# Review of Compliance

## Tameside & Glossop Hospice Limited
### Willow Wood Hospice

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<th>Region:</th>
<th>North West</th>
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| **Location address:** | Willow Wood Close  
Mellor Road  
Ashton-under-Lyne  
Lancashire  
OL6 6SL |
| **Type of service:** | Hospice services |
| **Date of Publication:** | September 2011 |
| **Overview of the service:** | Willow Wood hospice is a single story purpose built facility that provides specialist palliative care for a maximum of 12 in-patients and fifteen day patients.  
The hospice has eight single rooms and two twin rooms. All accommodation includes ensuite toilet and shower facilities. Day care and in patient services are provided in separate areas |

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of the hospice.
Our current overall judgement

Willow Wood Hospice was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 and carried out a visit on 18 August 2011.

What people told us

People who use services told us that they were very happy with the services provided by the hospice and felt well cared for. Some of the things we were told were, 'the care is excellent attentive but not intrusive', 'privacy is managed well'. People spoke positively about the staff who looked after them. They told us that they felt staff listened to them and acted on any requests for information or explanation about treatments.

What we found about the standards we reviewed and how well Willow Wood 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 who use this service had their privacy and dignity respected. They had their views and experiences taken into account in the way the service was provided and delivered.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who use this service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights
People who use this service were protected from abuse, and their human rights were respected and upheld. Safeguarding training should be provided for all staff to ensure that they are able to take action to identify and prevent abuse and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

People who use the service are protected against the risks associated with the unsafe use and management of medicines.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People using this service are safe and their health and welfare needs are met by competent staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People who use the service benefit from safe quality care, treatment and support.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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 spoke to people who use services when we visited the hospice. Comments were all extremely positive. People commented that 'the care is excellent staff are attentive but not intrusive, privacy is managed well'.

Other evidence
We observed people being cared for. People were treated with respect. We saw staff ask permission before care was provided. People's Dignity was maintained with personal care choices offered. People could to choose to use ensuite bathrooms, have a Jacuzzi bath or opt for personal care in their own room.

We looked at care records when we visited. The records clearly showed how people's rights were respected and how they were involved in their care. Significant life events and likes and dislikes were documented on the records to ensure that care was person centred. We saw evidence on the records that actions were taken by staff to support people to understand the choices available to them.

Care plans in some records needed updating. For example in one case mobility support had been reviewed and updated but this was not reflected in the care plan.
There was information available at the hospice detailing how comments about the service could be made.

**Our judgement**
People who use this service had their privacy and dignity respected. They had their views and experiences taken into account in the way the service was provided and delivered.
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
People who use services were very complimentary about the care they received. Everyone we spoke to said they felt safe and well cared for. Family and friends were made to feel welcome and privacy was maintained. No one had any complaints about any aspect of their care.

Other evidence
We saw records that showed that people who use the service had an ongoing assessment of their needs and that care plans were developed to meet those needs. Care plans were evaluated regularly but were not always updated to reflect mobility assessment information. Feedback from people who use the services showed that they felt their needs were met and they were happy with their care. We observed staff caring for people and saw them treat people with dignity and respect.

Our judgement
People who use this service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.
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
There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People who use services told us that they felt safe. People knew how to raise concerns and they told us that they were confident that they would be looked into thoroughly.

Other evidence
We spoke to staff who were able to tell us what signs of abuse were and what actions they would take. Some of the staff said they had not had any specific safeguarding training. They were able to describe the correct actions to take if abuse was suspected. Training records showed that safeguarding training was not included in the mandatory training programme.
There was information available for people who use services and their families about safeguarding and how to make a complaint. There was information available on the Mental Capacity Act for people who use services.

Our judgement
People who use this service were protected from abuse, and their human rights were respected and upheld. Safeguarding training should be provided for all staff to ensure that they are able to take action to identify and prevent abuse and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
Outcome 09:  
Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke to people who use services and family members when we visited. They did not make any comments on this outcome.

Other evidence
We observed that there were systems in place for the safe handling of medicines. We saw evidence that the hospice had a visiting pharmacist who carried out regular audits. Procedures were in place for the handling of medicines including storage, prescribing, administration and disposal.

Our judgement
People who use the service are protected against the risks associated with the unsafe use and management of medicines.
Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We spoke to people who use services and family members when we visited. They did not make any comments on this outcome.

Other evidence
Training records showed that not all staff had received all the training identified as necessary to undertake their role. We saw that regular supervision was taking place and 81% of staff in post had received an annual appraisal and had a performance development plan in place.

Our judgement
People using this service are safe and their health and welfare needs are met by competent staff.
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

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<td>We observed that there were effective systems in place to monitor the standard of care. Information was gathered from people who use services and used to improve the delivery of care. The hospice had an annual audit calendar in place that was being monitored by the Matron of the Hospice.</td>
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Improvement actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

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<th>Outcome</th>
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<td>Treatment of disease, disorder or injury</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
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<td>Why we have concerns:</td>
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<td>reporting process.</td>
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<td>Outcome 07: Safeguarding people who use services from abuse</td>
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<td>remotely</td>
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

<table>
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<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
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### Care Quality Commission

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