

Review of compliance

St Luke's Hospice St Luke's Hospice	
Region:	Yorkshire and the Humber
Location address:	Little Common Lane Whirlowdale Sheffield S11 9NE
Type of service:	Hospice services
Publication date:	May 2011
Overview of the service:	St Luke's Hospice provides a range of specialist palliative care services for adults within a dedicated building offering 20 inpatient beds along with outpatient services. The hospice also has a community team who provide care and support for people and families in the home environment.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that St Luke's Hospice was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 May 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. All had been happy with the nursing care and felt staff members were friendly and helpful.

Some comments captured:

Patient A "[nurses] very busy but they look after you ... need more time to chat".

Relative X "Nurses keep you up to date... [as a relative] kept well informed".

Relative X "[Staffing levels] There are peaks and troughs... all busy... mum herself has recognised that care is very personalised and patient centred".

Patient B "Got to ask for information after treatment changed".

Patient B relative “Great organisation!”

Relative Y “Small community spirit ... everybody supports everybody else... there’s a “real sense of community”.

Relative Y “Kept up to date by consultant...never met such a wonderful doctor...all doctors good...they explain in a proper environment”.

Patient A “Lots of different food...accommodate what you need”.

Relative Y “Food absolutely fantastic! – whatever they want they get”.

What we found about the standards we reviewed and how well St Luke’s Hospice was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall, we found that St Luke’s Hospice was meeting this essential standard.

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that St Luke’s Hospice was meeting this essential standard.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- Overall, we found that St Luke’s Hospice was meeting this essential standard.

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 5: Food and drink should meet people’s individual dietary needs

- Overall, we found that St Luke’s Hospice was meeting this essential standard.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 6: People should get safe and coordinated care when they move between different services

- Overall, we found that St Luke’s Hospice was meeting this essential standard.

We found this location cooperates with other providers to ensure people who use services receive coordinated care, treatment and support where more than one provider may be involved. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 7: People should be protected from abuse and staff should respect their human rights

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found people who use services had received care and treatment in a reasonably clean environment with various infection control measures in place to minimise the risk of infection. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. The in-patient unit no longer meets current best practice guidance in relation to the physical environment but we found that the unit continues to meet the needs of people who use services in this unit and potential environmental risks are appropriately managed.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found people who use services should be safe and have their health and welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

- Overall, we found that St Luke's Hospice was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Overall we found the hospice was complying with this outcome but to maintain this we have set out an improvement action. However, there was no robust information that demonstrated all staff members had received an appraisal in the last 12 months because this information is not collated. We recommended on the site visit that the deputy chief executive consider introducing a system that could capture a range of information from department managers. For example, a monthly departmental manager's report would have captured numbers of completed appraisals and alerted them during course of year where a shortfall may occur so action could have been taken to address any shortfall.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 17: People should have their complaints listened to and acted on properly

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

- Overall, we found that St Luke's Hospice was meeting this essential standard.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant
with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The hospice participates in the two yearly 'Help the Hospice' patient survey. The last available report from St Luke's hospice was completed in August 2009. We have included a sample of comments from this survey to show how previous patients felt about care at the hospice.
"A wonderful place and staff kind, considerate."
"The staff are excellent, nothing is too much trouble for them, you can discuss anything with them."
"Very satisfactory and welcoming."
"As a completely untalented person, I would like to commend the arts and crafts workshop whose staff inspired me to take up interest. I previously never had."
"The grounds are a plus to the hospice and the flowers on the tables cheer one up!"
"My experience so far has been on an excellent service with wonderful, caring and attentive staff."

"I do believe that all that could be done, was done. I take medication seven days a week. My hospice day is the best medication that I take."

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. All felt there were no problems regarding the handling of their privacy and dignity and gave positive examples of how privacy had been maintained. Nurses we talked to also confirmed there are no issues when providing privacy and dignity to patients at the hospice.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. A provider level submission provided detailed explanatory notes regarding 'respecting and involving people who use services', 'how service users views are obtained and used to influence services' and regarding the 'promotion of equality, diversity and human rights'.

As part of the initial assessment of all outcomes external stakeholders were contacted including, Sheffield LiNK (local involvement network) and NHS Sheffield. NHS Sheffield explained that the hospice is working on an equality strategy for the hospice, which will set out the steps that the location will take "to increase the focus on and commitment to equality and diversity issues, in order to deliver and exceed on obligations required under equality law."

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. (This tool allows the location to perform a self assessment and explain how it is currently meeting each part of the outcome). The location set out information, which explained how this outcome was being met.

In addition, the provider voluntarily submitted a range of supporting evidence, for example, the detailed patient handbook and draft equality and diversity strategy. The provider also provided examples of how it had involved people who use services when planning improvements, for example, a detailed study which looked at patients, carers and staff preferences in relation to either single or the sharing of inpatient rooms.

We have no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant
with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including Sheffield LINK and NHS Sheffield who raised no areas of concern relating to this outcome.

The provider voluntarily submitted evidence for outcome one relevant to this outcome which we reviewed, including the Mental capacity and deprivation of liberty safeguards policy (February 2011) and Advanced decisions to refuse treatment policy (March 2011).

This outcome has not been reviewed in detail. On the site visit conducted 24 May 2011 we talked to the in-patient unit senior sister about a persons capacity to make decisions. We found that a person's capacity to make decisions was regularly reviewed by the nursing team and doctors as necessary via a range of methods, though it was not clear that medical staff in particular had previously always recorded the formal assessment of a person's capacity to make decisions. The "*Mental Capacity Act 2005 Code of Practice*" (2007) does require that all assessments of capacity should be recorded. We discussed this with the senior sister and deputy chief executive who have volunteered to look at ways to ensure all capacity assessments are appropriately recorded.

Our judgement

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
The hospice participates in the two yearly 'Help the Hospice' patient survey. The last available report from St Luke's hospice was completed in August 2009. We have included a sample of comments from this survey to show how previous patients felt about care at the hospice.
"The transport was very comfortable, clean and the drivers very friendly and courteous and caring."
"Driver great help, getting from transport to home."
"My driver is always very cheerful and courteous."
"All staff are very caring and helpful."
"Nurses seem to have more paperwork than previously. Therefore limited time for patients."
"The staff are always friendly and polite, cheerful and easy to speak to."
"I feel very grateful for the support and care I was given by everyone. Staff and patients know everybody by first names and through the weeks, all the staff know the patients inside out."
"I was always treated very well."

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. All had been happy with the nursing care and felt staff members were friendly and helpful. When asked if they were kept informed about their care and if not they would ask. The relatives also felt well informed.

Some comments captured relevant to this outcome include:

Patient A “[nurses] very busy but they look after you ... need more time to chat”.

Relative X “Nurses keep you up to date... [as a relative] kept well informed”.

Relative X “[Staffing levels] There are peaks and troughs... all busy... mum herself has recognised that care is very personalised and patient centred”.

Patient B “Staff fine... one or two chieftains though...”.

Patient B “Got to ask for information after treatment changed”.

Patient B relative “Great organisation!”

Relative Y “Small community spirit ... everybody supports everybody else... there’s a “real sense of community”.

Relative Y “[nursing care] very very good”.

Relative Y “Kept up to date by consultant...never met such a wonderful doctor...all doctors good...they explain in a proper environment”.

When asked if there is anything they would like to improve we were told:

“Nurse changeover is a pain” [Wanted it to be less time and more staff available].

“Fold up visitor’s chairs are uncomfortable. Maybe they could make comfortable with some tie on cushions or something”.

“Single rooms are dated”.

“More staff...no time to sit and chat to me”.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

External stakeholders were contacted as part of the assessment process, including Sheffield LINK and NHS Sheffield. Sheffield LINK provided no information of concern. NHS Sheffield provided a summary detailing ongoing positive engagement and a range of statements which provided assurance of compliance with this outcome and a number of other outcomes.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome, which outlined in detail how it is currently meeting each part of the outcome. For example, the provider explained how the admission and assessment pathway, which includes a number of supporting assessments such as risk of falls, bed rail assessment, moving and handling contribute to ensuring the overall safety and welfare needs of each patient are met.

In addition, the provider voluntarily submitted a range of supporting evidence to demonstrate compliance with this outcome. For example, a number of ongoing monitoring mechanisms were found to be in place to monitor quality and risk to allow action where this was found necessary.

On the site visit conducted 24 May 2011 we talked to people who use the service and we spent a period on the in-patient area observing care. We saw patients receiving safe and appropriate care with their privacy and dignity protected. Overall the hospice possesses a warm, welcoming and friendly environment. A small sample of care records was reviewed and these appeared to be appropriately completed.

We found no evidence that suggested areas of non-compliance with this outcome.

Our judgement

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
The hospice participates in the two yearly 'Help the Hospice' patient survey. The last available report from St Luke's hospice was completed in August 2009. We have included a sample of comments from this survey to show how previous patients felt about care at the hospice.
"Lunch time meals could be improved."
"The catering was first class. Compliments to the chef!!"
"There was always someone there - bringing drinks or checking if we were alright."

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. About food they said:
Patient A "Lots of different food...accommodate what you need".
Patient B "I prefer traditional food...up and down...lot better than the bigger hospitals!".
Relative X "Fantastic!...When first came in did whatever mum wishes...she fancied a 'tango' [drink] and got it straight away....really good".
Relative Y "Food absolutely fantastic! – whatever they want they get".

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including Sheffield LINK and NHS Sheffield who raised no areas of concern relating to this outcome.

This outcome has not been reviewed in detail. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

Our judgement

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant
with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

NHS Sheffield submitted a summary regarding St Luke’s Hospice. They stated “*We have productive and effective relationships with the hospice. There is high level of engagement and co-production at both strategic and operational levels. Our longstanding relationship underpins strong contract management and in the last year it has enabled us to strengthen the monitoring and management of quality elements of the contract.*” NHS Sheffield provided a range of other statements provided assurance of how the location had met this and other outcomes.

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Our judgement

We found this location cooperates with other providers to ensure people who use services receive coordinated care, treatment and support where more than one provider may be involved. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant
with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

We contacted external stakeholders, including Sheffield LINK and NHS Sheffield who raised no areas of concern relating to this outcome. NHS Sheffield explained that it had developed a serious untoward incident (SUI) process for reporting which is in the contract with St Luke’s Hospice. In health care safeguarding incidents are also reported as SUI’s and NHS Sheffield stated that none had been reported in the last year.

In addition the safeguarding adults and child protection policies were voluntarily submitted as part of supporting evidence for other outcomes.

This outcome has not been reviewed in detail. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

Our judgement

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement
The provider is compliant with outcome 8: Cleanliness and infection control

Our findings
<p>What people who use the service experienced and told us On the site visit conducted 24 May 2011 we talked to two patients and three relatives. All thought the hospice was kept very clean and tidy.</p> <p>Other evidence The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.</p> <p>External stakeholders were contacted as part of the assessment process, including Sheffield LINK and NHS Sheffield. Sheffield LINK provided no information of concern. NHS Sheffield provided a summary specifically in relation to infection prevention and control and stated <i>“The hospice has 2 Infection Prevention and Control (IPC) Link workers and advice and support as appropriate is provided by NHSS IPC Team. The hospice is compliant with the ‘code of practice’. NHS Sheffield receives assurance from St Luke’s through quarterly IPC [Infection, prevention, & control] reports, audit activity, policy development and outbreak activity”</i>.</p> <p>As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome, which explained in detail how it is</p>

currently meeting each part of the outcome. It is not possible to outline all the information provided but we found a range of processes are in place to meet this outcome with no identified gaps in assurance when this self assessment was reviewed.

In addition, the provider voluntarily submitted a range of supporting evidence to demonstrate compliance with this outcome. For example, a sample of quarterly infection control reports was submitted along with various cleaning schedules. The annual infection control report for 2010 – 2011 demonstrated overall infection rates are very low with no reported incidences of 'bacteraemia' and 'MRSA'. Two occurrences of outbreaks of infection were reported to the Health Protection Agency last year, where some staff members and patients had diarrhoea and/or vomiting. Individual reports for each of these occurrences demonstrated how they were effectively managed by the hospice.

On the site visit conducted 24 May 2011 we conducted a tour of the premises with the deputy chief executive. Overall the entire hospice is well maintained to a high standard of cleanliness with appropriate hand washing solutions at sinks, other prevention measures such as alcohol fluids and foot operated waste bins. The in-patient unit is awaiting a complete refurbishment and therefore potentially more challenging for the domestic staff to keep clean due to the aged design of the rooms and flooring. However we found that the in-patient unit was similarly maintained to a high standard of cleanliness. The dirty utility room/sluice was found to be clean and relatively tidy.

We found no evidence to suggest there are areas of non-compliance with this outcome.

Our judgement

We found people who use services had received care and treatment in a reasonably clean environment with various infection control measures in place to minimise the risk of infection. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant

with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. None identified any issues relating to medicines.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

The hospice deputy chief executive acts as the controlled drugs accountable officer who actively participates in the NHS Sheffield controlled drugs local intelligence network meetings, which are attended by ourselves. Reports are regularly submitted to the network who also share with us. No concerning information is currently held regarding the management of controlled drugs.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospice set out information, which explained in detail how this outcome was being met, with references to

supporting evidence. It is not possible to outline all the information provided but we found a range of processes are in place to meet this outcome with no identified gaps in assurance when this self assessment was reviewed.

In addition, the provider voluntarily submitted a range of supporting evidence to demonstrate compliance with this outcome. For example, a range of completed medicines risk assessments were completed along with detailed meeting minutes of the medicines management group.

No gaps or areas of concern were identified during the review of information relating to this outcome.

Our judgement

We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant

with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

On the site visit conducted 24 May 2011 we talked to two patients and three relatives. In relation to this outcome none expressed any issues in relation to the environment. Relative X said "The environment is warm and friendly...got easy parking [unlike hospital]...staff do anything for you whether it be nurses, domestics, kitchen staff".

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

We did not request a provider compliance assessment record for this outcome.

On the site visit conducted 24 May 2011 we conducted a tour of the premises with the deputy chief executive. Overall the hospice possesses a warm, friendly and welcoming environment suitable to meet the needs of people who use the service. The 'therapies and rehabilitation unit' for day attendance had been refurbished in 2007 and was decorated and maintained to a high standard along with the reception area. The external surroundings include a large, pleasant and well maintained

garden area. External risk areas such as large clinical waste bins are appropriately managed in a locked compound. The rehabilitation unit and in-patient unit have access to open air balconies, which appeared to be popular.

The in-patient unit in comparison, appears 'tired' in terms of décor and 'aged' in appearance with most rooms having old tiled flooring that would not meet current best practice standards. Despite these limitations the unit was found to be reasonably maintained and cleaned to a high standard. Some minor issues were identified during the tour of the in-patient unit. We found some of the radiator panels loose and posed a potential risk. Sharps and medicines disposal bins mostly had recorded 'traceability' detailed though one bin had no traceability details. In the main shower room and a toilet room we found two unsecured bottles of disinfectant spray. All these matters were immediately addressed by the deputy chief executive.

A planned major refurbishment of the in-patient area will be undertaken commencing 2012 subject to planning approval and finance. A new build section is planned that will include 12 new single bedrooms with en-suite facilities. Once that is completed the existing in-patient unit will be temporarily closed and gutted so that a selection of new three bed same sex bays with en-suite facilities will be created.

Though the in-patient suite no longer meets current best practice guidance in relation to the physical environment for hospice builds we found that the unit continues to meet the needs of people who use services and generally potential environment risks are appropriately managed.

Our judgement

We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. The in-patient unit no longer meets current best practice guidance in relation to the physical environment but we found that the unit continues to meet the needs of people who use services in this unit and potential environmental risks are appropriately managed.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant

with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including Sheffield LINK and NHS Sheffield who raised no areas of concern relating to this outcome. NHS Sheffield provided an example of how an individual audit had led to the replacement of an item of equipment.

This outcome has not been reviewed in detail. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

Our judgement

We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant

with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including NHS Sheffield who raised no areas of concern relating to this outcome.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospice set out information, which explained in detail how this outcome was being met, with references to supporting evidence. It is not possible to outline all the information provided but we found a range of processes are in place to meet this outcome with no identified gaps in assurance when this self assessment was reviewed.

On the site visit conducted 24 May 2011 we reviewed three recently recruited

clinical staff files and all appeared to have relevant completed pre-employment checks and paperwork. In the last 6 months, a total of 18 staff members had been recruited (five temporary staff and 14 permanent staff) across the provider's services, including the charity shops. The human resources manager explained how the department has been undergoing a review and various work-streams are in place to develop or improve how the department functions and also captures information about staff members.

We found no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant

with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

Some patients and relatives we talked to gave feedback about staffing levels at the hospice. Please see outcome four above.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including NHS Sheffield who raised no areas of concern relating to this outcome.

On the site visit conducted 24 May 2011 the deputy chief executive explained that a range of changes were in the progress of being made in relation to staffing and terms of employment. This had resulted in some staff members leaving the organisation and resulted in a more efficient use of staff resources in the clinical areas. We talked to a number of staff who recognised these various changes had been difficult at times but were needed to improve service delivery. Some staff felt strongly that the changes were good and some staff did feel they had less time available with patients.

On the day of the site visit we found sickness levels in the in-patient unit had been low with one member of staff on long term sickness. The hospice was currently actively recruiting new registered nurses along with some health care assistants and three staff members in the in-patient unit were new in post. The duty rota was reviewed with the senior sister on the in-patient unit who explained that the clinical team work a three shift system with access to 22 registered nurses and seven health care assistants. When required to cover absence the hospice has access to its own nurse bank system and agency nurses were only used when absolutely required. No issues were found regarding medical or allied healthcare professional staffing.

We found no information that suggests there are areas of non compliance with this outcome.

Our judgement

We found people who use services should be safe and have their health and welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant

with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including NHS Sheffield who raised no areas of concern relating to this outcome.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospice set out information, which explained how this outcome was being met, with references to supporting evidence. In addition, the provider submitted some additional evidence.

On the site visit conducted 24 May 2011 the human resources manager and senior sister explained that staff members had received various required mandatory training sessions during 2010. This was confirmed by the staff members we talked to.

In the human resources department no centrally collated records were held to demonstrate which staff had received an appraisal over the last 12 months. It was explained that this information was held by each department head, though all staff should have received an appraisal. On the In-patient area, the senior sister explained that the previous appraisal system was suspended toward the end of last year because a new competency based system of supervision and appraisal was soon to be introduced (evidence to demonstrate the new competency assessments were reviewed). The senior sister was not certain as to how many staff members had actually received an appraisal before the previous system was suspended, though they were aware that it was likely not to be all staff on the unit. We talked to a few staff members who had received an appraisal within last 12 months.

The deputy chief executive was confident that any shortfall in appraisals conducted in last 12 months was limited to the in-patient unit. However, it was not possible to robustly determine numbers of completed appraisals as no centrally coordinated reporting system currently captured matters relating to human resources such as appraisal and staffing. We recommended that the deputy chief executive consider introducing a system that could capture a range of information from department managers such as human resources information. For example, a monthly departmental manager's report would have captured numbers of completed appraisals and alerted during course of year where a shortfall may occur so action could have been taken to address the shortfall.

Our judgement

Overall we found the hospice was complying with this outcome but to maintain this we have set out an improvement action. However, there was no robust information that demonstrated all staff members had received an appraisal in the last 12 months because this information is not collated. We recommended on the site visit that the deputy chief executive consider introducing a system that could capture a range of information from department managers. For example, a monthly departmental manager's report would have captured numbers of completed appraisals and alerted them during course of year where a shortfall may occur so action could have been taken to address any shortfall.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant
with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked.

NHS Sheffield provided a range of information that supports compliance with this outcome, including three monthly contract quality meetings which reviewed quality, safety and performance along with sharing of St Luke’s quality and risk internal reports. NHS Sheffield outlined how some examples of audit had lead to replacement of commodes and the condemning of a mattress. Reference was also made to the patient survey where it was stated “*St Luke’s submitted an interim report in June 2010 of [patient] involvement at St Luke’s Hospice, this included a toilet and bathroom facility study, launch of a new patient information handbook and information on the Help the Hospice Survey. In-patients and day patients [were]*

asked their views on a number of the hospice's services and facilities, and these can then be benchmarked against other hospices".

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The hospice set out information, which explained in detail how this outcome was being met, with references to supporting evidence.

In addition the provider submitted a range of supporting evidence relevant to this outcome, which provided examples of how it had assessed and monitored the quality of service provision. For example, the "Risk management action plan – end of year report" (dated 3 June 2010) demonstrated how the hospice had actively identified various risks and completed actions to remove or minimise those risks. This cycle has been continued and the "priority risks and action planning 2011/12" had identified new areas for the hospice to develop improvements over a range of areas.

People who use the service are able to provide feedback through comments leaflets, staff and also service user consultation exercises which had focussed on specific aspects of the Hospice's services and facilities. The hospice participates in the 'Help the Hospices national survey' of hospice care, though this only takes place every two years and does not include all services provided such as community palliative care. However the hospice has recognised this limitation and provided a proposal paper that will develop a locally based patient questionnaire to improve the way it seeks the views of people who use the service.

On the site visit conducted 24 May 2011 we reviewed in detail the hospice's current risk register and any actions to address identified issues. The risk manager explained and we were able to evidence how the hospice had adopted a proactive approach to risk management. Risks are identified before they have become an actual concern and actions developed to address the matter. For example, in the last risk review performed earlier this year 10 key areas had been identified and all of these were areas where either proactive planning were required, for example, replacement of the generators, or development were required to improve how certain areas are managed, for example, the handling of patient information.

Our judgement

We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant
with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. NHS Sheffield provided a summary regarding complements and complaints and explained that the hospice’s year end report showed the number of complements had increased from 297 in 2009-10 to 418 this year and complaints received had reduced from five to three.

This outcome has not been reviewed in detail. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

Our judgement

We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant
with outcome 21: Records

Our findings

What people who use the service experienced and told us
It was not possible to gain the direct views of people who use the service for this outcome.

Other evidence
The provider declared compliance with this outcome at this location at registration with CQC October 2010 and our quality and risk profile (QRP) was checked. We contacted external stakeholders, including NHS Sheffield who raised no areas of concern relating to this outcome.
This outcome has not been reviewed in detail. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

Our judgement
We reviewed the information we hold with regards to this location and we have no information to suggest that the location is not compliant with this outcome.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury.	23	Outcome 14: Supporting workers
Diagnostic and screening procedures	<p>Why we have concerns: Overall we found the location was complying with this outcome. However, there was no robust information that demonstrated all staff members had received an appraisal in the last 12 months because this information is not collated. We recommended on the site visit that the deputy chief executive consider introducing a system that could capture a range of information from department managers. For example, a monthly departmental manager's report would have captured numbers of completed appraisals and alerted them during course of year where a shortfall may occur so action could have been taken to address any shortfall.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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