# Inspection Report

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

## St Luke's Services- Pearn

Eggbuckland Road, Hartley, Plymouth, PL3 5JP

Tel: 01752436735

Date of Inspection: 25 March 2013

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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 |
| **Safeguarding people who use services from abuse** | ✓ 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 | St Lukes Hospice Plymouth |
| Registered Manager | Mrs. Joan Frances Dee |
| Overview of the service | St Lukes Services - Pearn is registered with the Care Quality Commission to provide support and guidance for people who are receiving end of life care in their own homes. |
| Type of service | Hospice services |
| Regulated activities | Transport services, triage and medical advice provided remotely<br>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'.*


| | Page |
|---|---|
| **Summary of this inspection:** | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 5 |
| **Our judgements for each standard inspected:** | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Supporting workers | 9 |
| Assessing and monitoring the quality of service provision | 10 |
| **About CQC Inspections** | 11 |
| **How we define our judgements** | 12 |
| **Glossary of terms we use in this report** | 14 |
| **Contact us** | 16 |

## 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 25 March 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

### What people told us and what we found

When we inspected St Lukes Services – Pearn on 25 March 2013, they were providing advice and support to approximately 300 people in their own homes. As people using this service were receiving end of life care and support, we did not feel it was appropriate to intrude at this sensitive time. We therefore reviewed satisfaction surveys and other information to inform our judgements of outcomes for these people.

We saw information which demonstrated that people were very satisfied with the support and guidance they received. We noted comments from one person's relative read, "Your encouragement has taught me how to cope, manage and more importantly move on."

We noted from the care records that we looked at, that people were offered support and guidance which enabled them to make informed decisions about how and where their care should be delivered. The staff that we spoke with were knowledgeable about the options of care and support that were available to the people they supported. They demonstrated an empathy and understanding of the sensitivity required to support people in a dignified and respectful manner.

We could see from records that the staff were well supported through internal and external supervision processes, which provided opportunities for both individual and group reflective discussions.

There were various quality monitoring systems in place, which we could see were effectively monitoring the service provision and people's satisfaction.

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, and their 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

When we inspected this service we saw that there were systems in place to ensure that people who used the service were given appropriate information, guidance and support regarding the options of care or treatment that were available to them.

We did not speak with people who used the service as part of this inspection, however we looked at people's care records and found it was clearly recorded when staff had explained the care and treatment choices that were available available to them. This included information regarding methods of pain relief and management, and discussions about individual end of life wishes. This demonstrated how staff respected peoples' choices, and supported them and their families sensitively and with dignity, to make decisions about their end of life care.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

We found that peoples' needs were assessed, and advice and support from this service was planned and delivered in line with their individual care plans. We looked at the care records of two people who were receiving care from St Lukes Services - Pearn at the time of our inspection. Records were held on an electronic system (Cross Care Records) and could be accessed by other health professionals who were involved in an individuals care. This demonstrated how the multi disciplinary team worked together to ensure people's care needs were met efficiently and effectively.

Records showed that each person's care was personalised to include their wishes and personal choices. This demonstrated that people who used the service were in control of their own care regarding matters such as pain and symptom management, and referred to the individual's personal choices and preferences with regards to end of life plans or interventions. One member of staff told us, "We just need to make sure ... knows what is available to him, so he can make informed choices, and then we support him."

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

We spoke with three members of staff about their roles and responsibilities with regards to safeguarding people. They knew there was a safeguarding policy and protocols that they should follow, and all said that that they had completed safeguarding training. Staff were able to demonstrate a good understanding of safeguarding processes, and had a good understanding of the Mental Capacity Act (MCA) 2005.

The staff told us the type of incidents or concerns they would report, and who they would report their concerns to in the first instant. Although this service had a safeguarding lead who was the first point of contact for staff concerns, the staff were also aware that if they were not satisfied with the initial action taken in response to their concerns, they could raise an alert directly with the local authority safeguarding team, Care Quality Commission or the police. Staff were familiar with the whistle blowing process.

There was information about safeguarding displayed in the offices at this location. These provided information and telephone numbers the staff could call if they required further advice or guidance on matters relating to abuse or inappropriate treatment.

**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

During this inspection we spoke with three staff about their roles and responsibilities within the team, and the support and training they received. They all told us that their support network was very strong, and they received ongoing, informal supervision from their line manager as well as a monthly formal one to one. They added that their managers were always available to them for an informal chat or debrief if they needed extra support. Group meetings were also held for staff to share experiences and reflect on cases they had been involved with.

In addition to the company's internal support systems, staff who worked in a clinical role were encouraged to attend regular clinical supervision from an appropriate external supervisor of their choice.

The staff were confident and comfortable in their roles and had a clear understanding of how support needed to be delivered to people who were receiving end of life care. Staff members held a variety of professional qualifications, and all talked about the range of ongoing training that was available to them. We could see from training records that staff received training that was appropriate for them in their specific roles. This included subjects such as advanced communication and active listening, and palliative emergencies as well as the provider's mandatory updates in subjects such as safeguarding and health and safety.

The staffs' training was monitored by the manager, and annual appraisals were either planned or had taken place for all staff. This enabled the manager to monitor staff performance against core competencies, and gave individual staff the opportunity to discuss their personal career development needs, and keep up to date with best practices.

**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 received.

There was also an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

During this inspection we met with the Head of Community Services who told us a wide range of regular audits were carried out to ensure that people received the appropriate support, and were satisfied with the service they received. The Registered Manager carried out regular 'mock inspections' using the Care Quality Commission (CQC) Essential standards of quality and safety, to monitor compliance within this service. Additional audits were also conducted to ensure that referrals were followed up efficiently and care documentation was appropriately completed and reviewed.

We looked at the records for some of these audits, and noted that where non compliance or anomalies had been identified, this had followed up either with individual staff or with the team through their supervision processes and team meetings to ensure improvements were made.

There was a Clinical Governance Plan in place for the forthcoming year, which identified clear objectives, with an action plan and expected dates for completion. This demonstrated the provider had systems in place for ongoing improvement and monitoring of the service.

We noted from the documentation we saw, that complaints and incidents relating to this service were analysed by senior management, and action was taken to ensure learning outcomes were consistently shared with the team so that improvements could be implemented efficiently.

People who used the service and their relatives were encouraged to share their views, and the provider welcomed suggestions for improvements. We noted a change to the size of print on the service business cards had been implemented as a result of comments they had received. We noted that positive comments which had been submitted by people who used the service and their relatives, reflected they had felt well supported and reassured by this service.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

| | |
|---|---|
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