

# Review of compliance

<p>Mary Stevens Hospice The Mary Stevens Hospice</p>	
<p><b>Region:</b></p>	<p>West Midlands</p>
<p><b>Location address:</b></p>	<p>221 Hagley Road Oldswinford Stourbridge West Midlands DY8 2JR</p>
<p><b>Type of service:</b></p>	<p>Hospice services</p>
<p><b>Date of Publication:</b></p>	<p>October 2011</p>
<p><b>Overview of the service:</b></p>	<p>The Mary Stevens Hospice provides accommodation for up to ten people over the age of 18 years.</p>

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

## Our current overall judgement

**The Mary Stevens 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 7 July 2011, 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

People we spoke to were very complimentary about the home.

They told us

"The staff are very good"

"The care is very individual and personal"

"The staff are great they care for me very well"

People told us that they were very happy with the care they received and that the care was very specific to their individual needs.

People told us that staff are very approachable, helpful and caring. They told us they can have something to eat and drink when they want. They told us staff always consult them about their individual needs.

### What we found about the standards we reviewed and how well The Mary Stevens Hospice was meeting them

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

People experience effective, safe and appropriate care, treatment and support that meets their individual needs.

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

## **human rights**

People are protected from the risk of harm

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

Arrangements in place ensure that people benefit from safe quality care, treatment and support.

## **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 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

"It's brilliant, all the staff are nice, they ask me about my care and how I want things done. The care is very individual and personal"

"The staff are great, they care for me very well here"

There is a lovely landscaped garden for people to enjoy. We saw people sitting in the garden during our visit. There is a range of garden furniture so people can sit in comfort and sun umbrellas were available to protect people from the direct sun. One of the people said "I love sitting out here its lovely".

We were impressed with the high level of confidentiality demonstrated by staff that clearly was part of the day to day practices within Mary Stevens Hospice. Staff always asked people's permission before we spoke to them or looked at any information about their care.

The atmosphere was welcoming, friendly and calm. Visitors are welcomed by reception staff and a small gift shop is available for people to buy gift and cards.

##### Other evidence

We looked at some people's care notes. The hospice uses 'The Liverpool Care Pathway' (LCP) which is an end of life pathway and provides healthcare professionals with a focus for meeting people's individual needs. We saw that documentation is recorded clearly and is detailed. Pre assessment documentation clearly states what

people's needs are and the reason for the referral to the hospice.

A weekly meeting takes place (MDT) to review each patients care. Patients regularly get the chance to discuss their care with the MDT team.

Care plans were in place to meet particular needs such as pressure care, constipation and pain management. This should ensure that specific health needs and their symptoms are well managed.

Care notes were written in a personalised way and indicated that the focus was on the very personal and individual needs of the person. People's spiritual needs and wishes were also recorded.

Medical cover is available from GP's employed by the hospice. Out of hours there is a doctor and senior nurse on call during evenings and weekends. This ensures that nursing staff have the medical support they need in an emergency.

The Hospice has specialist mattresses, profiling beds and hoists to ensure people are constantly nursed and risks of sore skin kept to a minimum.

A multi-faith chapel is available for people and their family and friends to use when they want to. Different services are available for people to attend.

A day centre is attached to the main hospice. This is open each week day and different activities are available that people can take part in. There is also a range of complimentary therapies available such as aromatherapy, reflexology and indian head massage.

Staff told us "There are no strict routines. It is people's choice they can get up when they want, have a bath or shower and eat when they want. It is their choice we are here to assist". And "We work in a way that is personalised".

We saw that bedrooms were comfortable and spacious. There are some single rooms and a three and four bedded ward. Staff confirmed that the wards are single sex only so people's privacy and dignity are maintained. The wards were spacious and designed in a way to maintain people's privacy. Curtains were available for extra privacy.

### **Our judgement**

People experience effective, safe and appropriate care, treatment and support that meets their individual needs.

## 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

"I haven't had to complain about anything but would speak to the staff if I need to"

##### Other evidence

We looked at staff training records which indicated that all staff completed safeguarding adults and child protection training two years ago. Following our visits we received confirmation that staff who commenced working at the hospice since September 2008 will have training on safeguarding in August 2011 and for all other staff this will be incorporated into the annual mandatory training. This should ensure that all staff are given up to date information about how to keep people safe.

Most staff have completed mental capacity training. Two of the most recently appointed staff are scheduled to do this training.

The hospice employs their own social worker who can support people, their families and staff on any issues that may arise. We saw that Dudley Safeguarding Procedures were available for staff to refer to if they need to.

Staff told us what they would do to keep people safe in the event of witnessing any concerns or any allegations being made. They demonstrated a good understanding of their responsibilities.

Staff told us recruitment checks were completed prior to their employment at the hospice. We looked at two staff files and saw that robust recruitment procedures are in

place. This should ensure that only staff who are suitable are employed. We saw some voluntary staff working in the hospice and clearly their role is of great value to the running of the hospice. We were told that all voluntary staff are also subject to thorough recruitment checks prior to working in the hospice.

**Our judgement**

People are protected from the risk of harm

## 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

People told us that staff consult them about their needs. They told us they have a weekly meeting to talk about their care and health needs.

##### Other evidence

When we visited the manager was on a day's annual leave. We were assisted by the senior nurse who facilitated our visit with competence. We were impressed by the professionalism of all the staff we came into contact with.

Staff told us "This is the best place I have ever worked" and "The door of X is always open if you need to talk something through".

Weekly meetings take place with each individual to review their care and ensure the hospice is meeting their needs.

There is an infection control committee and regular audits are done to ensure any risks to people are minimised. The hospice was clean when we visited and there were hand washing facilities well sited and accessible to staff to ensure that they practice good standards of hygiene.

There is a complaints policy and procedure in place and we were told that the hospice have not received any complaints.

There is an information booklet that is given to people and their relatives. This was in

the process of being updated and we were told CQC contact details were to be amended so people would know how to contact us if they need to.

Meetings are held at board level, with the senior management team and regular staff meetings take place. This ensures good communication systems are in place.

We saw that health and safety audits are completed and we looked at some of these for water, wheelchairs and fire. We saw that an emergency plan was under development. This ensures a safe and well kept environment is maintained to ensure people's safety.

**Our judgement**

Arrangements in place ensure that people benefit from safe quality care, treatment and support.

# 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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