Inspection Report

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

The Mary Stevens Hospice

221 Hagley Road, Oldswinford, Stourbridge, DY8 2JR

Tel: 01384443010

Date of Inspection: 16 January 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mary Stevens Hospice
Registered Manager	Mrs. Jackie Kelly
Overview of the service	Mary Stevens Hospice provides care for 10 people on an in patient ward. It provides complementary therapies for people who require support with symptom control in the Day Hospice.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with the nominated individual, three nursing staff, two domestic staff, staff who worked in the day hospice providing complementary therapies, and volunteer staff. We visited the ward and the day hospice and spoke with eight people receiving a service.

People told us staff told us the hospice staff treated them with respect, were professional and helped them with many aspects of their daily lives. One person commented how staff explained everything and how they enjoyed the activities and therapies provided.

People told us they were made very comfortable and were fully involved in all decisions about their care and treatment. People told us that staff were supportive and friendly. One person said, "They tell me about the treatments available and they listen to what I want and don't want, it makes a big difference to how you feel".

We saw the hospice was clean and well maintained. One person commented, "It is very clean, it's comfortable and not much like a hospital setting. It's fairly private because we have the curtains around our beds".

We found that people had their pain relief as they needed it. One person told us, "As soon as I need a new pain relief the nurses sort it out, this is so much quicker than if I was at home".

People told us they were confident in the abilities of all the staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with seven people receiving support in the day hospice and one person receiving care in the in patient ward. People who used the service told us they understood the care and treatment choices available to them.

In the day hospice people were supported with transport from volunteer drivers to attend the hospice. One person told us, "The driver picks me up every week; he's very pleasant and helpful". Another person told us, "I have made lots of friends here, it's very supportive and I really enjoy the activities available. Sometimes I talk to the nurse or doctor if I am worried, and they always help me with my treatment".

Another person told us "I was terrified at first, but actually we have all the help we want here and the staff are fantastic, they do an excellent job". People told us they used the complementary therapies to help reduce their symptoms, this helped them to cope better with other aspects of home life.

Spiritual care and support was available to all people who had contact with the hospice. A person attending the day hospice told us they enjoyed attending the chaplaincy services.

The hospice provided facilities for families of people diagnosed or affected by the diagnosis of a life limiting illness. This meant that people on the ward continued to have their family with them at the end of their life. This showed that staff respected people's wishes and their views had been taken into account in the way the service was provided and delivered.

In the in patient ward, bedrooms were arranged in three single rooms, one three bedded ward and one four bedded ward. We saw these were generally spacious, with a TV, storage and curtains to maintain privacy and dignity. One of the patients told us, "It's comfortable, clean and quiet". This showed people's comfort and dignity was respected.

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw from four people's care records that they had been involved in the planning of their care and treatment. The assessment process included discussions about their individual needs on admission and end of life decisions. We saw people had been asked for their verbal consent to medication, and had been informed about the side effects of medication. One person told us, "They sit with you and talk about the treatment options and listen to what you want". Another person told us, "I am consulted and if I refuse treatment which I have, they will respect this".

The assessment process captured people's capacity to understand and consent to taking medication or treatment. Where individuals were unable to understand or consent, we saw family had been involved to ensure everyone understood and agreed to the treatment offered. This meant that people's individual wishes were always considered in the planning of their care.

We saw that information was provided to people using the service about Cardio Pulmonary Resuscitation (CPR). We saw in people's care records their consent to Do Not Resuscitate (DNR) measures. There was evidence that this had been discussed with the person and family members and signed by the doctor.

We saw information leaflets on advance decisions to refuse treatment. We were told that people were asked at their assessment if they wished to inform of any advance decisions around treatment. Staff we spoke with told us that people's consent or refusals or advanced decisions about treatments were considered when planning their care and treatment.

Where people no longer had the capacity to make decisions due to their deteriorating health, we saw decisions about continued treatment made on their behalf were made in discussion with the person's multidisciplinary team and people's relatives.

We found nursing staff had undertaken training around capacity, consent and 'best interest' issues to ensure they fully understood their responsibilities in supporting people. This meant that there were measures in place to address the needs and wishes of vulnerable people who may use the service.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care and treatment records for four people; three of these related to people on the in patient ward, and one for a person using the day hospice service. We found the assessment information was comprehensive and included information about people's physical, psychological, spiritual and environmental needs. People presented with a variety of needs which could include pain management and or symptom control.

We spoke with eight people and found they had been involved in their assessment. One person told us, "When I first came I saw the doctor and the nurses and my family and I talked about what I needed and where I had symptoms or pain, I felt fully involved and quite happy they had a treatment plan to help me".

There was a range of complimentary therapies available such as aromatherapy, foot massage, Reiki (relaxation), and head massage. We saw one person enjoying some exercise with the physiotherapist, another person had their feet massaged, and one person told us, "I have had my hair done at their salon, which is nice". People told us that they generally attended the day hospice one day a week for a period of three months, during that time they had access to these therapies and medical support which helped with their symptoms.

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 people's care and comfort needs had been identified and planned for to ensure their specific needs and their symptoms were well managed. We saw the care and comfort needs of people had been reviewed on a frequent basis during the day, to ensure the person received the support they needed.

Care and treatment records and the minutes of the weekly multi disciplinary team meetings, reflected that each persons care was discussed with them and their care professionals. This ensured that specific health needs and their symptoms were planned for.

A doctor was on site and people in the day hospice told us the onsite doctor was an important feature if they found they needed medical attention.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Prior to our inspection the provider sent us a range of audits and information about how they monitor the safety and quality of clinical care at the hospice. We saw the provider had in place information about infectious diseases, how to manage these and information about any outbreaks. We saw there was no incidence of infection in the hospice which indicated their infection control practices were adhered to.

There were effective systems in place to reduce the risk and spread of infection. We saw that there was regular discussion with the infection control committee to review their infection control audits and identify any actions needed. We met with the infection control lead nurse who told us about the audit tool they used, based specifically on hospices to ensure practice at Mary Stevens is based on evidence of good practice.

We spoke with two domestic staff and saw their practice was in line with infection control procedures. They described effective procedures for the management of infections and how they were kept informed about people who may enter the hospice with a known infection and what cleaning and safety precautions needed to be taken to reduce the risk of spreading infections.

We toured all areas of the hospice and found these were exceptionally clean, well ventilated, and comfortable. We saw staff used protective equipment such as disposable gloves and aprons for different care and clinical tasks. Staff and visitors were observed to use hand gel and hand washing to prevent the risk of cross-contamination. One person on the in patient ward told us, "Whenever the staff come to me they wash their hands, sometimes they wear gloves and aprons, and I know visitors are asked to use the hand gel at the entrance to the hospice".

We saw that hazardous substances were stored safely and securely. We saw staff received regular training in respect of infection control and health and hygiene. The provider had a plan in place to manage any outbreak that may start within the hospice. This included the availability of a side room for isolation.

People told us that they were comfortable in both the ward and the day hospice. They said the facilities they used such as toilets, bathroom and treatment rooms were always clean

and fresh.

We saw that apart from the ward, the day hospice and treatment rooms, there were also family rooms equipped with sleeping facilities for families to stay overnight. There were toys and games equipment for children and young people to use during their visits; we saw these areas were also clean and comfortable.

One person said, "It is very comfortable and I think they work hard to keep it nice and clean". Another person told us, "The facilities are there if you want to use them, like have a bath which might be difficult at home, everywhere is really clean".

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines. The provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw a range of audits had taken place which showed the provider was checking appropriate arrangements were in place for the recording, handling, administration, and storage of medicines.

A senior nurse told us that there was an on site pharmacist who meets with the medical director to review the management of medicines. We saw a recent quarterly report to the clinical governance team which showed that there was a clear system for reporting drug incidents and for assessing risk and any action needed. There had been no drug errors since the start of this year. A nurse told us that in the event of any drug incidents a system was in place whereby staff discussed errors with their manager and the pharmacist and reflected on the incident to avoid a repeat.

In the care and treatment records that we looked at we saw that an up-to-date list of medicines being taken by the person was recorded. We saw that information in care records included guidelines on supporting people when they were not able to administer their own medication.

We reviewed the medication administration records (MAR) for three people. The records were up to date which meant that people had their medications administered as prescribed.

We saw where people needed 'as required' medication (known as PRN medication), there were protocols in place to guide staff to ensure that the most appropriate medication was given at the most appropriate time. These protocols were regularly reviewed, meaning that people could be assured that they were getting the medication that they needed at the right time.

We spoke with a person about their experiences and support for managing their symptoms and pain. They told us they had not experienced any delays in having their medication reviewed or changed to manage their symptoms. They said, "When I had pain they were great, they examined me, explained alternatives and tried other options, it meant I had my symptoms managed, I think the thing you worry about most is pain but I found I could tell them and they did something about it".

We spoke with nurses who told us about their training for the management of medicines. We saw the training matrix reflected staff undertook training for the safe management of medication as well as specialist training which included managing controlled drugs. We saw that training and competency checks had taken place for the use of a new tool for administering specific medicines to people. This ensured that staff had the training they needed to ensure medicines were safely administered.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The hospice had a palliative team consisting of different professionals. Staff received appropriate professional development. We saw there was a thorough formal induction process. We were told each inductee has two leads to support them through this process. The induction checklist we viewed showed a comprehensive and structured checklist of both clinical and care tasks. Staff told us their induction was very detailed and ensured they had the competencies they needed to undertake their role.

We saw there was a programme of mandatory training which all staff completed. We spoke with a volunteer who told us their training was tailored to suit their specific role, for instance communications training which was organised specifically for volunteers and therapists.

The practice development nurse told us they had developed a competency checklist for their health care assistants. This ensured a structured approach to training which was monitored to ensure staff had specific training modules to a required standard to support them in their specific duties.

We asked staff about training and appraisal systems. We saw that there were various systems in place for formal clinical supervision, which took place on a monthly basis. A nurse manager told us the monthly supervisions included an educational aspect so for instance they would choose a theme such as dementia or nutrition to explore. We also saw that clinical professional development training had been regularly organised. One staff member told us that they had recently undertaken training in the use of a different tool for administering medication. The nurse confirmed that following the training of the new clinical devise, a competency assessment was carried out to check staff used this correctly and safely. Staff told us they had an annual appraisal, regular training and competency tests, and where needed, specialist training was available. This ensured people were cared for by skilled and competent staff.

During our discussions with staff they told us, "This is an excellent work environment, we have the training and we have exceptional support from staff across the board, and everyone works well". "I think our training and support is well planned, we always have the information we need to do a good job, and support is there daily". "It's a lovely place to

work; staff are positive professional and compassionate, we work really well as a team".

We found that staff at all levels felt they were part of a team. Volunteers and domestic staff confirmed there was an inclusive atmosphere and that they had the training and support to undertake their roles. Nurse managers and nurses stressed the importance of their volunteer staff in creating and maintaining an environment in which people could engage in activities, have transport to attend the day hospice, or spend time with people sitting chatting and listening. One of the people in the day hospice told us, "Just brilliant, all of them, they can't do enough for you, always there, cheery, helpful and kind".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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