

Review of compliance

Weldmar Hospicecare Trust Joseph Weld Hospice	
Region:	South West
Location address:	Joseph Weld Hospice Herringston Road Dorchester Dorset DT1 2SL
Type of service:	Doctors consultation service Doctors treatment service Hospice services
Date of Publication:	July 2012
Overview of the service:	Joseph Weld Hospice provides personal and nursing care for people in Dorset with life-threatening illnesses, while supporting their families and carers. The hospice provides physical, emotional, social and spiritual support when people are seriously ill.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Joseph Weld Hospice 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 15 June 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We visited the hospice unannounced on 15 June 2012. There were 14 people in the hospice on the day of our visit. We spoke with five people, three relatives and five staff.

One person told us that staff "were angels" and their treatment plan was explained at a pace and way they could understand.

We spoke with one person who told us " The Dr was very good, he discussed treatment and I felt more involved in my care."

We spoke with one person who told us how staff supported their independence. There were tasks they could do themselves such as eating. There were other tasks such as help with personal care they could not. Staff respected this.

One person told us that staff were very kind and supportive and this made them feel safe. Another person told us that when being hoisted they were not worried as staff knew what they were doing.

Relatives we spoke with told us staff were informative and welcoming. They also told us that they were kept up to date with information about the care and treatment their relative had received.

People told us they were given leaflets on how to reflect and comment on the care and treatment they received during their stay in the hospice. This enabled them to consider the service and care and take time to respond.

What we found about the standards we reviewed and how well Joseph Weld Hospice 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

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

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. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The provider was meeting this standard.

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

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 provider had responded appropriately to any allegation of abuse.

The provider was meeting this standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

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 received.

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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able in some instances to tell us their experiences. We spoke with the relatives of three people, we observed the care people received and we were able to speak with five people.

One person told us that in their opinion staff had not explained what their medicines were for. They said staff gave them their medicines but it worried them that each pill's purpose was not explained.. We asked another person if staff explained their medicines to them and they said they did not but they knew what the medicines were for. We told the registered manager about this.

There was a clear plastic holder mounted on the wall by each person's bed. It contained a book of the new testament and psalms. We were told that the relevant book would be placed there depending on the person's faith and whether they wanted it or not.

We spoke with one person who told us " the Dr was very good, he discussed my treatment and I felt more involved in my care."

One person said that if they were unwell at home they would prefer to come to the hospice rather than the local hospital. They felt they were treated with more respect at the hospice.

The Hospice had a multi faith room where people and relatives could visit. There was a part-time chaplain on the staff. They also had access to ministers of other religions.

There was a quiet room available for people to use as well as a guest room with en suite for relatives to stay.

Other evidence

Electronic patient records were completed on admission. We found these records included information about people's preferences, religious beliefs and social background. This information was communicated to staff during the shift handover sessions. Also at daily team meetings with all the people involved in the care and treatment of people both in the hospice and in the community.

Care plans also detailed people's needs and choices. For example one person had a pet, which was very important to them. The hospice had ensured they were able to see their pet who was brought in each week. This supported the person and helped maintain their wellbeing.

When people were very unwell their family were able to advocate on their behalf.

Information was available to people and their relatives. There was a regular newsletter as well as a complaints and information leaflet. There was also other information available to people such as infection prevention information and other services provided by the hospice.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able in some instances to tell us their experiences. We spoke with the relatives of three people, we observed care and we were able to speak with five people.

One person told us they thought they were being treated for their symptoms rather than the underlying condition. They thought staff should be treating their underlying condition.

We spoke with another person who told us that staff understood their condition and always treated them with respect. They also told us there was a meeting taking place about their future care and support. When asked why they were not at the meeting. The person said they did not want to attend and were confident their views would be part of the discussion. They also said that staff will feedback the decisions from the meeting and check they were in agreement.

We spoke with one person who told us how staff supported their independence. There were tasks they could do themselves such as eating. There were other tasks such as help with personal care they could not. Staff respected this.

Staff introduced themselves to the people they were caring for at the start of their shift. There was also a photograph of each member of staff working in each bay of four beds

and each single room on the wall.

One person told us that staff "were angels" and treatment was explained at a pace and in a way they could understand.

We spoke with one person who told us that their pain was under control and that staff spoke with them each day to monitor this.

We saw all bays and individual rooms had bedside televisions with headphones . There was a library of DVD's, books and audio books for people to use. The hospice also provided music therapy, art therapy and complimentary therapies for people.

Other evidence

Staff were responsible for updating records on each shift. We were told by a member of staff that if you were responsible for providing the care you were responsible for updating the records. All care records were electronic. Staff told us that the senior trained staff on duty responsible for medicines counter signed the care record for each person.

The care records we looked at recorded in detail all aspects of a person's current care. For example if someone's mood was low or they were very tired this information was recorded and passed on to staff when the shift changed.

Risk assessments were completed in relation to pressure care and mobility . These assessments were changed daily depending on the person's health and wellbeing.

People's end of life care needs were discussed and their views and wishes supported. For example one person told us they wanted to go home to die and another person told us they wanted to be in the hospice with their family.

We spoke with a member of staff responsible for enabling people to participate in activities. People were about to be part of a reading group. The book in question had been chosen by one of the group. They were using the day centres facilities that morning. The day centre was part of the hospice on the lower ground floor. People made use of the garden when the weather was good. Staff told us that people sang outside, made wind chimes and planted vegetables.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able in some instances to tell us their experiences. We spoke with the relatives of three people, we observed care and we were able to speak with five people.

One person told us that staff were very kind and supportive and this made them feel safe.

Another person told us that when being hoisted they were not worried as staff knew what they were doing.

Relatives told us that staff were incredibly caring, kind and thoughtful.

One person told us they could not imagine needing to complain about the care as staff were so good at what they did.

Staff were observed supporting people with dignity. People's privacy was maintained while providing care.

Other evidence

There had been one safeguarding alert reported by the hospice in the last 12 months. An incident of poor moving and handling was witnessed. We spoke with the registered manager who told us that they sought advice from the local authority's safeguarding

team and were delegated with the investigation of the incident. The hospice followed their disciplinary procedures.

We spoke with five staff who were able to tell us the signs of abuse and the action they would take if someone disclosed abuse to them. One member of staff told us they would make it clear to the person disclosing abuse that they would not be able to maintain confidentiality and would have to report the abuse.

Staff knew where the safeguarding policy was held and all had access to it. Staff told us they had all had training. One member of staff told us they were going on the safeguarding training the following week.

Our judgement

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 provider had responded appropriately to any allegation of abuse.

The provider was meeting this standard.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able in some instances to tell us their experiences. We spoke with the relatives of three people, we observed care and we were able to speak with five people.

We were told that staff always came to work focused on their job. People also said that staff met their needs and understood their concerns.

Relatives we spoke with told us staff were informative welcoming and always ensured they were kept up to date with information about the care and treatment their relative had

Other evidence

There was an effective recruitment process in place. We looked at five staff personnel files. They contained completed application forms including employment history and two referees. Prospective employees had a face to face interview and criminal records bureau(CRB)checks and Independent Safeguarding Authority (ISA) checks were completed before employment was started.

We spoke with the Human Resources (HR) administrator who told us they had made recruitment more robust by ensuring the recruitment policy was in line with best practice and that the short listing process had a more robust audit trail.

Our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able in some instances to tell us their experiences. We spoke with the relatives of three people, we observed care and we were able to speak with five people.

We were told by people using the service that they were asked their views on the care and support they received.

People told us they were given leaflets on how to reflect and comment on the care and treatment they received during their stay in the hospice. This enabled them to consider the service and care and take time to respond.

It was clear from walking round the building that quality management checks were in place. The rooms and communal areas were clean, regular checks of equipment were seen and weekly audits of the environment with actions evidenced.

Other evidence

We spoke with a Trustee from the provider organisation who told us about the changes taking place and how they had ensured both staff consultations and road shows were in place. This was to listen to staff concerns and explain the changes and how they would affect staff. The Trustee also told us they visited the hospice as part of ongoing provider visits. They picked three or four areas to look at every three months and compile a

report of their findings.

People's views were taken into account and changes made to the service. For example photographs of staff responsible for each person's care was an idea which came from people using the service and telling management what would enhance their experience.

We spoke with the registered manager who was the accountable officer for controlled drugs stored in the hospice. There was an annual audit of controlled drugs as well as a nightly audit of the stock.

There was a regular cycle of audits within the hospice looking at different aspects of support and treatment to ensure the service maintained a high standard of care. For example equipment such as commodes were checked daily for cleanliness and every one to three months a more detailed audit, checks became more regular if problems were found.

There was also a system for monitoring incidents such as falls and pressure ulcers. Information from incidents was used to improve practice.

We spoke with staff who told us they had raised concerns about where equipment was stored and cleaned and that management were looking at how this could be improved.

Our judgement

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

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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