

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

St Giles Hospice - Walsall

Goscote House, Goscote Lane, Walsall, WS3
1SJ

Date of Inspection: 05 November 2012

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November 2012

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
Management of medicines	✓	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	St Giles Hospice Trustees
Registered Manager	Mrs. Sarah Riches
Overview of the service	St Giles Hospice - Walsall provides specialist hospice care to people who are too ill to be cared for at home or require respite care; people who require support with symptom control and people who are in the final stages of life.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 5 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We carried out this scheduled inspection of the inpatient unit at St Giles Hospice – Walsall to check on the care and welfare of people using this service.

We spoke at length with a person who used the service and a visiting relative. We also spoke with three members of staff to obtain their views about the hospice.

Due to the nature of the needs of people living at the hospice it was not always possible to speak directly to them to get their opinions. We used other methods such as questionnaires to obtain their views.

One person using the service told us, "They have accomplished more here in one week, than in months in the community. My previous symptoms have gone. I am sleeping well. The whole set up is magnificent. The staff are very professional".

A relative told us, "I can't fault them. They always keep me updated and keep [my relative] as comfortable as possible".

We spoke with three members of staff who told us they felt supported by their manager and received regular training to enable them to provide specialist care.

During our inspection we observed that medications were kept safe and secure. People told us that they were regularly involved in their medication reviews.

We saw that the service had effective systems in place to monitor and improve the service. These systems involved consulting with people using and visiting the service.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our inspection we looked at three care records, spoke at length with a person using the service and one relative visiting the service. We also spoke with three members of staff.

The care records we reviewed demonstrated that people were regularly involved in the planning of their care. This included involvement in discussions around their individual needs on admission and end of life decisions. We found evidence of signed consent in relation to care planning decisions and information sharing in the care records we looked at. We were told that decisions in relation to consent were regularly reviewed and that staff would consult with the person each time they received information requests from their family, to gain their consent before disclosing information.

One staff member told us, "We always seek verbal consent around medication and ensure that people are informed in their decisions to consent. We discuss the side effects of medication and assess people's capacity to understand and consent to taking medication. We document this consent in the inpatient notes. We always explain about the medication and discuss any new medications". This meant that people's individual wishes were always considered in the planning of their care.

We saw that information was provided to people using the service about Cardio Pulmonary Resuscitation (CPR). We found evidence in people's care records of their consent to Do Not Resuscitate (DNR) measures. There was evidence that this had been discussed with the person and family members and signed by the doctor. People were also able to access information leaflets on advance decisions to refuse treatment. We were told that people were given a form to complete if they wished to inform of any advance decisions around treatment. Staff we spoke with told us that they always took into consideration the wishes of people using the service and explained the implications of refusing treatment to ensure that people could make informed decisions.

One staff member told us, " We always take into consideration advance directives. We ask people on admission and factor their views into how the support is provided".

One person using the service told us, "I have been given lots of information. I was asked my views on DNR. The different specialists have explained their remit to me. They have discussed my treatments with me. I am happy with that".

Some people do not have the capacity to make decisions, and in these circumstances other people can be authorised to make decisions on their behalf as long as they are in the person's best interests. In these instances we were told that decisions were made in discussion with the person's multidisciplinary team and people's relatives. We found leaflets in communal areas advising people about their rights around "best interest" decision making. This meant that if a person was unable to give consent at any time, staff acted in accordance with legal guidelines to ensure that they acted in their "best interest".

We were told that where people did not have capacity and had no family members to support them, staff would contact social services and independent advocates to support the person to make "best interest" decisions. At the point of our inspection there were no "best interest" decisions being made as people were able to give their consent.

Staff explained that they could seek specialist advice from external agencies regarding capacity issues such as the local authority. This meant that where a person lacked capacity to make independent decisions, an external agency gave independent advice on this. Information had been developed in a leaflet which explained what the service could provide and how they could support people. This meant that there were measures in place to address the needs and wishes of vulnerable people who may use the service.

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 our visit we looked at three care records for people using St Giles Hospice - Walsall. The care records were up-to-date and contained evidence of daily reviews of the needs of the person. The care records provided information to staff on how people preferred things to be done.

We read comments from a recent patient / carer feedback survey which said:

"I feel that my physical and emotional needs are being met".

"I was treated with dignity, nothing was too much trouble. Very good I'd give them a gold star".

"As a family we were kept informed every step of the way and nothing was a problem for the team".

The care records we saw were up to date and included risk assessments that related to specific and identified risks to people's safety. The care records contained details of actions to be taken by staff to minimise the identified risks.

The care records that we saw were informative and demonstrated a thorough assessment of need. The assessment included information about people's physical, psychological and environmental needs. This meant that the staff team was well informed to provide individualised care to meet people's needs.

There was evidence that people were frequently visited by nursing and medical staff to ensure that their needs were reviewed. Staff informed us that there was good communication between all staff. We were told that community team meetings were held every day to discuss the needs of people using the service. The care records were also updated during each shift.

The manager told us that a medical officer was always on site between 9am to 5pm and an out of hour's service was used outside of these hours. We were told that this was an extended service, where dedicated staff could be guaranteed on site within the hour. We were told that a consultant attended ward rounds every Monday, Wednesday and Friday

and was always contactable by telephone. This meant that the service worked alongside other professionals to meet the needs of the people using the service.

We reviewed people's pain management plans and saw evidence that the outcomes of pain interventions were recorded. These plans were reviewed regularly and we were told that where people needed additional pain relief this was provided promptly. One relative told us, "They make [my relative] as comfortable as possible. They are constantly reviewing the medication to ensure the correct balance". This meant that staff worked with people using the service to ensure that their pain was controlled and symptoms relieved.

The manager told us about measures in place to support the prevention and treatment of pressure sores. We saw that a 'wound treatment booklet' was used for each person with identified pressure sores. This provided support and guidance as to the person's needs. Correct pressure relieving equipment and turning charts were used to support their needs. The services of a tissue viability nurse consultant were used by staff to ensure the most appropriate treatment was provided to people. Staff also completed on site training to develop their skills and competence in this area. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw that the Liverpool Care Pathway (LCP) was used in a timely and appropriate manner with regular reviews. We saw that there was a 'Standard Operating Procedure' giving guidance on how to use the LCP. The LCP guided members of the multidisciplinary team in matters relating to continuing medical treatment, discontinuation of treatment and comfort measures during the last days and hours of life.

We were told that when the LCP was an appropriate treatment option, this was discussed with relatives taking into account the person's end of life wishes. We saw that a 24 hour daily assessment sheet was used to frequently assess the change in needs of people using the service. This ensured that where people needed to be placed on or alternatively no longer needed to be on the LCP, decisions could be made in light of the most up-to-date information. We were told that the decision to place someone on an LCP was always discussed with the person and their family. We were told that people were also given a leaflet to explain the LCP process to support their understanding of this. This meant that staff provided end of life care based on the best available guidance.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

St Giles Hospice - Walsall had safe systems in place to ensure that all medicines were stored securely. We were told by the manager and saw that there were robust systems in place for the safe handling of medication. These included ordering, safe storage, administration, monitoring and disposal of controlled medication.

We were told and saw evidence that a number of annual medication audits had recently been completed. We were told that a medication management and safe and secure handling of medications audit, a management of controlled drugs audit and general medication audit had been completed. The manager told us that an external audit would be completed by Walsall Healthcare Trust in the event that any adverse incidents were reported by the hospice.

The manager told us that the pharmacist completed checks on people's medication charts three times per week and acted immediately in the event of any concerns identified. We were told and saw that there were arrangements in place for reporting adverse events, incidents and near misses. We were told that the medication policy had been rewritten and that an additional medication omission policy was written as a result of previous incidents. The manager emphasised in discussions with us that she promoted an open and fair culture of safety where staff learned from incidents and events that happened.

We were told that a risk matrix had been set up to support staff to improve their performance in medication management. Measures implemented included reflections on practice, reading medication administration guidelines with sign off required, supervised medication rounds and appraisals. This meant that the service was constantly monitoring, reviewing staff performance to improve service quality around safe medication management.

In the care records that we looked at we saw an up-to-date list of medicines taken by the person recorded when they were admitted to the hospice. We found information in care records which provided person-centred guidelines on arrangements to support people when they were not able to administer their own medication. We reviewed the medication administration records (MAR) for three people. The records were up-to-date in the care records we looked at. This meant that robust systems were in place to ensure that medications were dispensed as prescribed.

Some people need 'as required' medication (known as PRN medication). When people did need PRN medications there were protocols in place devised by staff and people using the service. These protocols guided staff to ensure that the most appropriate medication was given at the most appropriate time. These protocols were regularly reviewed, meaning that people could be assured that they were getting the medication that they needed at the right time.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager told us that staff had access to regular clinical supervision to support them to manage stressful situations and receive necessary support. The staff team also had access to coaching sessions where they were provided with tools to support them to manage challenging situations. We were told that team briefs, practice reflections and team meetings took place every week where staff had the opportunity to talk about complex cases.

Staff we spoke with told us that they felt supported by the provider. One member of staff said, "The management here is really good. They are really easy to talk to. We get regular supervision and debrief sessions and can talk to managers when we need to". This meant that staff received the support that they required following difficult situations.

The manager told us that staff had an annual appraisal to identify their training and development requirements. Each staff member had a 'learning passport' which identified their individual training needs. Nursing staff undertook a strict induction programme to include medication competencies, completion of a diploma in palliative care and were allocated a senior nurse to mentor them and to work alongside. This meant that people benefited from having care and support from staff that were provided with opportunities to up date their skills and knowledge.

Another member of staff told us, "I love working here. It is a supportive environment. We get yearly performance and development reviews. We have clinical supervisions and regular team briefs. We are able to debrief about situations when we need to. I completed palliative care training and completed a month induction programme when I started working here".

Staff we spoke with felt that the training provided by the service met their needs. This meant that staff received the training required to provide specialist end of life care.

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

We saw that patient satisfaction questionnaires were completed and that the information gained from these were formulated into appropriate action plans to improve the service. This meant that the service consistently consulted with people to improve quality. The manager provided clear examples of action taken in light of information received from the surveys.

We were told and saw that spot checks were completed every week by the clinical manager who looked at people's admission assessments, risk assessments and care records. This information was then sent to the quality audit manager and nurse directors. We were told that action plans would then be used to address any issues and audited the following week to ensure that these were addressed. This meant that the service was constantly monitoring and reviewing documentation to improve service quality for people.

We saw that where complaints or adverse comments were received appropriate action plans were formulated in response to improve the service. This meant that the service was using outcomes and feedback to drive changes to the service. The provider took account of complaints to improve the service.

We saw that incidents and accidents were recorded and that appropriate risk management was put into place as required. This meant that the service managed risk appropriately. There was evidence from discussions with the manager that learning from incidents / investigations took place and appropriate changes were implemented.

We saw that an infection control audit had been completed in November 2011. The manager told us that the local Primary Care Trust had checked their internal infection control audit process and were happy that this was robust enough. We were told and saw that the hospice reported infection control audit information to the Primary Care Trust on a quarterly basis or as incidents occurred. The manager told us that the hospice had a lead infection control nurse who was responsible for assessing internal audits completed by infection control 'champions' in the hospice. This meant that there were effective systems in place to reduce the risk and spread of infection.

We saw that regular audits were completed to monitor the quality of the service provided.

These audits included; the use of the Liverpool Care Pathway (LCP), risk assessments and advanced care planning. Appropriate action plans were devised if any concerns had been identified. This meant that the service was constantly monitoring, reviewing and improving quality.

We saw that national audit tools were used as appropriate. This included the controlled drug audit. This meant that the service could monitor and evaluate its performance against national standards.

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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