Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Weston Hospicecare

Jackson Barstow House, 28 Thornbury Road, Uphill, Weston Super Mare, BS23 4YQ

Tel: 01934423900

Date of Inspection: 07 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Weston Hospicecare Limited
Registered Managers	Mr. John Stuart Bailey Miss Nicola Tonkin
Overview of the service	Weston Hospicecare provides a range of hospice services for adult patients with life-limiting illnesses or advanced progressive conditions. Services include an inpatient unit with 10 beds and a day centre. The hospice provides physical, emotional and social support for people and their families when dealing with life-limiting illnesses.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with someone who was receiving treatment and looked at comments from people who used the service. We saw that they were happy with the care and treatment that they had received. There were comments such as "There's a great team here" and "A caring and sensitive approach". We saw that staff protected people's privacy and maintained their dignity.

Care and attention was paid to people's individual needs so that they received effective and appropriate treatment. Staff were trained to understand the specific needs of people requiring end-of-life care. Unexpected events were analysed and used as learning opportunities. The quality of treatment and care was closely monitored and the results of clinical audits were used to improve practice if necessary.

Staff were supported and managed effectively and were encouraged to up-date their skills and knowledge. Professional and organisational skills were regularly assessed and further development encouraged.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We looked at the personal records of five people and saw that they and their families had been involved in the initial assessment process and ongoing changes to care plans. People expressed their views and were involved in making decisions about their care and treatment. One person that we spoke with confirmed that treatment choices were fully explained. We were told "The doctors and nurses always ask me what I want"

People's privacy, dignity and independence were respected. They were nursed in spacious, well equipped single rooms. We observed that doors and blinds were closed when personal care was being given. When care was not being given people were asked if they wanted their door open or closed and their decision was respected. We observed that personal care was offered with sensitivity and discretion. Staff spoke quietly and gently touched people's hands to ensure that they had their attention, before offering support.

People were supported in promoting their independence and community involvement. We visited the day centre and spoke to staff there. We were told that their aim was to support people to live at home for as long as possible. They assisted people and their families by assessing how they carried out activities of daily living. When problems were identified, these were discussed and appropriate advice was given. A physiotherapist taught people and their families about techniques for improving mobility. Construction of a new "Wellbeing Centre" was underway with the aim of supporting patients and their families in a non-clinical setting.

There was a choice of complementary therapies that were offered to people in addition to nursing care and medical treatment. These included reflexology, tai chi and therapeutic massage. An occupational therapist helped people to make a record of their life stories and to put them in a "memory box". These records assisted communication with staff and

families, particularly if family members were a long distance away.

The registered manager told us about the Family Advice and Support Group. The aim of this was "to help carers look after themselves so that they can continue to look after others". Meetings took place weekly in order to address the concerns of family members.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that the care that was provided at the hospice had exceeded their expectations. One person told us "I wasn't sure about coming here, but everyone is so lovely that I don't want to leave". We saw that staff were attentive to patients' needs and always answered call bells promptly. One person said "There are call bells everywhere. There isn't anywhere that I can't call for help when I need it".

Each person had a plan of care which had been written with the involvement of that person and the multi-disciplinary team at the hospice. We looked at five care plans and found them to be clearly laid out and comprehensive. Patients' needs had been assessed thoroughly and yet with sensitivity. We saw that these plans were reviewed regularly and updated as people's needs changed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were usually referred to the hospice by their GP, a community nurse or a hospital team. If the referral was an urgent one, we saw that every effort was made to admit someone within 12 hours.

We saw that risks to people at the hospice, such as the risk of falling or developing pressure ulcers or infections, had been fully assessed. There were appropriate measures in place to reduce the risks that had been identified. The hospice was well designed, spacious and well maintained. This reduced the risk of slips, trips and falls and meant that people could be easily evacuated in case of serious emergency.

We could see that staff worked together to care for each person individually. Although the control of symptoms such as pain and nausea was an important part of this care, it was obvious that staff placed equal emphasis on other areas of care such as spiritual and emotional needs.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider had worked continuously to maintain and improve high standards of care by creating an environment where professional excellence could do well. We spoke to seven members of staff and were told that they enjoyed their work and were well supported. It was clear that strong teamwork played an important part in their working lives. One member of staff said "We all look after each other". Another said "This is a really special place to work".

Staff received appropriate professional development. We were shown the annual training programme that included subjects such as advanced pain and symptom control, use of syringe pumps, bereavement and intravenous therapy skills. Staff that we spoke with were able to speak confidently about the care that they delivered. They clearly understood the needs of the people for whom they cared.

We looked at five staff files and could see that individual training needs were discussed at yearly appraisal meetings. Each appraisal resulted in a learning and development plan for the following year. We saw that the training proposed was appropriate to meet the needs of the patients at the hospice and also to enhance the skills and knowledge of each member of staff. Staff were able, from time to time, to obtain further relevant qualifications. We saw certificates confirming that staff had achieved nationally recognised qualifications in end of life care and also teaching and assessing.

Staff confirmed that they had received appropriate induction training before providing care for people. The topics covered included patient confidentiality, health and safety, equality and diversity, fire awareness and infection prevention.

We saw that regular clinical supervision sessions took place where staff had an opportunity to discuss any issues about their role. These sessions helped to provide a confidential support structure for staff who work in a demanding environment. Training and support for clinical supervisors is currently being updated.

These measures demonstrated that staff were supported and managed effectively. They were clear about their lines of accountability and were able to care for people in a well-

informed and professional manner.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. We spoke with one patient who confirmed doctors and nurses involved patients when making decisions about their care and treatment. We were told "They always make sure that you are happy with your treatment".

Regular patient satisfaction surveys were undertaken. The results of these were collated and results discussed at staff meetings and clinical governance meetings. We looked at some questionnaires that had been recently completed and the responses were all positive. There were comments such as "You truly have a place that brings dignity and respect to those going through a difficult time" and "Your kindness and expertise will never be forgotten".

There was evidence that learning from incidents took place and appropriate changes were implemented. We looked at the way that accidents and incidents were recorded. These records were clear and detailed and reported in a timely manner. We could see that incidents were dealt with effectively at the time, that the causes were analysed and, if necessary, action was taken to prevent them happening in the future. The registered manager told us that a "no blame culture" was encouraged and that this had led to high standards of reporting.

There was a system in place for gathering, recording and evaluating information about the quality and safety of the treatment provided. We looked at the results of the annual audit programme which was wide ranging and thorough. It included topics such tissue viability, blood transfusions and infection control. The results of these audits were compared to those of other hospices and were discussed by the registered manager at clinical governance meetings. We saw minutes of the most recent meeting and saw that changes were made if required. The results were also discussed at staff meetings and used to improve practice if necessary.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk