

# Review of compliance

St Oswalds Hospice St Oswalds Hospice	
<b>Region:</b>	North East
<b>Location address:</b>	Regent Avenue Gosforth Newcastle-upon-Tyne Tyne and Wear NE3 1EE
<b>Type of service:</b>	Hospice services
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	St Oswald's Hospice is located close to a residential area of Newcastle. The service provides day and in-patient services for children, young adults and adults. The service is registered with CQC for the regulated activities of 'Treatment of disease, disorder or injury'. 'Diagnostic and screening procedures' and 'Transport services, triage and medical advice provided

	remotely'.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**St Oswalds Hospice was meeting all the essential standards of quality and safety.**

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 11 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We met with people who were inpatients on the adult and young person units. People we spoke with were very happy with the services provided by St Oswald's Hospice. One person told us "There is such good atmosphere when you walk in the door". Another person told us "I visit here regularly and I always enjoy my stay".

Everybody told us they were fully consulted about their care and treatment. People who had previously attended day services and who now received inpatient treatment told us continuity of care was very good and they felt supported.

People spoke highly of the meals provided and told us they were always given choices. They said that meals were well presented and appetising.

People knew how to raise any concerns and were given the opportunity to provide feedback on the level of service received. Everyone we spoke with told us the staff were very helpful, kind and knowledgeable about their needs. They said "they are just so thoughtful".

They said the environment was pleasant, restful and clean.

### What we found about the standards we reviewed and how well St Oswalds 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**

The service is compliant with this outcome. People understand the care and treatment choices available to them and are closely involved in making decisions about their care. Their rights to privacy, dignity and independence are respected and taken into account in the way in which the service is delivered.

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

The service is compliant with this outcome. People receive appropriate care, treatment and support. Care is properly planned, co-ordinated and recorded.

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

The service is compliant with this outcome. There are systems in place to identify and manage any potential harm within the service.

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

The service is compliant with this outcome. Appropriate systems are in place to ensure that the service is staffed by sufficient numbers of suitably qualified, skilled and experienced people.

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

The service is compliant with this outcome. There are systems in place to monitor the quality of the service. Risks are identified and managed.

**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.

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 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 met with people who were inpatients on the adult and young person units.

People said staff respected their privacy and treated them with respect. People told us staff were courteous and always asked permission before carrying out personal tasks or entering rooms. People told us they were welcomed on arrival at the hospice and were treated as an individual and with respect. They said they had the opportunity to ask questions and always received truthful and knowledgeable answers. They told us staff were always willing to listen and the team responded effectively to their and their families' needs.

People said that staff explained procedures and routines to them. One person said "I had everything explained to me when I came in, they told me who people were, what the usual routine was and how to get help when I needed it, I was able to relax and felt very reassured". People also said "There is such a good atmosphere when you walk in the door" and "I visit here regularly and I always enjoy my stay".

People said they were given choices on a daily basis. One person said "my appetite is not good due to my treatment, the staff ask what I would like to eat, the chef makes it there and then, it's fantastic".

Everybody spoken with told us they were fully consulted about their care and treatment. People who had previously attended day services and who now received inpatient treatment told us continuity of care was very good and they felt supported.

People said that their relatives could visit at any time. They said the support systems within the hospice extended to their family and people close to them.

We could not speak with parents of children who used the service as there were none available on the day we visited. We did see parents' comments that had been collated by the service. These showed a high degree of satisfaction with the service.

During our visit, a young person told us how staff supported and encouraged him to carry out personal tasks to maintain his skills and promote his privacy and dignity. They said young people were assisted and supported to participate in a range of activities both inside and outside the hospice.

### **Other evidence**

Staff spoken with were able to give good accounts of the way they helped people to be involved in their care and how they respected their privacy and dignity. We observed that staff spoke to people respectfully and sought peoples' opinions about routines. We saw that staff knocked on doors before entering rooms and used privacy screens when personal care was carried out.

The environment supported people to maintain privacy in that the majority of in patient accommodation was provided in individual rooms with en-suite facilities. There were also a number of small sitting areas where staff could talk with people privately. We saw these been used many times throughout the day.

The staff told us the bereavement service supports patients and those close to them with pre bereavement care and follow up bereavement support to carers and relatives of patients who are known to the service.

We saw information leaflets contained hospice and individual service information. These included contact details for every service provided by the hospice.

We looked at care records and found that peoples' needs, likes, dislikes and preferences were recorded.

### **Our judgement**

The service is compliant with this outcome. People understand the care and treatment choices available to them and are closely involved in making decisions about their care. Their rights to privacy, dignity and independence are respected and taken into account in the way in which the service is delivered.

## 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

People told us they were very happy with the care they received either as an in patient for treatment or respite care, or receiving day care services. They all felt they had been part of their care planning process and were able to express or decide how they would like their care to be delivered.

People said "they manage my pain better than anyone has ever done" and "they all know what they are doing, there are never any questions." People described the service as "fantastic", "excellent" and "amazing". One person told us they felt as though they were getting one-to-one attention and the service "couldn't be better".

On the children's unit we looked at relatives comments which showed that people were happy with the service. One described the service as "the best on the planet" and another described the care as "excellent".

##### Other evidence

We spoke with people on the young adult and adult units about their care needs and experience of the service. We looked at the care those people were receiving and then read the instructions recorded in their plans of care to check whether their care needs were accurately reflected. This is called pathway tracking. The plans of care did reflect the current needs of the people we spoke with.

The care records we looked at showed that a comprehensive holistic assessment of people's physical, psychological, social, spiritual and cultural needs were undertaken

with the patient on admission. This meant that staff had accurate and up to date information about the people they looked after.

Care plans were clear and easy to follow. The records about people's pain relief and oral hygiene were particularly well detailed, people's needs were clearly detailed and staff had signed to confirm that care had been delivered. The service used a recognised tool, the Liverpool Care Pathway, to plan for end of life care and care following death.

The records showed that people were cared for by a multidisciplinary team. Advice and instructions from all members of the team was recorded in each care plan. We found the staff had the appropriate skills and expertise to ensure care was delivered to people safely and effectively. Staff told us they had access to training pertinent to the needs of people who used the service and were provided with ongoing support from managers and the wider clinical team.

We spoke with nurses, care workers, a volunteer, a doctor and a paediatric physiotherapist. They described how they worked together to provide seamless care for children, young people and adults. They told us that the children and young adults units were 'nurse led' with medical support. These units worked with the community services to provide support packages for children and young adults with life limiting or terminal illness.

The adult unit operated as more of a 'medical model' and provided predominately end of life or respite care. The adult unit was managed by two teams of staff, each lead by a consultant. Staff doctors worked across all three units with support from paediatricians for the children.

Staff told us they felt people received good care. One staff member said "We do our best to make people comfortable and to help them manage their pain" and "staff make time to also support families".

Communication between staff was well organised on all units. Staff told us there was a comprehensive staff handover at change of shift. They said there was an appropriate transfer of information from nurses on the early shift to those commencing the late shift. Detailed information was given verbally in relation to people's symptoms, personal care, current emotional state and any changes to a person's condition. This was supported by a handover sheet detailing the assessed needs of individuals. Staff told us that it was usual for an extensive handover as people's needs changed quickly and good communication skills were required to keep staff informed and provide continuity of care. Staff said the doctors also provided good feedback to them about people's clinical problems. They thought this enabled them to plan the best possible outcomes for the patients.

Staff told us the hospice provided support to carers and all family members including children and adolescents through various groups and workshops such as carers' group, carers' monthly drop-in, talking to children workshop and pamper day for patients and carers.

Staff told us the hospice, and another hospice in the area, jointly provided a 24 hour telephone advice service seven days a week. Staff told us the team provided specialist

advice and information and psychological support to palliative care patients and their families in the community. The registered nurses on the in-patient unit provided the advice, with support where required, from the doctor and senior nurses on call.

Observation of care during the visit showed staff to be attentive towards people. Staff could describe how they were aware of peoples' needs and people appeared relaxed and comfortable with the care provided.

**Our judgement**

The service is compliant with this outcome. People receive appropriate care, treatment and support. Care is properly planned, co-ordinated and recorded.

## 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

People spoken with said they felt safe at the service. They said that staff were "patient" and "very kind". They said they had not had to raise a complaint or concern but would feel confident enough to do so if needed.

##### Other evidence

Staff spoken with said they had received training in safeguarding of adults and/or children. This should ensure that staff recognise and act appropriately to situations that could place people at risk.

Staff spoken with were able to describe how they would recognise a situation of harm and who they would report to if needed. Staff said they were aware of whistle blowing procedures and said they felt confident they would receive management support if raising any concerns.

##### Our judgement

The service is compliant with this outcome. There are systems in place to identify and manage any potential harm within the service.

## 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

Everyone spoken with told us that all staff at the hospice were kind, caring and knowledgeable. One person said "I have got to know them very well and they are always pleasant and I enjoy my stay".

One person said "I feel as though I am the only one in the unit, although I know I'm not, the attention I get is so good". People said staff responded promptly to requests and they received timely responses when they rang their call bells.

##### Other evidence

Staff told us that the service was fully staffed. They said "we work well as a team", "We get a lot of training and support, and I feel we are appreciated".

We spoke with staff who were knowledgeable about the individual needs of the people who used the service and were able to describe the support they would give. We observed them giving this support.

We saw staff provided care and support in a calm and unrushed manner.

Nurses spoken with confirmed that staffing was flexible to meet the needs of the service. On the day we visited the care staffing within the children's and young adults units was higher than one-to-one. Within the adults unit the staffing was almost one-to-one. The care staff were supported by volunteers who carried out a range of tasks including giving refreshments and providing time to talk with people.

**Our judgement**

The service is compliant with this outcome. Appropriate systems are in place to ensure that the service is staffed by sufficient numbers of suitably qualified, skilled and experienced people.

## 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

Overall, people told us they were satisfied with the care and treatment provided to them at the service. We did not discuss with them how the service seeks their views about their experiences.

##### Other evidence

Staff told us that they felt supported by the management systems in place within St Oswald's. Staff of all grades told us they had access to bereavement support on a regular basis and could ask for a 'de-brief' session at any time. Staff said they were encouraged to reflect on their practice and were informed of the results of audits and surveys carried out within the service.

We asked the provider to give us information about their auditing systems as part of this inspection. The information provided showed that quality assurance systems included audits of clinical incidents, care practice, complaints and comments, hygiene and patient experience. The organisation used recognised tools to ensure fair and objective auditing. There was evidence that audits and survey results were analysed and discussed at key meetings. We saw action plans were in place where needed to improve the service or minimise potential risks.

We saw evidence that people, including staff, were consulted through meetings and questionnaires. There was also evidence to show that learning from adverse events was recorded and discussed with staff during individual sessions or at meetings.

**Our judgement**

The service is compliant with this outcome. There are systems in place to monitor the quality of the service. Risks are identified and managed.

# 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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