Inspection Report

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

Lindsey Lodge Hospice

Burringham Road, Scunthorpe, DN17 2AA

Tel: 01724270835

Date of Inspection: 19 November 2012

Date of Publication: December 2012

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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lindsey Lodge Limited
Registered Manager	Mrs. Alison Tindall
Overview of the service	Lindsey Lodge is a small purpose built service that provides inpatient care and treatment for a maximum of 10 people who have a life limiting condition. The service can also provide day care support for up to 14 people each day.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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'.

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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 19 November 2012, 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, talked with staff and talked with stakeholders.

What people told us and what we found

People told us they were treated with respect and with dignity by the staff team. They said treatment options were explained to them and they were provided with relevant information. People told us they were able to make choices about meals, therapies and their care and treatment. Comments included, "I look forward to coming every week", "They treat you as a person and you are accepted" and "They explained all the options before admission."

People told us their health care needs were met within the service. They said they had access to a range of therapies. We found that assessments and care plans were produced to guide staff in how to support people. We found that the care plans could be more personalised.

We found that staff had completed training and were knowledgeable about how to safeguard people from the risk of harm and abuse.

People told us the service was always kept clean and tidy. We found the service was spacious, warm, clean and suitable for its intended purpose.

People told us the staff team were friendly and caring. They told us they answered call bells quickly and had time to sit and talk to them. Comments included, "All the staff came and introduced themselves and they keep coming in for a chat. It's so completely different to what I expected" and "The staff are really good."

We found that people were asked their views about the service and results of audits had led to changes in practice.

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 privacy, dignity and independence were respected. 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

During the inspection we spoke with two people admitted to the inpatient service and four people who attended the day care service. People told us they were treated with respect and with dignity by the staff team. Comments included, "I look forward to coming every week", "They treat you as a person and you are accepted" and "They knock on doors and use all the common courtesies."

Staff described how they promoted privacy, dignity and respect by listening to people, providing personal care in a sensitive way and by ensuring people made their own choices. They told us they used engaged signs on doors when they were delivering personal care. They said, "You treat people how you or your relatives would want to be treated" and "You have to respect people's views; they may differ from our own."

We found that people who used the service understood the care and treatment choices available to them because medical and nursing staff explained what was available to them and provided written information. Leaflets were available in the day care unit and inpatient sections of the service. One person spoken with said, "They explained all the options before admission."

People expressed their views and were involved in making decisions about their care and treatment. We observed that one person had completed an advanced decision about their refusal for specific treatment. Staff had been made aware of this and a copy was held in their care file. Staff were aware of The Mental Capcity Act 2005 and described how a best interest meeting was held to discuss a treatment option for one person when it was assessed that they lacked capacity to make their own decisions.

People told us they were able to make choices about meals, therapies and their care and treatment. One person said they completed their own pain monitoring form and spoke to the nursing staff about pain levels. They said, "Staff listen to me and consult with the doctors. My pain is pretty well under control" and "You want peace, quiet and rest to improve. Without doubt you find that here." The service had a room for people to use when

they wanted to be quiet and alone to contemplate. We were told that clergy visited the service each day to offer spiritual support and guidance.

We found that people were supported in promoting their independence and community involvement. One person told us they brought their car with them so when they felt well enough they were able to visit friends whilst still receiving treatment as an inpatient. They said this boosted their morale. They also told us they managed their own medicines, which helped them to maintain their independence and control their pain levels. Comments included, "I had a lie in on Sunday as I didn't feel like getting up", "There are no restrictions on choices. I put the blind down and like my privacy to read and watch television" and "You can join in or not with the therapies."

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

During the inspection we looked at four care files and spoke to staff and people who used the service. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Daily records detailed the nursing care and medical treatment provided.

The care files contained medical and nursing assessments and specific risk assessments for pressure areas, mobility and falls. The files also contained a pain assessment score. Care plans were produced from the assessment information and provided staff with guidance in how to support the person. The care plans reminded staff to promote privacy and dignity. However, the provider may find it useful to note that the generic nature of the care plans meant some aspects of personalised care were omitted from the plans. This could mean that staff may not have information about how people would prefer some of their care to be carried out.

People spoken with told us their health care needs were met within the service. They said their admissions were arranged quickly so that their symptoms could be managed and pain controlled. People said the doctors were on hand each day during the week and they could discuss their health needs with them as required. They told us they were consulted about decisions regarding their health needs. Comments included, "I saw the doctor last Wednesday and Friday. I was out on Thursday. I'm waiting to see the doctor today as I'm possibly going home" and "Each working day I see the medics. There is time to discuss treatment."

We found that people who used the service were given appropriate information and support regarding their care or treatment. People were referred to the service by their GP, community nurse, McMillan nurse or through the day care service. They had access to medical, dietetic and physiotherapy services. There was also a range of complementary therapies such as massage, aromatherapy, reiki, yoga, art and crafts, hypnotherapy and counselling support.

Staff told us how they prevented pressure sores from developing and how they treated reddened or sore areas. They also described how they monitored people at nutritional risk and what measures they put in place to respond to this. They said the chef visited staff each day to check if any special diets were required and they spoke with people who used the service to find out their likes and dislikes.

There was evidence that dieticians had been involved and special diets were provided such as liquidised and fortified meals and food supplements. The provider may find it useful to note that although nutritional need was assessed on admission there was no recognised nutritional risk assessment tool used to gauge any potential risk.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

We found that 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.

The service had adult safeguarding and child protection policies and procedures to guide staff when they were concerned about abuse or poor practice. Staff spoken with confirmed they had completed training in how to safeguard people from the risk of harm and abuse. They were knowledgeable about the different types of abuse and the signs and symptoms that would alert them to the possibility that abuse had occurred.

They described the action they would take should they witness abuse or poor practice and they were aware of the alerting procedures to ensure the local safeguarding team received the information. We found the provider responded appropriately to any allegation of abuse. Staff told us how they had contacted the local safeguarding team when they were concerned about a specific incident that occurred on the inpatient unit. They had also contacted the safeguarding team when they had concerns about a person admitted from a nursing home. In both instances they followed the guidance provided by the safeguarding team.

There were systems in place to protect people's finances when they were admitted as an inpatient. Lockable facilities were available in bedrooms to store valuables or monies could be held in the office safe. Receipts were provided for any monies deposited in the safe.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During the visit we completed a tour of the building. We found the provider had taken steps to provide care in an environment that was suitably designed, well maintained and spotlessly clean. The service had separate inpatient and day care areas all on one level. The service was accessible to people who used wheelchairs or who had mobility difficulties.

The inpatient side had six single en-suite bedrooms and one four-bedded room. This room could be divided into two separate rooms to accommodate two single sex areas if required. It also could support a family member if they wished to stay with their relative during end of life care. There were privacy curtains for each bed. There was a range of communal areas for people and their families to use. These included a sitting room, family room, kitchen, library, hairdressing room, a small quiet room for contemplation and a room for people who wished to smoke.

The day care side had a large sitting room set out into two separate areas, a small sitting room, a kitchen and a conservatory.

The two sides shared a reception, a dining room, six therapy rooms, large gardens, laundry and the main kitchen. There were sufficient bathrooms, shower rooms and toilets throughout the service. There was also specialist equipment such as beds, baths and moving hoists.

People spoken with told us they liked the service. Comments included, "I feel like I've been on holiday" and "You have every comfort; it's very clean and tidy."

Staffing ✓ Met this standard

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

During the inspection we checked staff rotas and spoke with staff and people who used the service. People told us staff answered call bells quickly and they did not feel rushed when personal care was provided. They said that staff had time to sit and talk to them. Comments included, "All the staff came and introduced themselves and they keep coming in for a chat. It's so completely different to what I expected", "The staff are really good", "The volunteers are fabulous, fun and have nice personalities" and "I can't ask for anymore from the staff."

We found there were enough qualified, skilled and experienced staff to meet people's needs. On the inpatient side there were three nurses and two health care workers in the morning, two nurses and one health care worker in the afternoon and two nurses at night. The manager was additional to the staffing numbers. A doctor visited the service each day and there was an on call system for medical support at weekends. The day care service consisted of three nurses and two health care assistants each day. There was also a student nurse who completed shifts on both the inpatient and day care units.

Staff told us staffing numbers could be increased at specific times of the day and night when required. For example, if the service was providing end of life care to several people at the same time with support for their families. There was a bank nurse system for short notice absences and on call management arrangements at night and at weekends.

The service had access to staff who provided a range of therapies to people using both the inpatient and day care services. A complementary therapy coordinator worked two days a week and an activity coordinator worked five days a week. Several volunteers provided support to inpatients such as talking to people, welcoming visitors, serving refreshments, refilling water jugs and tending to flowers. A volunteer coordinator supported and managed the volunteers. They told us volunteers completed the same recruitment and induction processes as permanent staff.

Staff confirmed they completed an induction and had access to a range of training courses relevant to the needs of the people they cared for and supported. The training included essential training such as moving and handling, infection control, first aid, fire safety, safeguarding and health and safety. Additional training included palliative care, medicines management including syringe drivers, catheterisation, communication skills and wound care. We saw the training matrix which indicated the training staff had completed and when refresher training was due.

Staff said they had one afternoon set aside each week for training purposes. This was used to meet representatives of medical companies to discuss new products on the market or clinical nurse specialists for advice on subjects such as pain control or breathlessness.

Staff told us that management were supportive and approachable.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During the inspection we checked the quality assurance system. We found that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People completed questionnaires about the care they received. The person in charge of the service on the day of inspection told us this was done on an annual basis and the 2012 survey was underway. This consisted of obtaining people's views during the months of November and December. People also took part in a questionnaire about the therapies provided. We saw questionnaires in people's bedrooms for them to complete about the inpatient service provided.

We checked the results of the questionnaires completed last year. People commented positively on the support from staff, the medical advice, the meals, the pleasant surroundings and the benefits of meeting other people with similar health conditions.

We found that a range of audits were completed such as infection control, documentation and the environment. There were also audits of clinical issues such as pressure areas, medicines, use of the Liverpool Care Pathway (for end of life care), accidents and symptom control. Staff responsible for audits met every two months to discuss findings.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. For example, staff said, "We have been looking at blood monitoring for people on steroids and we have found we only need to this more frequently on people on higher doses. This has led to less blood testing for people."

Action plans were produced from the results of audits. An annual statement was produced with information about the surveys and audits completed during the year and what the service priorities were for the coming year. The provider may find it useful to note that people who used the service were not provided with a simplified version of survey results and action plans that would be easy to read.

Weekly multi-disciplinary team meetings were held to discuss in-patient and day care patient issues. Staff said the team consisted of medical and nursing staff within the service, district nurses, McMillan nurses, GPs and local chaplains. They said the meetings

helped to share information, solve problems and plan admissions.

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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