

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

Norfolk Hospice Tapping House

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7PF

Tel: 01485543163

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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
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Norfolk Hospice Tapping House
Registered Manager	Mr. John Hunt
Overview of the service	Norfolk Hospice Tapping House is an independent charity providing palliative day care to people with life-limiting illness. It works in partnership with the NHS and other organisations.
Type of service	Hospice services
Regulated activities	Personal care 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 14 February 2013, 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 and talked with staff.

What people told us and what we found

During discussions with people using the day care service, we were told about their choices and how they felt they had been informed about their care. People told us they were given full information about their health and treatments to support any decisions they made. We saw that people had signed to confirm their agreement on their care plans.

We looked at care plans that clearly explained how a person preferred to be supported. We saw information about the choices that people using the service had made, showing people were fully consulted at every stage.

At our inspection all areas of the service were clean and tidy. We found that the routines and systems in place supported the well being of people using the service and minimised the risk of infection.

We saw that recruitment files contained appropriate references, background checks plus interview information, showing how new members of staff had been selected. This supported the safety and well being of people using the service.

The notice board had information for people to use if they had any complaints. The manager told us that people usually spoke directly with staff if they had any problems, but the information leaflets gave full information for people to use.

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. Because the well being of people was also supported, initial forms contain questions about what people enjoyed that enabled staff to know how a person wanted any assistance to be provided. Family information was also on care plans to enable staff to include everyone that was important to the person and who they had chosen to be included.

During our discussions with two people who were using the day service, it was confirmed that people agreed to any treatment or support before this was undertaken. People we spoke with also confirmed that initial discussions were very informative. People felt they were given time to consider the information and all routines around any treatments, before they confirmed any choices they had made. Family members were also provided with information plus contact details and were included in all discussions if the individual wanted this.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's needs were fully assessed with care and treatment being delivered in line with their individual wishes. Care plans were person centred, meaning they were developed to include the full needs of the person, asking questions about all aspects of care and support. We saw information that showed people had provided answers about their likes, dislikes, things they wanted to happen and things they did not want. This enabled those using the service to be supported in a way that suited them completely and supported their dignity at all times.

We saw that details of family members were on care plans, which enabled these relatives to be fully included in any care where the person wished them to be. Due to the nature of the services offered, relatives were also able to have contact numbers should they actually need some support themselves or to discuss matters at any time. Details of a person's cultural and spiritual choices were also recorded in all care plans upon their initial referral.

People we spoke with told us that the staff were very good and there was always a person available to chat with when they needed.

Nutrition and fluid intake was monitored and any specific requirements regarding food or drink was recorded. Two people we spoke with explained that they could not eat certain foods. We later saw this was recorded in the relevant care plans and clearly identified for staff. Both people stated that these requirements had not always been met in the past as there had been some recent changes at the service. The manager assured us that she would speak with both people about their experiences.

People's whole experience during their daily visit was enhanced by them being offered additional treatments such as Rake and other relaxation sessions. Such therapies were delivered in a room specifically designed to enhance this experience, providing a calming environment. This enabled the person to feel pampered while they had a break from ongoing medical issues.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were cared for in a clean, hygienic environment. We found all areas of the service were very clean and orderly. The communal bathroom and toilet areas were regularly cleaned and checked. This was shown by a record being completed in all such rooms, each time that area was cleaned. Records also had the time of when the cleaning routine was completed. Such communal areas had appropriate washing and drying facilities. All hand washing areas contained clear instructions on how to wash hands to support infection control.

There were policies and procedures in place covering infection control, these were dated and reviewed regularly. Staff had training for infection control on a regular basis, supporting their knowledge and ensuring practices and procedures were updated.

We saw plastic aprons and gloves available in the areas they were needed. Hand sanitising gel was placed within the building, including at the main entrance, for everyone to use. On our tour of the building, that was well maintained, we saw that items such as taps, mirrors and shelving were clean. Although areas contained a recording sheet for staff to sign and date each time they were cleaned, the provider may wish to note that there was no audit in place to ensure such cleaning routines were always completed.

We saw there were infection control practices in place that helped reduce the risk of infection being transmitted from person to person. For example, any item that could potentially be seen as a risk regarding the spread of infection was replaced at the end of each consultation. Any use equipment, such as slings or examination tables, were washed after every use. We saw this was the case as we looked at various areas of the service.

The kitchen area that was used daily by people attending the hospice had a serving hatch into the main kitchen where hot meals were prepared. We were told that dirty crockery and other used items were never passed over through the serving hatch. Such items were taken out through an alternative route, to prevent cross contamination and maintain the cleanliness of the main kitchen.

Vehicles were also regularly maintained and cleaned. We saw that all blankets were stored in sealed containers in vehicles. There was an ongoing schedule to clean seats,

seat belts and the full interior of the vehicles that people were transported in.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at recruitment files that contained references, background checks and interview information in line with appropriate procedures. This supported the safety and well being of people using the service. We saw recruitment were orderly and well maintained. Each file contained a sheet detailing the steps of the recruitment process. Each step was dated on completion or dated when any correspondence was sent out and received, ensuring any gaps were easily identified.

We were told by staff that any person having contact with people who used the service had a criminal check completed to add to the above procedures. These checks were kept for six months and then destroyed in line with guidance. The service then had a reference number and date recorded in staff files, evidencing that such checks had been completed. This information was stored separately to ensure confidentiality and compliance with data protection.

All staff undertook appropriate training, particularly with regard to emotional support, and all training was updated on a regular basis ensuring current methods and practices were undertaken.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and this was provided in a format that met their needs. We were told of one person who needed an audio tape with all their required information on. This had been produced and was ready for the person to listen to as and when they chose, supporting their independence as well as providing essential information.

We found there was clear information available for people to take away if they had any complaints. This information was also on display, to inform people who to speak with should they wish to discuss any matters. People we spoke with told us they felt they could discuss any worries or concerns with staff. They told us that staff were very good and they were comfortable using the service.

We looked at records relating to complaints and saw that these had information covering the actions and outcomes for complaints. There were clear time scales for the follow up of any issues, which informed the person how long they had to wait for a conclusion. Additional information was provided if people wished to take their concern to another organisation. The lessons learnt from any complaints were considered and then measures were put into place to minimise a recurrence.

Records also showed if the person concerned was satisfied with the outcome or not. We noted that the last concern the service had received was raised some years ago. We were told that this was because people discussed any issues with staff immediately before things needed to be dealt with formally. Conversations took place regularly regarding how people felt or if they had any worries at all, supporting the well being of people and giving an opportunity for things to be discussed.

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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