

Review of compliance

St Lukes Hospice St Luke's Hospice	
Region:	Yorkshire & Humberside
Location address:	Little Common Lane Whirlowdale Sheffield South Yorkshire S11 9NE
Type of service:	Hospice services
Date of Publication:	June 2012
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 day care 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

Our current overall judgement

St Luke's Hospice was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this 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 7 June 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We used informal observation to see how members of staff interacted with patients. We saw staff treated people with dignity and respect by using a positive, friendly and professional approach. We found people looked clean, tidy and had their personal care and welfare needs met.

We talked to three patients along with three relatives during our inspection. People told us they were happy with care at the hospice, liked all the staff who looked after them, thought the hospice was kept clean and enjoyed their food. Some comments captured included, "[staff are] friendly and helpful", "good variety food which is served promptly and my dignity is maintained", "fantastic experience...courteous staff" and "[nursing and other staff] absolutely wonderful, they're angels".

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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. The provider was meeting this standard.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

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

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: 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 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We talked to three patients and two relatives who explained they felt their privacy and dignity was always maintained.

We observed care in the in-patient area and saw people's privacy and dignity was maintained by members of staff at all times during our inspection. We talked to three members of staff who explained there were no challenges to ensuring people's privacy and dignity was maintained and respected.

Other evidence

The hospice employed a 'service user coordinator' who used a range of methods to regularly seek the views of patients and their families. We talked to the deputy chief executive and service user coordinator who provided a number of examples of how people had been consulted and involved in decisions regarding service provision at the hospice. For example, in the day centre where a maximum of 20 patients attend each day, a consultation exercise had resulted in patients wearing name badges during their weekly attendance. This enabled patients to identify each other's first names to facilitate conversation and assisted members of staff to identify people who used the service. A survey of patient's showed the decision to use name badges had been welcomed.

The hospice facilitated a 'carers evening' every six weeks. This service was provided to support carers of patients who primarily attended the day centre along with carers of people who receive care in the community. The service user coordinator explained how a survey of carers had resulted in the time of the carers evening being extended to two hours which allowed a more flexible 'drop in' approach for people who wished to attend.

We found the hospice had undertaken various work streams in relation to their equality strategy. For example, a piece of work had been undertaken to identify ways of increasing the use of hospice services by ethnic minority groups. Staff records showed members of staff had undertaken equality and diversity training.

We found a range of patient and relative information was available for people who used the service, including large print versions for people with sight difficulties. The service user coordinator explained there were plans to shortly ensure information would be available in braille along with an audio version.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: 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 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We talked to three patients along with one relative during our inspection. People told us they were happy with care at the hospice, liked all the staff who looked after them, thought the hospice was kept clean and enjoyed their food.

Some comments captured included:

"[Staff are] friendly and helpful";

"Staff are always there when I ask for something";

"Good variety of food which is served promptly and my dignity is maintained";

"Fantastic experience...courteous staff";

"[Nursing and other staff] absolutely wonderful, they're angels";

"All [staff] very good...nothing too much trouble";

"[Food] Marvellous...always had nice food and always served really nicely";

"They change my position in bed regularly and attend to all my personal needs";

"My family think [the hospice] is marvellous";

"Cannot think of anything they could improve";

"Anything you want you can get";

"Excellent here...nurses are super!"

We also talked to two relatives of a patient who had been admitted to the in-patient area within the last 24 hours. The relatives had observed "how very personal the care was" when compared with the care the patient had received at a local NHS hospital.

Overall, their first impressions of the hospice were that the service was "very nice...very good" with "very good staff".

We used informal observation to see how members of staff interacted with patients. We saw staff treated people with dignity and respect by using a positive, friendly and professional approach. We found people looked clean, tidy and had their medical, nursing and welfare needs met.

Other evidence

Prior to our inspection some external stakeholders were also contacted so they could contribute information prior to our visit. Sheffield's local involvement network (LINK) provided no information of concern. NHS Sheffield provided a report summary which explained their ongoing positive engagement and included a number of statements which provided assurance of compliance with this and a number of other essential standards.

During our inspection we found the hospice employed a range of healthcare professionals to ensure people's care and welfare needs were met. These included palliative care consultants, medical staff, nurses and other members of the multi-disciplinary team including physiotherapists and social workers. The hospice used an evidenced based end of life care pathway and had a range of equipment, facilities and other services to meet the needs of people receiving palliative care.

We reviewed a sample of four sets of care records. These included detailed medical and nursing admission and assessment documents, care plans, multi-disciplinary meeting records and other documents related to the care of the patient. We also checked individual patient risk assessments which covered areas such as nutrition, moving and handling, bed rail risks and wound care. Overall we found care records, observation charts and risk assessment forms were completed to a reasonable standard. The patient progress records (ongoing care evaluation) were completed by all members of the multi-disciplinary team which allowed accurate and detailed contemporaneous records of each patient's daily care.

We talked to two staff nurses during our inspection who both felt nursing documentation could be improved, particularly in relation to admission and initial assessment documents. We talked to the senior sister of the in-patient area who explained a review of care documentation was underway. We found work was in progress and the hospice planned to introduce new core care plans which could be individualised when required. The senior sister explained, and one of the staff nurses confirmed, that they had been asked to look at ways of streamlining and improving nursing admission documentation.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We have no information relating to any reported safeguarding concerns for this location.

We found the hospice had safeguarding adult and children policies available. The deputy chief executive explained these had been recently updated and were subject to final approval by the executive team. It was also explained that the hospice employed social workers who were available to advise other members of staff on matters relating to safeguarding people.

Dedicated safeguarding training was provided by the hospice for all staff every two years and the last roll out had been completed during 2010. The learning and development coordinator explained updated safeguarding awareness training was planned for the current year.

The deputy chief executive explained there was a 'Deprivation of Liberty Safeguards' (DOLS) policy and told us any person requiring the protection of DOLS would be closely managed by the director of medicine. We confirmed no people currently admitted were under the protection of DOLS and that no safeguarding referrals had been required over the last 12 months.

People who used the service managed their own monies whilst admitted.

Our judgement

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. The provider was meeting this standard.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

During our inspection visit we found staff had undertaken a range of mandatory training sessions in areas such as infection control, fire, moving and handling, customer care, basic life support and health and safety. In addition role specific mandatory training was offered for nursing staff in areas such as medicines management, end of life care pathway, anaphylaxis and clinical equipment training.

We talked to the learning and development coordinator and the human resources manager about supporting staff. The hospice had introduced a new 'learning and development passport' for members of staff which set out the range of training offered each year. This allowed staff to keep a personal record and complimented personal development meetings with their line manager. The human resources department kept an electronic record of training attended by members of staff so that training uptake could be monitored.

The senior sister on the in-patient unit explained that weekly tutorial sessions were provided at the hospice. We reviewed the schedule for these sessions and found a large range of clinical and other subject areas were covered by the facilitators.

During our inspection in May 2011 we set an improvement action relating to the appraisal process because there was no robust information or process which captured which staff had received an appraisal. During this inspection we found the hospice had

introduced a new personal development review system. The learning and development coordinator explained the new process and the human resources manager explained how appraisal uptake was centrally recorded. We talked to the senior sister on the in-patient unit who showed us a sample of completed records. We talked to three members of staff who confirmed they had received their personal development review.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

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

We spoke to people using the services who told us they were aware of how to make a complaint.

Other evidence

People were given support by the provider to make to make a comment or complaint where they needed assistance. A complements, comments and complaints procedure was available and had recently been reviewed by the provider. People were made aware of how to make a comment or complaint via the hospice's information leaflets.

The deputy chief executive talked though the last 12 month's quarterly complements, comments and complaints reports. Five formal complaints had been made over the previous 12 months and we were able see how three related complaints regarding a buffet lunch had lead to service improvements. This showed people's views were listened to, investigated and acted on.

Our judgement

There was an effective complaints system available. Comments and complaints people made were responded to appropriately. The provider was meeting this standard.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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Author	Care Quality Commission
Audience	The general public
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