

# Review of compliance

Keech Hospice Care Keech Hospice Care	
<b>Region:</b>	East
<b>Location address:</b>	Great Bramingham Lane Streatley Luton Bedfordshire LU3 3NT
<b>Type of service:</b>	Hospice services
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	Keech Hospice Care is a purpose built hospice on the outskirts of Luton. The service provides 13 overnight beds, a palliative care centre and a hydrotherapy pool. The eight adult beds are in single occupancy rooms all with an en-suite bathroom. The five children's beds are in four rooms also with en-suite bathrooms. The service provides nursing care to adults and

	children, many of who may be experiencing physical disabilities, life limiting conditions and/or terminal illness.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Keech Hospice Care was meeting all the essential standards of quality and safety inspected.**

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 16 May 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

Peoples' diversity, values and human rights were respected. People who use the service told us that staff were very good at respecting their privacy. When they needed assistance with such things as dressing or bathing they found it a dignified experience. They said that staff respected their choices, preferences and decision making and they felt very involved in their care. They said they had been given lots of information about the service.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People said they had been asked about their needs and staff displayed a good understanding of their needs and of them as people. They told us there were activities arranged for them at the service which were designed to assist in their care. They said their visitors were made welcome. One person we spoke with said her religious and cultural needs were very well respected by the staff.

They told us they had no concerns about their safety and wellbeing at Keech Hospice Care and that staff were very good at responding to call alarms when they needed them. They said that a member of staff could be located when needed and were always able to do what was required of them. People said that staff appeared competent, experienced, friendly and respectful.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The people we spoke with said they had never had the need to raise a concern, but if they did they would feel confident and comfortable in approaching the manager or senior staff. They told us they had been given questionnaires asking for their views on their care and the service and they had provided very positive feedback.

One person said of her experience at Keech Hospice Care: "It's very pleasant here. I am comfortable and everyone is so nice and working hard to help me". Another person summarised the view of the people we spoke with by saying: "I am perfectly happy with the way everything is done here. I'd rather be [cared for] here than anywhere else".

## **What we found about the standards we reviewed and how well Keech Hospice Care 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**

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

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.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

## **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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 who use the service told us that staff were very good at respecting their privacy and dignity. They said that staff protected their dignity very well when assisting them with dressing or bathing. They told us that staff were always available if they needed them, but encouraged them to do what they could for themselves. They said that staff respected their choices and preferences and they were able to make their own decisions about their care following advice from the doctors and nurses. They said they'd received lots of information about the service both when using the day care facility and as inpatients. All the people we spoke with said they felt very involved in their care at Keech Hospice Care.

##### Other evidence

During our visit we saw care being provided privately. When approaching people staff members announced the reason for their presence. Staff were seen to regularly engage with people offering them choices and asking about their preferences throughout our visit. We saw an inpatient service booklet in all the rooms on the adult unit and information leaflets on the service, care, support and therapies available all around the service. We noted that there was a room set aside for private family conversations. People who use the service were given appropriate information and support regarding their care or treatment.

The staff we spoke with demonstrated a good awareness of how to maintain a person's privacy, dignity and independence and respect their choices and preferences. They said that elements of their training covered privacy and dignity. They said that they would offer guidance and advice to people but ultimately respect their decisions. Staff displayed an awareness of the importance of asking for a person's opinion and treating each person as an individual rather than making assumptions about their needs and preferences.

During our visit we carried out a review of paper based and electronic case notes. The case notes we looked at contained entries on each person's choices and preferences such as discussions around their advance care decisions and resuscitation arrangements. Each individual's case notes identified where they were able to do things independently and when they needed support. We saw examples of people signing their consent or agreement on issues relating to their care and the doctors' notes detailed the discussions and advice given to each individual. The provider may find it useful to note that although people said their choices, preferences and decision making were well respected, some parts of the case notes lacked detail about the outcome of discussions with individuals on those issues.

### **Our judgement**

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

## 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

The people we spoke with said they had received an assessment on admission to the service. This involved talking with staff and being asked lots of questions and having the opportunity to ask questions of their own about their needs and requirements.

Those people who had been admitted more than once said an assessment was completed or updated on each occasion. They told us that staff were always checking on their care and welfare and displayed a very good awareness of their needs and an understanding of them as people. They said they were encouraged to participate in various activities aimed at assisting their care needs such as painting and music therapy. They said their visitors were made to feel welcome.

One of the people we spoke with identified with specific cultural and religious needs. She told us that staff were excellent at respecting her needs which included not disturbing her during religious worship and providing her with all the correct food and personal items to facilitate adherence with her religious protocol.

##### Other evidence

During our visit we saw staff and people who use the service regularly engaging in friendly conversation and interaction. We saw well attended music and art therapy sessions in progress. We noted that a number of posters, displays and decoration throughout the service catered for people with a first language other than English and took account of cultural sensibilities. We were shown rooms in the children's unit used for parents and family members to be able to stay at the hospice. The children's unit also contained an activities area and a sensory room.

The staff we spoke with told us that each person received an assessment of needs on arrival at Keech Hospice Care. For children this would be following a community team visit to their homes. This included a review of their personal and medical histories (including allergies) and any cultural requirements they had and family members would assist with this as appropriate. They said they were required to read the case notes to familiarise themselves with each person and their needs and would be alerted to a specific individual's particular need such as allergies or nutritional requirements through the case notes and/or drug charts. The staff we spoke with displayed a very good awareness of the needs of the people we spoke with during our visit.

Staff said they were clear that entries to each individual's case notes should be made daily to include information about their personal care, health and wellbeing. They also used staff handover meetings between shifts to update their colleagues about the individuals they provided support to. Staff were aware that if a person's health changed gradually they would involve the senior staff member, doctor and family members. If the health change was more sudden or urgent they would use the emergency call bell for assistance from other staff and call the emergency services if necessary.

During our visit we carried out a review of paper based and electronic case notes. The case notes we looked at contained an assessment of needs completed when each individual arrived at Keech Hospice Care. The assessment covered each person's needs in relation to pain management, medication and personal care among others and identified each individual's medical history. However, information relating to cultural or religious needs was lacking.

Between them, the paper based and electronic records contained well documented risk assessments for such things as mobility, moving and handling, personal care and nutrition. However, it was not always apparent what action staff needed to take to mitigate identified risks. All of the case notes contained daily entries updating such things as the personal care, wellbeing, sleep and pain levels of each individual. These were completed every day. However, some entries lacked detail. We noted that doctors' letters, reports, referral information and assessments by other providers were well documented to assist in the transfer of information about each individual.

The provider may find it useful to note that although the people we spoke with told us that staff showed a very good awareness of all their needs and the staff we spoke with were very familiar with peoples' needs, the information in the case notes we looked at was often fragmented. In some cases information such as an individual's allergies was not transferred between paper and electronic records and it was not always possible to identify staff action in response to identified risks or issues. In some cases it was not possible to identify peoples' cultural or religious needs from their case notes.

### **Our judgement**

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

The provider was meeting this standard.

## 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 who use the service told us they felt safe and secure receiving care at Keech Hospice Care. They said they had call alarms in their rooms and staff were very good at responding to them when they had used them. They said they felt their personal possessions were secure and they were not aware of anything being interfered with at any time. People told us that staff were very respectful and friendly and would always try to keep them in good spirits. They said they were very comfortable with the way they were treated.

##### Other evidence

During our visit we entered the premises several times through the main entrance. We were always greeted by a member of staff at the reception desk. We were asked to sign in and out when entering or leaving the building. The reception desk was attended each time we checked as was the reception desk in the adult inpatient unit. We noted that various parts of the premises including the children's unit were secured by swipe card or coded locks. We observed staff being relaxed, engaging and friendly with people who use the service and their visitors. Each of the rooms we checked had a call alarm within easy reach of the people using the service.

We spoke with staff who knew the definition of abuse. They knew what to look for to identify potential abuse. They said they would contact their manager if they suspected abuse was taking place and they felt confident and comfortable in doing so. They knew of the service's safeguarding policy and confirmed they had reviewed it recently as part of the policy rotation. All of the staff we spoke with said they had received safeguarding

training. All of the staff we spoke with displayed an awareness of the Mental Capacity Act (2005) and said this was included in their safeguarding training.

We spoke with the clinical director and the quality and compliance manager who displayed a good understanding of their responsibility to inform the safeguarding team at the local authority, the Care Quality Commission (CQC) and the police and GP if necessary of any incidents of abuse or suspected abuse.

During our visit we carried out a review of documentation. We looked at the safeguarding and whistle blowing policies and procedures which between them defined forms of abuse, how it should be reported and how any allegations would be investigated. We looked at training records which showed that all staff had received the full course mandatory safeguarding of vulnerable adults and safeguarding of vulnerable children training. All role relevant staff had received the full course training on the Mental Capacity Act (2005). The training records also identified which staff were up to date with training and which staff were overdue their updates. The provider may find it useful to note that most staff were overdue their updates for all the safeguarding and Mental Capacity Act (2005) training.

### **Our judgement**

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.

The provider was meeting this standard.

## 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 who use the service told us they were able to locate a member of staff when they needed one. They said they felt there were enough staff working at the service for the amount of patients. They said that staff appeared experienced, competent and qualified and were always able to do what they needed them to. They said that when staff worked together they communicated and cooperated well to get things done. Those people we spoke with who had been using the service for longer periods said they saw the same staff regularly enough to become familiar with them and it was unusual to see a staff member they didn't recognise.

##### Other evidence

During our visit we were aware of a constant staff presence including nursing staff, healthcare assistants, management or administrative staff and kitchen staff. Staff were seen providing general care to people throughout the service, engaging people, and providing one-to-one support. Staff members looked to be occupied during our visit but did not appear stressed or overstretched. We saw them being attentive and unhurried with people. When staff members requested assistance from each other this was provided. When a person required assistance a member of staff was available to help.

The staff we spoke with were registered nurses who said their registrations were up to date or were staff who had qualifications such as a National Vocational Qualification (NVQ) in health and social care. They said that when they first arrived at the service they had received an induction including an orientation to the service, supporting (shadowing) a colleague, full mandatory training courses and a review of policies and

procedures. The staff we spoke with felt they were up to date with their mandatory training updates (refreshers to the full courses) including moving and handling, health and safety and infection control among others. They told us they were also able to complete additional non-mandatory training on such things as loss and bereavement, pain management and end of life care.

They told us they very much enjoyed being part of the team at Keech Hospice Care and they experienced good working relationships. They said that in general they were able to do all that was required of them without stress and felt there were enough staff at the service. However, there was a concern on the children's unit that this may change with several imminent departures. They told us they were clear about their line of management and felt they had a good relationship with their manager. They said the culture at the service was friendly, open and relaxed. One staff member summarised the feeling expressed by the staff we spoke with by saying: "I feel privileged to work here with staff who really do care".

We looked at the service's training record which showed that staff had completed their full course mandatory training on such things as infection control, health and safety and fire safety among others. The training records also identified which staff were up to date with training and which staff were overdue their updates. The provider may find it useful to note that many staff were overdue their updates for the training.

We spoke with the adult services manager and the children's services manager about staffing levels. Both of the managers could explain the method used to forecast required staffing levels and the minimum staffing requirement for each shift related to the number of people using the service. They told us that a shift system was in operation to provide nursing and healthcare assistant staff cover across a 24 hour period and that staff handovers would take place between each shift. We checked that the staff available on the day of our visit met the minimum requirements for nurses and healthcare assistants explained by the managers. We found that both of the units were appropriately staffed on the day of our visit.

The managers told us that both planned and unplanned absence was covered by offering additional shifts to permanent staff and by the use of bank staff (who were mainly ex-employees of Keech Hospice Care and were trained in the same way as permanent staff). We were told that agency staff were not used by Keech Hospice Care. They told us that the service was currently relying on the use of bank staff to complete a full rota. The adult services manager said there were currently two nursing vacancies on the adult inpatient unit which had both been filled but the staff would not start in post until June 2012. The children's services manager told us there were currently six nursing vacancies (from a nursing establishment of 11) on the children's unit. She said that she had been given funds and authority to advertise all of the vacancies and this was scheduled for 7 June 2012.

The provider may find it useful to note that at the time of our visit both the adult and children's units were adequately staffed. However, there was a considerably nursing vacancy rate on the children's unit and the rotas were only completed with the use of bank staff.

### **Our judgement**

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

The provider was meeting this standard.

## 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

All of the people we spoke with on the day of our visit had used the service more than once. They told us that on at least one visit or stay at the service they had been given a survey requesting their views and feedback on their care and the service. All of the people we spoke with said their feedback had been very positive. They told us they had never felt the need to raise a concern but if they did they felt very comfortable raising any issues with the manager or senior staff and felt confident they would deal with any concerns. However, they weren't sure if that was the formal procedure.

##### Other evidence

During our visit we saw a complaints and comments leaflet available in the main reception which detailed the procedure involved. There was also a box available for people to leave their completed forms. We noted that the inpatient guide available on the adult unit also contained details of how to raise comments or concerns about the service.

All of the staff we spoke with were aware of audits completed at the service on such things as medication and infection control. They said they were told about the outcome of audits and any actions they needed to take (including additional training) by their manager, through safety bulletins or through their staff meetings where they discussed any required changes in working practice. They told us they were aware of an incident reporting procedure and knew how to use it and who had responsibility for investigating any issues raised. They said if they were personally involved in any incidents they would receive feedback and advice from their manager.

They said they felt confident and comfortable with the prospect of raising any concerns about the service with their manager but had not felt the need to raise anything significant during their employment. The staff we spoke with were aware of the questionnaires distributed to people who use the service. Most of the staff we spoke with had received feedback following the use of the surveys through their multi disciplinary or staff meetings.

During our visit we carried out a review of documentation. We looked at examples of audits completed at the service. We looked at infection control audits completed on the adult inpatient unit and children's unit in December 2011 and a general medications audit completed in September 2011. All of the audits we looked at identified areas for improvement, the associated risks and recommended actions to mitigate those risks. All of the audits were accompanied by completed action plans. We also noted the service had developed a schedule of audits for the 2012/2013 year.

We looked at the results of the questionnaires provided to people who use the service and their family members in the 2011/2012 year. The questionnaires requested views and opinions on communication, quality of care and cleanliness among others. We noted that 100% of people were very or fairly satisfied with the quality of care in the adult inpatient unit and palliative care centre. We also looked at the agenda for the clinical audit group meeting due on 17 May 2012. An item on the agenda was to discuss areas for improvement raised by the survey responses.

We asked to see examples of how incidents were reported or any investigations following people who use the service raising concerns. We were shown the incident reporting folder. The entries we checked were well completed with the details of the incident and any actions taken to prevent recurrence where necessary. All the recommended actions were noted as completed. We also looked at the minutes of the steering group meetings held on 25 January, 8 February and 22 February 2012. Reported incidents were discussed by the group and where necessary further action to prevent recurrence was taken by the group.

We looked at some examples of recent complaints received by the service. The files contained all the correspondence, details on any investigation by the service, responses to the complainants and details of the action taken by the service to prevent recurrence and resolve the issues raised. The provider took account of complaints and comments to improve the service.

### **Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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