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:	November 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 people,

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

Our current overall judgement

St Michael's Hospice was meeting all the essential standards of quality and safety.

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 to check whether St Michael's Hospice had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 November 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

We did this review because when we visited the service in June 2011 we found that some aspects of the records needed to be developed to ensure staff had the information they needed to give the correct care. The areas this related to were pressure area care, moving and handling, falls and the use of bedrails. These were therefore the areas we looked at most closely when checking records during this visit.

We spoke with two people and members of their families. They were all positive and complimentary about the care and support provided not only to patients but to families and friends as well.

One patient told us "this is a wonderful place". They described the approach of staff as caring and considerate and the person told us "they make me feel like an individual". They told us that the staff kept them involved in making decisions and asked for their views.

Another person we spoke with also gave us a positive view of the care they were being given and the support for them and their family from all of the staff. They told us that staff were polite and that the call bell was answered promptly if they used it.

The person's family told us they could not speak highly enough of the care provided or of the kindness and support given to the whole family. They told us that the attention to detail was excellent and that staff frequently go into their relative's room to check how they were and whether they needed anything.

They told us that "staff awareness is wonderful – all the staff remember our names and whose family we are".

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 being cared for at St Michaels Hospice are respected as individuals and receive care and treatment that takes all of their needs into account.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We met two people and members of their families. They were all positive and complimentary about the care and support provided not only to patients but to families and friends as well.

One patient told us "this is a wonderful place". They and their relative used words such as "superb", "brilliant" and "amazing" to describe their views about the service. They described the approach of staff as caring and considerate and the person told us "they make me feel like an individual". We asked if they felt safe at St Michaels and they said that they felt "as safe as anything". They added that the staff kept them involved in making decisions and asked for their views.

Another person we spoke with also gave us a positive view of the care they were being given and the support for them and their family from all of the staff. They told us that staff were polite and that the call bell was answered promptly if they used it.

The person's family told us they could not speak highly enough of the care provided or of the kindness and support given to the whole family. They told us that the attention to detail was excellent and that staff frequently go into their relative's room to check how they were and whether they needed anything.

They told us that "staff awareness is wonderful – all the staff remember our names and whose family we are". They gave us an example of good communication where nurses on different shifts had communicated well and followed something up for them to

alleviate their concerns about a problem.

During our visit we learned that important people in the lives of patients are able to stay in accommodation within the hospice building and in a nearby property. We spoke with people who appreciated being able to stay close at hand and who described the kindness and support they were given. We also learned that people are sometimes able to have a pet with them if relatives are able to provide support for this. We met a person whose dog was staying with them. This had been a considerable support to them and their relatives.

We were not able to speak with more people during our visit because people were not well enough to do so. During our visit staff dealt with an emergency situation. We observed that staff responded quickly and calmly and provided support to patients, visitors and colleagues after dealing with the immediate situation.

Other evidence
We looked at the care records for two people. We saw that the daily notes contained regular entries made several times a day by the multi-disciplinary team of doctors, nurses and complementary therapists.

We saw that specific risks which might affect people's care and safety had been taken into account and risk assessments done. Falls risk assessments were done if there were concerns that a person was at risk of falling, and moving and handling assessments to guide staff in how to move the people safely. These included information about the equipment and number of staff needed to move the person safely. Bed rail assessments were used to record decisions about whether or not a person would be safer with or without rails. These included sections to make sure people were asked for their views about the use of bedrails and for their consent to their use to be recorded.

We saw information about the prevention and treatment of pressure sores. A recognised assessment form was being used to record the level of risk people were at of developing pressure sores. We saw in both files that the people were at risk and that pressure relieving mattresses were being used for them. We saw that staff were recording the application of creams and dressings in the daily notes and a care plan stating the correct dressing to use for a person.

A person had arrived at the hospice with two Grade 2 pressure sores. The daily notes showed the treatment for these every day since they had arrived a few days earlier. A care plan had been done and pressure relieving equipment provided. We read detailed information in the daily notes which were focused firmly on the needs and wishes of the person and covered all aspects of their care. This included details of how they felt about their illness and the emotional and practical support being given to them to help them with this.

We noted that the written information about pressure area and other wound care was integrated within the ongoing daily notes. The structure of these notes was chronological rather than by topic. We considered whether this made it more difficult to monitor information about specific aspects of a person's care but acknowledged that the system worked well for them. The notes we read provided a good overview of each person's individual situation day by day alongside an account of the care staff were

giving.

The registered manager showed us a folder containing 'core care plans' for important care topics – including pressure area care and the use of bedrails. We saw that these were supported by national evidence based guidance for staff.

The senior nurse who was the ward manager on the day of our visit explained to us that they were reviewing their wound assessment documents. We highlighted a gap on the current form which did not have a specific place to state the correct dressing to be used. The nurse and registered manager agreed with this and said they would include this in the new paperwork.

During our visit we discussed the service's approach to pressure area care. Staff explained that they have to consider wounds in the overall picture of a person's needs. This includes taking into account a person's prognosis and pain levels. They told us that they do not have prescriptive plans for changing dressings because of this. They said that if a dressing is clean and the person comfortable they would not change a dressing if this would cause them discomfort or distress. In most cases they have to "be opportunistic" and change dressings when it is right for the person. They would not in general disturb a person for intervention any more than this is necessary.

Our judgement
People being cared for at St Michaels Hospice are respected as individuals and receive care and treatment that takes all of their needs into account.

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
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