

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

Primrose Hospice

St Godwalds Road, Bromsgrove, B60 3BW

Tel: 01527871051

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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	Primrose Hospice Limited
Registered Manager	Mrs. Elizabeth Mytton
Overview of the service	Primrose Hospice is located near Bromsgrove in Worcestershire. The hospice is registered to provide palliative day care services to adults.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

Contents

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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 20 November 2012, 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 three people who were receiving care and treatment in the hospice. The people we spoke with were complimentary about the hospice and its staff.

One person told us, "The staff are lovely. They can't do enough for you," and another said, "I enjoy coming here and just being with people who are in the same boat. The staff are very friendly and the volunteers are very helpful too."

A third person told us, "I didn't want to come here at first but everyone was so nice and friendly. They went out of their way to reassure me and we have a talk every time I come in."

We spoke with the Registered Manager and two members of staff. The staff knew about the needs of the people they were caring for. We looked at care plans for three people and found that these contained guidance for staff on how to meet their needs. We saw that people's needs were reviewed regularly.

People told us that they felt safe at the hospice and knew who to speak to if they had any concerns. Staff had been trained how to recognise signs of abuse and knew how to report concerns.

We saw that staff were supported to be trained to an appropriate standard and we looked at records which showed that the provider was regularly monitoring the quality of its service.

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.

Reasons for our judgement

We spoke with three people who were using the hospice on the day of our inspection. They all told us that staff respected their privacy and dignity, for example by offering to pull a screen around people in the lounge if they needed hoisting. One person told us, "They're very respectful," and another said, "They treat everyone as an individual."

During our inspection we watched how staff cared for people. We saw that the people who were using the hospice responded positively to interactions from staff and that workers and volunteers cared for them in a way that respected their privacy and dignity. Staff we spoke with understood how they would protect people's privacy and dignity and how important this was.

The people we spoke with told us that they had been involved in drawing up their care plan with staff at the hospice. The records we looked at also demonstrated this. This meant that people were able to express their views and were involved in making decisions about their care.

People's diversity, values and human rights were respected. Personal information was gathered from people when they first started using the service. This meant that people's diversity and preferences were included in the planning and delivery of their care and support.

We saw that people were given choices during the day by staff. These included choices about the things they would like to do and where they would like to eat at lunchtime. This meant that people were supported in promoting their independence during the time they were at the hospice.

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.

Reasons for our judgement

People's needs were assessed and their care and treatment were planned and delivered in line with their individual care plan. We looked at care records for three people who were receiving care and treatment at the hospice. People that we spoke with told us how their needs were assessed by nursing staff when they first started using the hospice. The care plans we looked at identified the support that staff would need to provide in order to meet people's needs. We saw staff giving care and support to people that corresponded with the information in their care plans. The provider might find it useful to note that different information about pressure relieving equipment for one person was in two separate places in their care plan. This created a risk that any new staff might not be aware of both parts of the information.

Staff that we spoke with had a good knowledge of the individual needs of the people they were providing care to. One person told us, "The staff know exactly what they're doing. They understand what you need."

People's needs and the care they received were reviewed regularly. We saw that people were able to meet with a member of nursing staff when they visited the hospice to discuss their ongoing needs. We saw that these discussions had led to people's plans being updated. This made sure that people's care plans continued to meet their changing needs.

Staff that we spoke with were familiar with the hospice's procedure for reporting incidents and accidents and understood its importance. We saw records that showed how any incidents that had happened at the hospice had been managed appropriately by the provider. These records showed that actions had been taken to reduce the risk of a similar incident happening again. This meant that the risk of incidents and accidents recurring was minimised.

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

Our judgement

The provider was meeting this standard.

People who used 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

People who used 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. People who used the hospice told us they felt safe when receiving care and treatment there. They told us they knew who to speak to if they had a concern and were confident that the provider would take action if they did so.

We saw records which showed that all staff and volunteers who might come into contact with people at the hospice had received safeguarding training, both in relation to adults and also to children who might be accompanying relatives. All of the staff we spoke with had a good understanding of what abuse was and what they should do if they had any concerns.

The records we looked at showed that relevant staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant that they would be able to make sure that DoLS were used only when it was in the person's best interests.

The provider had safeguarding and whistle blowing policies in place. The safeguarding policy followed national guidance and linked in with local safeguarding protocols for raising concerns. The registered manager had a good understanding of what action should be taken if they suspected abuse had taken place.

We saw that any safeguarding incidents had been dealt with appropriately and that the relevant agencies had been notified.

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 to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke with two members of staff at the hospice. They confirmed that they had regular staff meetings as well as supervision and appraisal. We saw records that showed that minutes were kept of these meetings. Staff told us that they would be able to raise any training needs at staff meetings as well as at supervision sessions. They also said they would feel able to raise training needs directly with the registered manager. This meant that the provider was able to identify areas where staff needed additional support and training in order to meet people's needs.

Staff told us that an induction programme was in place for all new staff who started working at the hospice. This induction included a period of supervised practice before staff were allowed to care or support people on their own. This meant that the provider made sure that staff were trained to an appropriate standard before they began to provide care and support to people.

We saw that a system was in place to make sure that staff completed the provider's mandatory training in areas such as safeguarding, infection control and moving and handling. The records we looked at showed that some staff were overdue for refresher training. However the provider was aware of this issue and had already put a plan in place to ensure that these staff received the relevant training.

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

The provider had a system in place to monitor the quality of its service regularly.

This included the use of questionnaires to gather the views of people who used the service and their relatives. We saw that the questionnaires were analysed by the provider for information so that any issues identified could be addressed. This meant that people were asked for their views on the quality of the service and that their views would be acted upon.

The registered manager told us that as a result of analysing their quality questionnaires there were now plans to introduce forums to enable people who used the hospice to communicate their views more effectively.

We saw that the Registered Manager carried out regular audits of areas including infection control, admission paperwork, accidents, incidents and complaints. The results of these audits led to action plans for improvement. We saw that the audit work of the Registered Manager was reviewed at regular board meetings.

Staff that we spoke with told us that they received regular supervision and appraisals. We looked at records which showed us that the provider used these sessions as a way of monitoring the quality of its service. This meant that the provider was able to monitor the quality of the training of its staff to ensure that they were able to meet the needs of the people they provided care to.

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. 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. 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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