

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

St Julia's Hospice

Cornwall Hospice Care - St. Julia's Hospice,
Foundry Hill, Hayle, TR27 4HW

Tel: 01736759070

Date of Inspection: 21 March 2013

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2013

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Staffing | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Cornwall Hospice Care Limited |
| Registered Manager | Miss Rhona Ewing |
| Overview of the service | St Julia's Hospice provides specialist care for ten people with life limiting illnesses. It also provides day, inpatient services and therapy clinics for adults. |
| Type of service | Hospice services |
| Regulated activities | Nursing care Treatment of disease, disorder or injury |

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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 21 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We met with people who were inpatients or relatives at the hospice. People we spoke with were very happy with the services provided by St Julia's Hospice.

One person told us "There is such good atmosphere when you walk in the door." Another person told us "It is so tranquil and calm. I receive five star care. "

They all said the environment was pleasant, restful and clean.

Everybody said they were fully consulted about their care and treatment. People told us continuity of care was very good and they felt supported. One person said:" It is a wonderful facility and communication is excellent."

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

There were sufficient staff to meet the needs of the people who required care and treatment.

People said they 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. One person said:" they are so thoughtful".

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

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During our visit to this service we spoke with two patients and a relative. All three people we spoke with told us that they, or their relative, had been examined and that their condition had been explained to them by the consultant. This helped to ensure that people understood their condition and the options available to them.

We spoke with the sister in charge who was able to describe to us the formal process to follow if they had any concerns about patient's mental capacity to make informed decisions about their care. She was clear on the responsibility to act in accordance with legal requirements. This meant if there were any concerns over people's capacity to make decisions, a formal process would be followed determine what is in people's best interests.

The sister in charge at the time of inspection told us medical staff would involve the next of kin if it was assessed the the patient did not have capacity to consent to care and treatment. Staff also followed the advanced directives of patients and patients who had made arrangements such as a living will. This contained instructions for use when they were no longer able to give their consent. This meant where people did not have capacity to consent, the provider acted in accordance with legal requirements.

We were told there was a consent policy for staff reference. Records we looked at showed there were different consent forms to be used. We were told that on a patient's admission an assessment would be carried out with regard to their psychological state. Depending upon the outcome information would then be collected about recusitation and pre bereavement information. This meant before people received any care or treatment they were asked for their consent and the provider respected their wishes.

During our inspection we observed that staff asked patients for their consent before they carried out care. We saw staff asked people if they wanted any assistance and support.

We saw staff were patient and allowed people time to consider their options and respected their wishes. We spoke with two members of staff, who told us they tried not to be intrusive and only provided support and care for patients as they needed it. One patient spoken with said;"The hospice staff are fantastic."

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 spoke with two people about the care and treatment they had received. One person said: "I can't fault the care." Another person said: "It is a wonderful facility." We looked at the records of the people we spoke with. They showed that a detailed assessment of people's physical, psychological, social, spiritual and cultural needs were carried out with the patient on admission. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff also had accurate and up to date information about the people they looked after.

We saw in the care records that patients were cared for by a multidisciplinary clinical team. Doctors, nursing staff and other health care professionals had recorded the treatment, help, support and advice they had given to each patient in their care plan. This helped to ensure that people's needs were being met. This meant that care and treatment was planned and delivered in a way that ensured people's safety and guidance. We saw that care plans were clear and easy to follow. Patients' needs were clearly detailed and staff had signed to confirm that care had been delivered. A member of staff said "The care documentation is straightforward. We just write in them and sign. Everything is in one folder. This works well."

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 relevant to the needs of people who used the service and were provided with ongoing support from managers and the wider clinical team. This meant people's care and treatment reflected relevant research and guidance.

We spoke with nurses, health care assistants and a doctor. They told us they were part of a clinical team and were led by the medical director who was a consultant in palliative medicine. They described how they worked together to provide seamless care for the patients. We were told that end of life care was not the only role of the hospice but rather patients were admitted for staff to manage their pain relief and other symptoms involved with specialist palliative care. One person we spoke with said: "It is a five star facility." 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".

Staff told us the hospice provided support to carers and family members. They also told us the hospice provided a telephone advice service. They said the hospice team provided specialist advice and information and psychological support to palliative care patients and their families and professionals supporting them in the community.

We saw communication between staff was well organised. 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. We saw a case management tool, traffic light system, had also been devised on a visual board in the staff office which showed these key indicators for patients and this was updated as patient's needs changed. This meant that staff had concise visual information as part of their handover so staff coming on duty were immediately aware of the patient's well being and needs. 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.

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. Comments included: " The staff are very kind and attentive."

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with the sister in charge who told us no safeguarding alerts had been reported by the hospice to the local authority. She could describe the procedure to be followed if an allegation of abuse was made. This meant the people who used the service were protected because the person in charge knew how to respond to any allegation of abuse.

We spoke with staff who could describe effective contact and support from psychiatric services and safeguarding in the event of concerns about patients mental health, vulnerability and safety. They also said they knew how to report concerns where they thought people were not protected from harm, either in their own homes or within the hospice environment. This meant people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

During our visit we spoke with patients and a relative and they all said they received good care and support. They also said staff were kind and helpful.

A whistle blowing policy was also available which informed staff what to do if they suspected any bad practice was being carried out within the hospice.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The sister in charge told us that the service was fully staffed to meet the needs of the six patients in the hospice. She said she had reduced the number of in patient beds temporarily to six beds because of staff shortages. These shortages were due to staff illness and holidays. Sister said she had built a team of bank staff to work at the hospice when there were staff absences. This meant there were enough qualified, skilled and experienced staff to meet people's needs. One staff member we spoke with 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 patients and were able to describe the support they gave. 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 staffing within the hospice to care for six patients included:

4 staff 7:30am- 20:00pm

3 staff 19:30pm- 8:00am

This included at least two qualified nurses on each shift.

We were told staffing ratios increased with more patients, with eight patients there were five staff members in the morning, four in the afternoon and three at night.

Other members of the multi-disciplinary team who worked at the hospice included: a director of nursing and medical director, consultants in palliative care, two doctors, a physiotherapist, an occupational therapist, a social worker and bereavement counsellor as well as ancillary staff. The staff were supported by volunteers who carried out a range of tasks including giving refreshments and providing time to talk with people. This meant there were sufficient staff to meet patient's needs and provide individual care and support.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage the risks to the health, safety and welfare of people using the services and others.

Reasons for our judgement

Staff told us that they felt supported by the management systems in place within St Julia's hospice. 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 saw the provider had an effective system to regularly assess and monitor the quality of service that people receive. We asked for information about their auditing systems as part of this inspection. The information discussed and records looked at 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. This meant people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We also saw evidence to show that learning from adverse events was recorded and discussed with staff during individual sessions or at meetings. This meant learning from incidents and investigations took place and appropriate changes were implemented.

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.

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