



Review of compliance

St Michael's Hospice & Freda Pearce Foundation St Michael's Hospice

Region:	West Midlands
Location address:	St Michael's Hospice Bartestree Hereford Herefordshire HR1 4HA
Type of service:	Hospice services
Date of Publication:	June 2011
Overview of the service:	St. Michael's Hospice is a modern, purpose built establishment approximately 4 miles east of the city of Hereford, providing palliative care for up to 16 adults.

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

Our current overall judgement

St Michael's Hospice was not meeting one or more essential standards. Improvements are needed.

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 1 June 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

When we visited we met people who were using the service and their relatives. We asked people about the care they had experienced and they told us it was "absolutely fantastic"; they "could not fault it". "Without them I would not be here today". "Nothing is too much trouble". They "will do what I need at any time of the day or night". People said, "I feel I can talk to anybody, they understand and listen".

People told us how staff maintained their privacy and dignity by drawing the curtains around them whilst giving personal care as they were in a small ward with three other people of the same sex. They told us staff always spoke quietly to ensure the other people did not overhear information they talked about.

People told us staff were "very friendly, very supportive, you can't fault them". There was "never a time when staff appeared rushed". Staff were "superb" and there were "always plenty of staff". A relative told us "staff are good to me, and support me, very good to X (name removed) too which helps me". A person told us the family "had 'googled' the hospice before X (name removed) had come into the hospice". They told us they were "happy to see the feedback and all the good comments about the place. They had found this to be true – wonderful staff, and a very nice place".

What we found about the standards we reviewed and how well St Michael's Hospice was meeting them

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

People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete assessments and information in care plans.

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

People who use the service have their individual rights respected and are protected from the risk of abuse.

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 benefit from safe quality care and support as effective systems are in place to identify and manage any risks to their health, welfare and safety.

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 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

When we visited we met people who were using the service and their relatives. We asked people about the care they had experienced and they told us it was "absolutely fantastic"; they "could not fault it". "Without them I would not be here today". "Nothing is too much trouble". They "will do what I need at any time of the day or night". People said, "I feel I can talk to anybody, they are understanding and listen".

People told us they had seen and discussed their plan of care with the medical and nursing staff. They told us about the support they had received from staff such as the physiotherapist, occupational therapist, spiritual support and complimentary therapy staff at the hospice.

People told us how staff maintained their privacy and dignity by drawing the curtains around them whilst giving personal care as they were in a small ward with three other people of the same sex. They told us staff always spoke quietly to ensure the other people did not overhear information they talked about.

People told us staff were "very friendly, very supportive, you can't fault them". A relative told us "staff are good to me, and support me, very good to X (name removed) too which helps me".

We saw that staff interacted with people who use the service in a friendly, courteous and respectful manner. We saw they showed a patient and caring attitude and were keen to make sure people were comfortable and responded to any anxieties they

displayed. We saw that visitors were made welcome. Relatives of the people who were using the service were spoken with and listened to by staff.

Other evidence

When we went to the service we looked at two people's care records. We saw some records that were in a paper format and some that were computerised. All professionals who provided care write in the same records, for example the nurses, doctors, care workers, physiotherapists, occupational therapists and spiritual and social care staff. Overall, we found the records were informative. There were gaps in some of the records which meant the service did not have comprehensive written records to support and demonstrate the care they had given or to show all of the current needs for these people. For example, a risk assessment about skin care had not been completed for one person since admission and there was no information about any equipment they may have needed to prevent their skin becoming sore. We saw in the records that the person's skin had deteriorated since admission and the action that the staff had taken, but the information was not in the care plan and the risk assessment had not been completed. Another skin care risk assessment stated the outcome needed monitoring, but how staff intended to do this was not recorded. We saw a risk assessment for falls for one person that had not been fully completed and the bed rail risk assessment was blank. A senior nurse told us that they expected the risk assessments to be completed upon admission and that the standard of the risk assessment documentation for this person was not acceptable. We saw both these people had records for staff to record personal care. The form states the "signature denotes care has been carried out according to care plan for that shift as well as basic hygiene needs". We saw gaps in these records for both people where no evidence of care being given had been recorded.

We spoke to nursing and care staff about the care needs of these people. Overall, staff had a good knowledge of their nursing and care needs, and were able to provide the information about the current nursing and care needs which were not written down in people's records. Staff appeared to obtain this information about people's current care needs through communication between nursing staff from one shift to another and from care workers asking the nurses about people's care needs. This and the gaps in the nursing records means there is a risk that people may not receive the appropriate care at all times through staff not having sufficient information to enable them to give the care to people in a consistent manner.

The senior nurses had already identified shortfalls in their documentation, as the manager showed us the minutes from a staff meeting held in May 2011 reminding staff about the importance of maintaining accurate records.

Our judgement

People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete assessments and information in care plans.

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 spoke to people who use the service and their relatives. They told us if they had "any complaints they would talk to the staff and would have no worries about doing this". They told us the "staff are good to me and support me". They said "I feel I can talk to anybody, they are understanding and listen".

We spoke to a group of volunteers who have been helping at the hospice for a period ranging over five to 25 years. They told us they "feel able to share any concerns or information with the staff". They told us people talked to them and confided in them and felt able to open up to staff. They said they had no concerns about the safety of the people who used the service and would report any concerns if they had any.

Other evidence

We have not received any information of concern about this service.

Staff spoken with had not had any recent training about safeguarding people, although they told us there was an e-learning module about this, which one person had started. Staff were aware of the availability of policies about 'whistle blowing' but had not read them. The majority of staff spoken with were clear about the action they would take if they suspected any abuse. However, due to one response we are of the opinion that staff would benefit from some refresher training in this area, which we discussed with the manager at the time of the visit. The manager was very clear about the procedures in place and the action they would take if they suspected any abuse at the service.

The manager and staff told us restraint is never used at the service. Bed rails are used for safety of the people who use the service and are subject to risk assessment prior to use.

The service has clear policies about staff not being permitted to receive gifts, being involved in wills or bequests of people who use the service. All staff spoken with were very aware of this information.

Our judgement

People who use the service have their individual rights respected and are protected from the risk of abuse.

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 spoke to people who use the service and their relatives. One person told us they had received a questionnaire in the post asking about their experience of the service. The questionnaire asked for any suggestions on how the service could be improved and a pre-paid envelope was provided for its return to the service. We were told about an Adult Carers of Working Age (ACWA) group that people's carers can attend on alternate weeks at the hospice. This is a pilot project set up by the service, which is funded by Help the Hospices and the Burdett Trust for Nursing. The group is user (carer) led and facilitated by one of the nurses at the service. The users are involved in developing the future direction of the service. People told us there is a support group for children of people who use the service and this is held on a Saturday. People told us they are informed about what is going on at the hospice.

We spoke to a group of volunteers who have been helping at the hospice for a period ranging over five to 25 years. They told us people come in fearful, but soon relax as they are encouraged and supported and treated as individuals. They told us the hospice is well managed and well run. They said the "staff are like angels, they have the special something here".

Other evidence

The service completes a report every three months and sends this to the commission. We looked at the most recent report before the visit to the service. This told us they continually monitor the quality of the service and take action where improvement is identified. This report stated they had not received any complaints or adverse

comments about the service.

We looked at the accident/incident and near miss medication records and saw that they all had outcomes including learning objectives and recommendations to prevent a repeat of the incident.

Staff told us their opinion is regularly sought through staff meetings, and appraisal systems. Staff told us they feel the communication at the service is both ways with senior management.

The manager told us two of the trustees of the charity visit the service every month and a verbal report on the findings are received. The manager told us that questionnaires are sent out to all people following discharge and she showed us one she had just received back which was all very positive. The manager told us about the systems they have in place for the day to day monitoring of the service and reports she has to submit to other agencies. For example a quarterly report is sent to the Controlled Drugs Local Intelligence Network about any incidents involving controlled drugs. The manager told us about the outcome of a recent audit of the care records and showed us the minutes of a meeting with staff to discuss the unsatisfactory outcome.

Our judgement

People benefit from safe quality care and support as effective systems are in place to identify and manage any risks to their health, welfare and safety.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete assessments and information in care plans</p>	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete assessments and information in care plans</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete</p>	

	assessments and information in care plans	
Transport services, triage and medical advice provided remotely	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People were receiving effective and appropriate care, treatment and support. However people may be placed at risk of receiving inappropriate care and support as a result of missing and incomplete assessments and information in care plans</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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