used to share up to date data relating to user groups accessing services in relation to age, gender, ethnicity, cancer type, additional needs, etc.
Service user numbers are monitored, and this information is used to adapt services and monitor service/environment capacity. Where appropriate the data would also be used to inform changes to the environment. No changes have been required to the existing environment, but some support groups are being held in other venues. This has enabled greater attendance numbers.
The centre was designed with client input and regular feedback ensures that they remain happy with it. The input from clients is clear and has resulted in a welcoming and comfortable environment that is accessible to all. In discussions with the assessors, current clients commented that the way in which the centre is designed, arranged and used continues to make them feel well cared for. Clients were particularly appreciative of the centre's central location and of the bright and colourful environment.
Clients are invited to provide feedback on the centre's environment and services via a number of routes, including new pre and post therapy evaluation forms. Informal feedback is provided via thank you cards and e-mails of appreciation.
Feedback from clients, staff and volunteers is regularly reviewed to ensure that any suggestions for improvement are identified at an early stage.
The centre performed well against the requirements of this Standard and there are no recommendations.

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 September 2027. The assessment team will contact the facility in early 2027 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.

The waiting area

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 Macmillan Quality Environment Mark ®

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

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

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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.

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DNV