

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

St Michael's Hospice

St Michael's Hospice, Bartestree, Hereford, HR1
4HA

Tel: 01432851000

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Michael's Hospice & Freda Pearce Foundation
Registered Manager	Mrs. Jane Elizabeth Mason
Overview of the service	St. Michael's Hospice is approximately 4 miles east of the city of Hereford. The service provides inpatient palliative care for up to 16 people, and a range of outpatient and support services.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Personal care Transport services, triage and medical advice provided remotely 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 carried out a visit on 15 January 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spent time at the hospice, talking with people who were using the service and watching staff as they supported people. We spoke with three people who were using the service, three members of staff and the registered manager (the Head of Nursing). Later on, we spoke by telephone with a relative of a person who had been cared for at the hospice.

We saw that staff were kind and attentive to people's needs. People told us that the staff were, "really wonderful" and said, "I can't speak highly enough of them". People said that they received the care and treatment that they needed. One person said, "there's nothing that they could do better here".

Records showed that staff worked together as a team to ensure that people's needs were met. Staff told us that communication between colleagues was effective and helped to ensure that all staff had the information they needed.

People told us that they felt safe at the hospice. They said they would feel comfortable raising any concerns. They were confident that staff would listen to them and take any necessary action.

The hospice had effective recruitment procedures, which helped to ensure that only suitable staff were employed. Staff received a range of training to give them the skills and knowledge they needed to provide care and support for people.

There were effective systems in place for monitoring the quality of 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spent time on the ward, so that we could see how staff were supporting people. We saw that staff spoke kindly and respectfully to people. They made sure that people's privacy was respected. For example, staff closed curtains or doors before they carried out any personal care tasks. One person told us, "they're very good about always drawing the curtains".

Most people were being cared for in ward bays of four people, although some single rooms were available. The registered manager told us that a new building was being planned. The new building would have en-suite individual rooms. This will mean that more people and their families can have private time together. The provision of single rooms will also mean that people's dignity is enhanced, as personal care procedures will be carried out with more privacy.

We spoke with people who used the service about their involvement in their care and treatment. They told us that staff kept them fully informed about all aspects of their treatment and support. People told us that they felt comfortable discussing any decisions with the staff. One person said, "even if they don't agree with my decisions, they support me and help me".

People expressed their views and were involved in making decisions about their care and treatment. Records showed that staff placed great emphasis on the importance of listening to people and acting on what they said. One person said, "they really do listen to you here. They give you all the time you need to talk about everything".

People told us that they appreciated the fact that their families and friends were welcome at any time. They said that staff went out of their way to make sure that everything possible was done for their comfort and wellbeing.

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

People told us that the care and support that they received at the hospice was, "fantastic", "excellent", and, "it's exceeded all my expectations". One person told us that they had been anxious about coming into the hospice, but that the staff had made them feel, "truly cared for".

We saw that staff were attentive to people's needs. They responded promptly when people rang their call bells. One person said, "you never have to wait long" and another said, "they come almost as soon as you've called them". People described the staff as, "so kind and gentle" and, "just the very best".

Records showed that the hospice provided support to people and their families in various ways. These included support groups for family carers and support for children where a family member was living with a life limiting illness. Complementary therapies such as reflexology and massage were provided. We spoke by telephone with a relative of someone who had been cared for at the hospice. They told us, "it was a real comfort to me to know that X (name of person) was being so well looked after".

Each person had a plan of care which had been written with involvement from the person and the multi-disciplinary team at the hospice. We looked at the care records for four people. These were clearly laid out, and included the information that staff would need to provide care that met each person's individual needs. There was evidence that care plans were regularly reviewed, and updated as people's needs changed.

Staff were recording whenever people received any care or support. These notes were written in a sensitive way, and provided a clear record of each person's situation. There was evidence that there was a team approach to care and support. Staff told us, "we're all here for the patients, and so we work together to make sure they get the best service we can give them".

By talking with people at the hospice and by seeing how staff provided care and support, we could see that staff worked together to care for each person individually. Although symptom control was an important part of this care, it was obvious that staff placed equal emphasis on other areas of care, such as people's spiritual and emotional needs. The spiritual and social care teams were seen as essential partners in caring for each person,

and enabling them to die with dignity when the time came.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent this from happening.

Reasons for our judgement

People told us that they felt safe at the hospice. They said that they knew who to talk to if they had any concerns. One person said, "they'd soon sort out any problems, I've absolutely no doubt about that".

Staff told us that they had received training in how to protect people from neglect or abuse. They were able to describe how they might identify possible abuse or neglect. Staff knew how to report any concerns.

The manager had a good knowledge of local and national guidance about the safeguarding of vulnerable people. Senior staff were being trained by Herefordshire Council so that they would be able to provide in-house training for staff at the hospice.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the recruitment records for four members of staff. These showed that all the required checks had been carried out before staff were employed at the hospice. These checks included an enhanced Criminal Records Bureau (CRB) check and two written references.

We saw records of the interviews that had taken place before staff were offered employment. These showed that prospective staff were asked a range of questions, to make sure that they were suitable to work at the hospice.

Staff told us that they had been given a full induction programme when they started work. This had included shadowing more experienced colleagues, and a range of training to give them the skills and knowledge they needed to carry out their roles.

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

The hospice had effective systems in place for monitoring the quality of the service. Quarterly reports provided evidence that risks were being identified and managed appropriately. This included information about preventing people developing pressure ulcers. There was evidence that the procedures in place had resulted in very low levels of pressure damage to the skin. This was in spite of the fact that many people at the hospice were at high risk of developing pressure ulcers. This meant that the hospice was taking effective steps to monitor and manage risks to people.

The manager explained to us ways in which the hospice used information about good practice to make improvements to the service. People told us that they were confident that their views were seen as important, and that their views influenced the way the service was provided.

There was a clear management structure, which ensured that information flowed effectively throughout the organisation. The registered manager explained the various committees and working groups which were working together to ensure that the hospice provided a service which met people's needs.

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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