

# Review of compliance

## Cornwall Hospice Care Limited St Julia's Hospice

<b>Region:</b>	South West
<b>Location address:</b>	Cornwall Hospice Care - St. Julia's Hospice Foundry Hill Hayle Cornwall TR27 4HW
<b>Type of service:</b>	Hospice services
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	St Julia's Hospice provides accommodation and nursing care for up to ten people. Most of whom require specialist symptom control or end of life care.

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

## Our current overall judgement

**St Julia's 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 2 December 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

We spoke to one person using the service and one relative. Other people were not well enough to talk to us on the day of our visit. People told us they were given plenty of information and kept up to date on the support and choices available. They told us that staff respected their privacy, dignity and personal choices and preferences.

We were told the care provided was excellent and that staff were professional, kind and extremely caring; nothing was ever too much trouble. Comments included, "The care is definitely to a high standard", "It is amazing care compared to other services", "As soon as my relative has pain the staff are there to help" and "The doctors are amazing and always make five minutes to talk to us".

People told us that there were enough staff to care for them. Comments about the staff included, "I trust all the staff, they provide amazing care", "The staff are really lovely" and "We are very lucky, the staff work well together like a family and they make you very welcome".

People using the service told us they could air their views at any time to any of the staff or the management team. They told us about the counselling service and how helpful this was to them.

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

The service has routines that are very flexible and people make choices and decisions about their care, support and how they spend their time. People using the service are involved in the management and review of their care and sign to agree their care plans. Privacy, dignity and independence are respected by the staff.

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

People using the service receive high quality, 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 using the service are protected from abuse and their human rights are respected by staff. Training and robust systems and procedures are in place for staff.

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

There are enough staff employed that are suitably skilled and experienced to meet the needs of people using the service.

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

Staff are supported and supervised in their roles and training is provided to maintain and improve their knowledge and skills. Good training records are maintained but not all staff supervision is recorded.

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

People benefit from the quality assurance systems that are in place and there is a culture of continuous review and improvement.

## **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

People told us they were given plenty of information and kept up to date on the support and choices available to them in respect of their care and accommodation. They told us they could receive visitors when they liked and they could go out if they were well enough to do so.

They told us that their personal choices and preferences were always respected. They told us they could wash, bath or shower when they liked and they could refuse personal care if they wished. They told us they could have their door open or closed and the same went for the windows. They said they could have anything they wanted and do as they wished.

They told us there was plenty of choice in respect of meals and that meals could be delayed or brought forward to suit them. They said they could have a take away meal and that staff would make sure it was served hot.

We saw that people were accommodated in single rooms. We observed that staff respected people's privacy and dignity throughout our visit. We saw staff knocking on doors before entering and asking people if it was alright to enter their rooms. We saw that staff were well mannered and kind to people using the service. They took time to

listen to their needs and acted on their responses.

We were shown questionnaires that were completed by people relating to their symptoms, levels of concern and other things that maybe causing them distress. We saw that action plans were developed to try and reduce symptoms and stresses as much as possible.

### **Other evidence**

We were told by the Sister and staff that training in respect of privacy and dignity was provided. Staff told us how they put this into practice and how people's independence was encouraged. We were shown a 'dignity in care' policy that was available to staff.

Staff told us there was an open visiting system, meals were loosely set and that people had as much choice as they could give them. They told us that if someone wanted something to eat, that they did not have in the kitchen, they would get it for them. We saw from records that people went out with their friends and families, for example to the pub, for meals and local places of interest.

The whole ethos of the service was to ensure that people using the service were fully involved in their care along with their families as they wished.

We saw the statement of purpose and the 'patient guide' leaflet which provided very useful information to people using the service. They included information about the facilities provided, important contact details, information on privacy and dignity arrangements and information on how to complain if necessary.

We saw that care plans included a great deal of information on personal choices and preferences and how these were to be included in the care provided. We saw that family involvement was encouraged and care plans included family trees for staff awareness. We saw records of discussions that had taken place with the Sister or staff and people using the service or their relatives. We saw that care plans had been changed as a result of these discussions to improve people's care and support.

Social interests and hobbies were recorded and we were told that people could continue with these as appropriate. We saw that there was a chapel in the building and we were told that there was a chaplaincy team. One relative's survey commented "The chaplain is a good, helpful lady". Discharge plans were seen to be started from the date of admission to ensure that everything was included. We saw that care plans were signed as agreed by people using the service or their representatives so they were aware of the care to be provided.

### **Our judgement**

The service has routines that are very flexible and people make choices and decisions about their care, support and how they spend their time. People using the service are involved in the management and review of their care and sign to agree their care plans. Privacy, dignity and independence are respected by the staff.

## 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 using the service and relatives told us that the care provided at St Julia's Hospice was excellent. They told us they were very happy with their care and the staff were professional, kind and extremely caring; nothing was ever too much trouble. Comments included, "The care is definitely to a high standard", "It is amazing care compared to other services", "As soon as my relative has pain the staff are there to help" and "The doctors are amazing and always make five minutes to talk to us".

We saw that staff interacted well with people using the service in a relaxed, kind and friendly manner. We saw that staff were very professional in their approach to people using the service and visitors; both face to face and on the telephone.

We saw that call bells were kept in reach of people and when they rang staff answered them promptly.

##### Other evidence

We spoke with the Sister, medical director, nurses, care workers, doctors and a counsellor. They all had a huge amount of knowledge about the needs of people using the service and how to meet them. We also spoke to volunteers who were a vital part of the team. Among other things they were responsible for making drinks for people using the service and visitors and for arranging people's flowers. They too had a good knowledge of people using the service from their perspective.

We were shown a board that staff referred to and updated on people's current status,

for example, if they had received their physiotherapy, if the doctor had visited, or if they were due to go home.

We looked at one person's care documentation in detail and three others in less detail to look at specific areas. We saw that the care files were large and held a huge amount of information about people using the service. We saw in depth care plans that informed staff on the health, social, spiritual, mental, psychological and emotional care needs of people. The plans directed staff on how to meet people's individual needs and they were reviewed and updated frequently. Staff told us that weekly meetings took place with the multidisciplinary team and they went through the care plans and discussed people's needs; changes were made accordingly.

We saw that risk assessments were undertaken as necessary. They included pressure ulcer risk, nutrition, moving and handling and falls. We saw that the risk assessment for bedrails was included in the moving and handling assessment. We saw symptom charts and questionnaires that were completed by people using the service. They related to their symptoms, levels of concern and other things that maybe causing them distress, for example, family problems, finances or spiritual concerns. We saw that action plans were developed to try and reduce symptoms and stresses as much as possible. We were told the distress monitor was sometimes completed by relatives as they had their own stresses to deal with.

We saw that doctors, counsellors, occupational therapists and physiotherapists wrote in the care files and there were also notes from visiting professionals such as the Macmillan service and speech and language therapists. We saw that records were kept of discussions with relatives and the outcomes were documented.

We saw that end of life wishes were documented and that advanced directives were included for some people.

Daily records were maintained and included a record of personal hygiene, food and fluid intake, elimination, sleep and other relevant issues. The records were very informative.

### **Our judgement**

People using the service receive high quality, 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

People using the service told us that the staff were extremely kind and caring. They said there would be no problem at all in voicing concerns to the Sister or any of the staff if the need arose.

There have been no incidents of abuse reported to us or adult social care.

We observed that staff respected peoples' privacy and dignity throughout our visit. Staff spoke to people in a very professional, polite and friendly manner.

##### Other evidence

The Sister told us that all of the hospice policies were being reviewed by the registered manager. The abuse policy we saw was appropriate and referred to the local authority policy. Staff we spoke to were aware of the policy and of how to raise a concern if required.

Staff told us they received training about abuse in house. The Sister told us that training was provided on safeguarding adults and children, deprivation of liberties, human rights and advanced care planning/end of life wishes. She said the clinical staff were updated annually by adult social care. We saw the records that showed training was up to date. The Sister told us that the person responsible for training was making sure that safeguarding training was provided for chefs, housekeepers and volunteers from 2012.

The Sister told us that people's personal monies were sent home with relatives as they

did not need money during their stay. She told us there was a safe to store money if other arrangements could not be found but this rarely occurred.

**Our judgement**

People using the service are protected from abuse and their human rights are respected by staff. Training and robust systems and procedures are in place for staff.

## 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

People told us that there were enough staff to care for them. One person said "You could wait a little longer for assistance when all the beds were full but there were plenty of staff for eight beds".

People told us the staff were excellent, professional, lovely, friendly and extremely kind and caring. Comments included, "I trust all the staff, they provide amazing care", "The staff are really lovely" and "We are very lucky, the staff work well together like a family and they make you very welcome".

People told us their call bells were answered quickly and that staff popped in between calls to see if they were alright. They said that staff spent time chatting and they got to know each other. People told us that the counselling service was helpful and they could talk about any worries they may have in confidence.

##### Other evidence

On the day of our visit there were six people using the service. The Sister told us that staff worked a mixture of shifts. The early shift was 7.30am -3.30pm, the late was 12 noon – 8pm, some staff preferred to work 7.30am – 8pm and the night was 7.30pm – 8am. On the day of our visit we were told there were three nurses and two healthcare assistants in the morning, two nurses and two healthcare assistants on the late shift and two nurses and one healthcare assistant overnight.

Clinical staff told us they worked day and night shifts on a rotation basis and they were

happy with that. They told us there had been trials of different shift patterns in which they were involved and we were shown records of these.

The Sister told us that admissions were reduced if there were not enough staff available. She told us they had their own bank staff, agency staff were not used. She told us they had reviewed the rota and staff who wished were working longer shifts.

During our visit there was a doctor, a counsellor and a physiotherapist working as part of the clinical team. There was also a team of volunteers who worked on reception, made drinks for people using the service and visitors, arranged flowers, cleaned the flower vases and a range of other jobs. We saw domestic staff and there was a chef on duty.

Most of the staff we spoke to had worked at the hospice for many years and they all said they enjoyed working there. They all said they worked very well as a team and they were close, like a family.

Staff told us that the staffing levels were usually good and bank staff were brought in to cover shortfalls. They told us the duty rota was done in plenty of time so they knew what they would be working in advance. They also told us that requests for specific days off were always taken into consideration and usually honoured which kept staff happy.

We saw that staff were not rushing around and had time to talk with people using the service and their visitors. We saw that they liaised with each other regarding the care of people using the service. All of the staff both clinical and non clinical were very friendly and polite in their approach to people.

### **Our judgement**

There are enough staff employed that are suitably skilled and experienced to meet the needs of people using the service.

## 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

People using the service told us the staff were extremely kind and caring and they all supported each other. They told us the staff were very experienced and well trained in their roles.

Staff we spoke to were very aware of the care needs of the people using the service and they liaised together to keep up to date on any changes.

##### Other evidence

Staff told us they received a great deal of training, some was a legal requirement and some was relevant to their role. One nurse talked about an end of life care course she had attended. She also told us she was now doing a degree and that some of the modules were about cancer care and palliative care.

We saw that there was a great deal of information in the nurse's office; reference books and so on. One member of staff said this was really useful.

The Sister told us that various trainers provided in house courses. She told us that all staff attended mandatory training and regular updates such as, fire, moving and handling, infection control, resuscitation and health and safety. The volunteers attended courses relevant to them. Clinical training we were told about included syringe drivers, transfusions, oxygen therapy and glucose monitoring. We saw various training packs that included sheets to record staff competence following the training.

The Sister told us that she and the education lead were responsible for organising

mandatory training for staff. She said the clinical staff were very keen to improve their knowledge and skills and she told us about several degrees and diplomas that staff had achieved or were working towards. She told us that some staff held train the trainer certificates and were involved in the staff training programme.

The Sister told us about the induction programme for new employees and we saw the induction packs for nurses, student nurses and healthcare assistants and these were detailed.

The Sister told us that clinical supervision took place once or twice a month and that it was a mixture of individual and group supervision. She told us that this was confidential and that records were not currently maintained. She said that staff could contact her at any time to talk about any issues they may have. She told us the staff were there for each other and they supported each other.

Staff told us they were like a family and they all supported each other. They held the Sister in high regard and said she was always there for them. They told us she had an open door policy and they could talk to her whenever they needed to.

The Sister told us that annual appraisals took place with heads of departments being responsible for the staff in their area.

**Our judgement**

Staff are supported and supervised in their roles and training is provided to maintain and improve their knowledge and skills. Good training records are maintained but not all staff supervision is recorded.

## 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 using the service told us they could air their views at any time to any of the staff or the management team. They told us about the counselling service and how helpful this was to them.

We observed that nurses talked to people using the service and they discussed their care with other clinical staff and updated the care documentation and the board in the nurse's room to reflect what had changed.

We were shown files that contained auditing information, with tables of results. These audits were thorough and undertaken regularly. The infection control audit, for example, included hand hygiene, patient areas, clinical rooms, kitchens, bathrooms, toilets, sluice, sharps and protective clothing. We saw that two audits took place in November 2011 and the results were excellent.

We saw records of mattress audit servicing, to ensure mattresses were in a good condition and safe to use from an infection control point of view. We saw audits of the discharge pages from care files; these included graphs and a record of any issues identified and how these were resolved.

We were shown records that showed equipment was maintained and serviced regularly. We saw the accident reporting system and how this was included in the health and safety meetings; minutes were seen. We also saw the drug incident reporting system which showed that incidents were investigated thoroughly.

**Other evidence**

Staff told us they attended meetings regularly where issues were discussed and things had changed as a result. The volunteers told us they attended meetings twice a year but were very much included as part of the team at St Julia's. The clinical staff told us the weekly multi-disciplinary team meetings were really beneficial in providing quality care. We were shown a variety of meeting minutes, they included staff meetings, nurses meetings, Sister's meetings and joint meetings with staff from Mount Edgecumbe Hospice.

Staff told us they knew how to report problems to the management team and that they tried to resolve problems quickly. The Sister told us that the nurses had individual link roles for various subjects and they kept themselves up to date and they were a valuable resource for the rest of the staff.

We were told about surveys that were undertaken to gain the views of people using the service and their families; the questionnaire forms were held in people's individual rooms for them to complete as they wished. We saw the results of some of the surveys and they were very positive, all of the family questionnaires for one period rated the service as excellent. We saw thank you cards and letters and there was a board that displayed anonymous snippets from these for people to see.

The Sister told us a staff survey had been undertaken in 2010 but the document was large and staff gave up completing it. They were looking to do another survey. We saw records that showed trials of nursing shift patterns and it was explained how the shift patterns had changed at this service and between the two Hospice facilities in the group.

We saw that risk assessments were in place for the service as well as for individuals using the service and these were reviewed regularly and updated.

**Our judgement**

People benefit from the quality assurance systems that are in place and there is a culture of continuous review and improvement.

# 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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