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

Willow Wood Hospice

Willow Wood Close, Mellor Road, Ashton-under-Lyne, OL6 6SL

Tel: 01613301100

Date of Inspection: 16 November 2012

Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

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</tr>
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<td>✓</td>
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<td>Complaints</td>
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# Details about this location

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<th>Registered Provider</th>
<th>Tameside &amp; Glossop Hospice Limited</th>
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<tr>
<td>Registered Manager</td>
<td>Mrs. Karen Vallantine</td>
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## Overview of the service
Willow Wood hospice is a purpose built facility that provides specialist palliative care for up to 12 inpatients and 15 day patients. On the day of our inspection there were seven inpatients, and the day centre was closed. The hospice is located in a residential area close to the centre of Ashton-Under-Lyne, and there is a large car park in the grounds.

## Type of service
Hospice services

## Regulated activities
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
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 16 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Willow Wood Hospice has an inpatient unit and a day hospice, where people can attend for day care and treatments. All patient and public areas were bright, spacious and well decorated. On the day of our inspection the day hospice was closed (it is open Monday to Thursday), and there were seven inpatients.

We were able to speak briefly to one patient during our inspection, and we saw a selection of recently completed day hospice satisfaction questionnaires. All feedback was positive, with patients telling us they liked their room and the staff were very caring. Patients said they knew how to make a complaint.

Patients’ records were very clear and contained a full history of patients’ illness and the current treatment and care required. Evidence was seen of patients, and families if patients requested it, being involved in discussions about their care and treatment. They were given honest information and were able to make decisions about what care and treatment they preferred. We saw that consent was given before any treatment or care was carried out.

A variety of appetising food was provided, and staff told us they tried to give patients small meals of what they wanted at the times they wanted it.

The staff records we saw showed that a robust recruitment process was followed to ensure staff had the required skills and experience.

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 patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we looked at the care records for four patients. In all cases we saw that their capacity to give consent and make decisions had been recorded. Patients were also asked if an advance directive to refuse treatment or a Lasting Power of Attorney was in place. These documents would be important if a patient became unable to make their own decisions.

We spoke with the doctor who said they provided training to staff on the Mental Capacity Act 2005. They told us that capacity to make decisions and give consent was an important part of palliative care as they had to be sure patients received the treatment and care they preferred. We spoke to three staff members. They confirmed they had received training in the Mental Capacity Act 2005, and they described the action they would take if they thought a patient no longer had the capacity to consent.

We saw examples of patients having options about the treatment they could receive. We saw that all options had been fully explained to them to enable them to make an informed choice. Do Not Attempt Resuscitation (DNAR) orders had been considered for all patients. These stated whether or not cardio-pulmonary resuscitation (CPR) should be carried out if a patient suffered cardiac arrest. In all cases these had been discussed with the patient, and where the patient requested, with their family. We saw an example of a patient stating they did not want to be resuscitated in the event of them having a cardiac arrest. Their reasons were recorded in their own words. Records provided evidence that discussion around DNAR orders took place regularly and openly, and patients were able to change their minds if their prognosis changed.

All the records we saw showed that patients gave their consent before any treatment was carried out. We observed nursing staff routinely asking patients for their permission before carrying out personal care.
Care and welfare of people who use services  
Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records for four patients. These were very clear and gave a full history of each patient's illness and what type of care and treatment they were receiving.

Patients' individual needs were assessed and if particular care was required a care plan had been put in place. These included care plans to help avoid pressure ulcers developing, to relieve nausea and vomiting, and to safely transfer patients from their bed to a chair.

When patients were admitted it was recorded whether or not they were aware of their diagnosis and prognosis and if they were comfortable discussing it. In all cases we saw that doctors were honest with patients about their illness. We saw that options about care and treatment were always discussed with patients, and patients' opinions and preferences were recorded. We saw an example of a patient asking a doctor to explain their preferred care options to family members to ensure they understood their needs.

Daily records were very detailed and provided evidence that care and treatment was provided in accordance with patient's individual needs and preferences. When patients were receiving end of life care their wishes were discussed in detail. Methods of pain relief were discussed so patients would be as comfortable as possible. When patients decided they would like to return home we saw arrangements were put in place quickly and arrangements were made for the required care to continue.

We spoke with one patient who told us "It's great here. All the staff are doing what they should be". We saw a selection of recently completed day hospice satisfaction questionnaires. Comments included "Staff were excellent and caring", "[The staff] couldn't do enough for me", "I can't speak highly enough about Willow Wood" and "As far as I'm concerned Willow Wood can do no wrong".
Meeting nutritional needs

Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with the manager, a doctor and the cook about the nutritional needs of patients. The manager told us that if necessary they would refer patients who attended the day hospice to a dietician. However, due to the nature of the illnesses of in-patients input from a dietician was not usually appropriate. They told us that a wide variety of food was available throughout the day and patients were able to have small amounts of the food they wanted at whatever time they wished.

The doctor explained that they ensured people received adequate nutrition by providing appetising food rather than prescribing build up drinks. It was not usual for patients to be weighed because this could cause them anxieties.

During our inspection we saw catering staff speaking to patients about what they would like to eat. Patients, staff and visitors all had the same choices, and they could choose to eat in the dining room if they wished. The cook explained that their main priority was to provide appetising nutritious food for patients. They told us that they puréed food if patients had difficulty eating, and they made sure they did not over face patients with a poor appetite by offering small portions at regular intervals.

We saw the menus that had been prepared. There was always soup on the menu and then usually a choice of three hot meals. In addition to these baked potatoes with various fillings and a selection of sandwiches were offered and there was always a choice of desserts. Staff told us that if patients requested a particular food they would try to provide it. We were given an example of a patient who requested an unusual meal and this had been bought for them and prepared. All the staff we spoke with told us that it was important for patient’s food preferences to be met so they would eat as much as they were able.

During our inspection we saw staff assist patients who had difficulty eating. We also saw that patients had fresh water provided and were regularly offered other drinks.
Safeguarding people who use services from abuse  ✔  Met this standard

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

Our judgement

The provider was meeting this standard.

Patients 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.

Reasons for our judgement

We saw evidence that all staff had induction training when they started work at Willow Wood Hospice. Safeguarding adults and children was included in this training.

A social worker was employed by the hospice. They were able to give advice to staff if they had any concerns. We saw an example of staff approaching the social worker for advice. They had gathered the necessary information and liaised with the local authority social workers to ensure they safeguarded patients and visitors to the hospice.

We spoke with three staff members. They told us that safeguarding had been discussed during their induction process and they had been asked questions to make sure they understood the action they should take if they had any concerns. The staff we spoke with knew what they should report and the process for doing so.
Safety and suitability of premises

Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our inspection we saw the provider had taken steps to provide care in an environment that was suitably designed and well maintained. The hospice was purpose built. All patient areas were on the ground floor. The first floor was used for offices.

The inpatient unit had eight single and two double rooms, all with en-suite toilets and sinks. All the bedrooms had doors that opened onto well kept gardens. The day hospice had a large lounge and dining area and a conservatory. There were other smaller lounges and a conservatory that patients and visitors could spend time in.

All areas were bright, spacious and well maintained. We saw that staff were employed to ensure necessary maintenance and repairs were carried out quickly. Records were kept to show that regular building and maintenance checks were being carried out. These included checks on the emergency lighting, escape routes to use in the event of an emergency, and water temperatures.

A full health and safety audit had been carried out in March 2012. We saw that a qualified volunteer carried out the audit and was in the process of finalising any improvements that they had recommended.

We saw the completed day hospice satisfaction questionnaires that were completed by patients regularly. One patient commented "What a nice place". We spoke with one patient who told us "I've got a lovely room. I love it opening onto the garden".
Requirements relating to workers

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the personnel files of four employees who worked at Willow Wood Hospice. These contained the original application form which included a full work history. Notes that were taken during the interviews were also kept.

In all cases two references had been supplied. A Criminal Record Bureau (CRB) check had also been carried out prior to any new employee starting work. A photograph of employees was kept in their file.

We saw that prospective staff members had been asked to bring photographic proof of identity to their interview. This identification had been photocopied in some cases. The manager told us that identification such as a current passport or photographic driving licence had been provided as part of the CRB check, but they did not always record or photocopy this. During the inspection the manager wrote a letter asking for all staff to bring in evidence of identity so they could keep a copy.

Checks were completed to confirm doctors had a current registration with the General Medical Council (GMC) and nurses were currently registered with the Nursing and Midwifery Council (NMC). We saw that these were up to date.

All these checks helped to confirm employees were of good character and had the required skills to perform their work.
Complaints

People should have their complaints listened to and acted on properly

Met this standard

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

We saw that a complaints policy and procedure was in place. This provided guidance on the action to take if a verbal or written complaint was received. We spoke with three staff members during our inspection. They were all aware of the action they should take if a patient made a complaint.

We were unable to have an in depth discussion with any of the patients during our inspection. We saw the care records of four patients, and these provided evidence that discussions about patients’ care and their feelings took place and were documented. Patients spoke openly about concerns they had, so these could be dealt with at an early stage.

We saw a selection of day hospice satisfaction questionnaires. Everyone who responded said they were aware of what to do if they wanted to make a complaint.

We saw an example of a complaint that had been recently received. The manager had dealt with this sensitively and in accordance with the policy.
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.

<table>
<thead>
<tr>
<th>✔ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement</td>
<td>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.</td>
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</table>
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:

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<td>Meeting Nutritional Needs</td>
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<tr>
<td>Cooperating with other providers</td>
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<td>Safeguarding people who use services from abuse</td>
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<td>Cleanliness and infection control</td>
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<td>Safety and suitability of premises</td>
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<td>Safety, availability and suitability of equipment</td>
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**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.