

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

Trinity Hospice and Palliative Care Services Limited

Low Moor Road, Bispham, Blackpool, FY2 0BG

Tel: 01253358881

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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

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Trinity Hospice and Palliative Care Services Limited
Registered Manager	Mrs. Julie Huttley
Overview of the service	<p>Trinity hospice Bispham provides services for people affected by conditions that can be treated but not cured. This includes specialised nursing care and medical care.</p> <p>Interventions from other health professionals include social work support, therapists, physiotherapy, counselling and occupational therapy, amongst others.</p> <p>The hospice is divided into independent areas, providing inpatient care for adults, Brian House for children and a day care centre.</p>
Type of service	Hospice services
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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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 20 September 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 who used the service told us they understood the care and support services available to them, and that they were involved in making decisions about care and treatment.

People told us they were treated respectfully by staff and the support the hospice could provide was explained to them before they were admitted. Staff members we spoke with told us they thought it was essential to make people feel at ease when they were admitted. Also, it was equally important to keep relatives informed of care and treatment.

People we spoke with were satisfied with the care and support they received. One person told us, the changes in pain relief had made him feel much more confident to return home.

Another person told us "It's so calm in here and the staff cant do enough for you."

When asked people told us they felt safe using the service. One person said "There are always staff around you are never on your own, it makes me feel secure".

People told us they were happy with the service and knew how to raise issues, should they have any. People we spoke with said they didn't have any complaints or concerns.

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 who used the service were supported to understand the treatment, care and support options available to them.

Reasons for our judgement

We saw the hospice provided people with information and support in relation to their care and treatment. We saw an information leaflet which detailed what people could expect from the service and the different types of support available to them. This meant people were able to make informed decisions about the care and treatment they received. For example they said, everybody admitted to the hospice received an assessment following referral.

We saw the hospice used assessment tools specifically designed for palliative care. They included Gold Standards Framework (GSF), and Liverpool Care Pathway (LCP). The assessments took full account of peoples' wishes and preferences.

By looking at a range of care/treatment records, we saw evidence of families being invited to be involved in the assessment of their relatives/children's care and treatment planning. This assisted them to gain insight into supporting their relative/child when they were discharged. One person we spoke with told us, "By sorting out my pain relief gives my wife confidence in managing it when I go home." The hospice also provided a counselling service which was available to support both patients and their families.

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 reviewed four care/treatment planning records to see how information was recorded and what systems were in place to monitor and review people's needs. We saw there was a range of information relating to the admission process and presenting needs assessment. There was other information from a range of professionals involved in the specific treatment planning programmes.

Information on the records we looked at showed care/treatment plans were up to date and reflected people's needs. This meant records were being maintained to make sure the information was accessible to staff. We saw evidence on patient's records that risk was taken seriously and monitored so that people were safe.

In addition to nursing staff, doctors and therapists were on site to provide daily oversight and treatment to people. We saw them working in various parts of the hospice.

We saw evidence death and dying was treated with sensitivity, dignity and respect, and the wishes of people were recorded. All staff spoken with demonstrated their understanding of the importance of making sure patients and families were supported. The service recognised the significance of family during this difficult time and sleeping facilities were available for relatives. This meant relatives had suitable arrangements in place to support them.

There was a chaplaincy service available to offer support if required, in order to meet multi denominational spiritual needs of people using the service and their relatives.

Brian House provided care treatment and support for children and young people. We saw there were a range of activities and equipment available to them for stimulation and therapy. They included, sensory equipment, outdoor playground with adapted swings to accommodate wheelchairs. An activity room, where a coordinator worked with children and young people who used the service to promote stimulation. We saw evidence of staff and volunteers working with young children in these areas. We saw children and young people were responding positively to the therapies being used.



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

Our judgement

The provider was meeting this standard.

There were safeguarding systems in place to ensure people using the service were protected.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the risks and put procedures in place.

We saw all staff had opportunities to attend training in safeguarding people. This also included child protection as children are cared for in Brian House, as well as domestic abuse. Staff we spoke with told us they found the training was useful and were able to demonstrate they had the knowledge and skills to act in instances where abuse may have been suspected.

We saw a copy of procedures which showed staff what action to take if they suspected a person was being abused. Staff knew where these were kept if they needed to refer to them.

There had not been any safeguarding issues relating to this service.

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

Our judgement

The provider was meeting this standard.

There were systems in place to support staff to deliver care and treatment safely.

Reasons for our judgement

We saw the hospice had systems in place to support the staff team including volunteers. We also saw evidence of training available to all levels of staff in order for them to be competent in their individual roles.

A system of appraisal had been established and staff completed Performance Development Reviews. This was in order to identify their annual objectives based around corporate objectives. A staff member showed us evidence of how this system worked. They felt it encouraged staff to think about their role and take responsibility in their own performance and development.

We spoke with two volunteers who told us they felt supported and had received induction training when they commenced their volunteer role. One person told us, "I've been here a long time. We get all the support we need."

We spoke with staff about access to training. Staff we spoke with told us they received regular training which enabled them to have the skills they needed for their role. We saw evidence of the range of training staff undertook. This meant staff had the opportunity to acquire further skills and qualifications which were relevant to the work they undertook.

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 received.

Reasons for our judgement

We saw the hospice used a number of monitoring procedures in order to assess and review the quality of the service.

The hospice governance structure included an audit committee of trustees. The committee met on a regular basis. We saw evidence of published audits aimed at informing people of the outcomes of surveys, good practice guidance and relevant professional research projects appropriate for the development of the service. These published audits were in the reception area and available to all stakeholders of the service, as well as the public. This meant the service was open and transparent in how it was being managed.

We saw evidence staff were encouraged to report clinical incidents, significant events and near misses. These were reviewed at the clinical governance meetings, with actions and responsibilities agreed. We looked at revised incident forms and documentation for medication errors. This meant the service responded to issues which had the potential to have a negative impact on people using the service.

In order to manage risk we saw evidence senior staff had been responsible for health and safety risk audits. This took account of all areas of the service and demonstrated the hospice had systems in place to manage risk at an operational level.

The hospice received national and local alerts, which were looked at and actioned if appropriate.

We saw evidence there were systems in place for monitoring and responding to complaints, and monitoring compliments. Patient satisfaction surveys were undertaken in order to monitor performance. A recent survey showed people were 'very satisfied' with the care and support they had received using the inpatient services.

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, 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, primary medical services 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 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.

 **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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