

Review of compliance

Sue Ryder Sue Ryder - Leckhampton Court	
Region:	South West
Location address:	Church Road Leckhampton Cheltenham Gloucestershire GL53 0QJ
Type of service:	Hospice services Community healthcare service
Date of Publication:	December 2011
Overview of the service:	Sue Ryder - Leckhampton Court is part of the Sue Ryder group. The service is a hospice for people with complex specialist palliative care needs who may have one or more life threatening illnesses. The service provides palliative care, end of life care, pain and symptom control, day care therapy, and 'hospice at home' services.

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

Our current overall judgement

Sue Ryder - Leckhampton Court 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 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 13 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We visited the Sue Ryder Leckhampton Court hospice on 13 December 2011 and spent the day at the service. We met and talked with patients in both the day care therapy unit and on the inpatient ward. We met with members of the staff team including the lead consultant on palliative care and members of the nursing and health care team. We met management and administrative staff and volunteers. We visited all areas of the hospice in the company of the manager. We looked at care records for patients, checked medication records, and observed the delivery of care.

Patients referred to the Sue Ryder Leckhampton Court hospice were treated by a specialist multi-disciplinary team. Care included pain and symptom control and people were offered support for physical, psychological, social and spiritual needs. The service provided palliative care which included assessment of needs and rehabilitation. Patients were also referred for end-of-life care.

The hospice had a 16-bedded inpatient ward with some single and shared rooms. The service had a 'hospice at home' service for people who were supported with personal care in their own home. People were able to attend a day hospice service where they could receive therapy, clinical treatments including transfusions, complementary therapies, and engage in arts, crafts and games. The hospice had a family support service offering bereavement and support services.

We met and talked with patients in both the day care hospice and also the inpatient ward. We were told that "this is a marvellous place" and "they have really taken me to their heart". People said "nothing here is too much trouble" and "I can't praise the place enough." We were told that staff are "marvellous" and "really look after me." Staff told us

"I am really proud to work for Sue Ryder" and "the training and development is great. I feel very well supported in my job."

We visited all areas of the hospice which was clean, safe, and warm. We found the service compliant with the five essential standards that we inspected.

What we found about the standards we reviewed and how well Sue Ryder - Leckhampton Court 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

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care and support are treated with privacy, dignity and respect. People are given information and support to enable them to make choices about their care and treatment.

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

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care, treatment or support are assessed so that the care meets their needs. The care, treatment and support are safe and effective and developed with people to respect their rights and choices.

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

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who are cared for at Leckhampton Court are protected against the risks associated with the unsafe use and management of medicines. The service makes appropriate arrangements to obtain, record, and manage medicines.

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

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for treatment and support are cared for by staff who are properly trained and supported to do their work. Staff are able, from time to time, to obtain further qualifications and skills appropriate to the work that they carry out.

Outcome 16: The service should have quality checking systems to manage risks

and assure the health, welfare and safety of people who receive care

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care and support do so in a service that makes effective decisions about the care and treatment it delivers. This is done by regular audit, assessment, and monitoring of the quality of the service. The service takes action from learning about adverse events, complaints, incidents and accidents, and compliments from visitors, and views of members of staff.

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 asked people who use the service if they had all the information that they needed. People said that they were given as much information as they wanted but that "this is done sensitively and staff know how and when to tell me things." One person said "they don't bombard me with information, just what I need to know." We saw a number of leaflets and information booklets for people to take away. There was also information provided for family members and next of kin.

People told us that staff "went to great lengths" to make sure that dignity and privacy was maintained. We were told that screens were used for personal or intimate care and we observed this in practice. One person said that "staff make sure that people are able to be very dignified here and makes it very comfortable for us all. There is never any embarrassment."

We observed care delivered with dignity and respect. One patient told us that "although I don't really mind, I have not been asked if I would prefer a female carer." Another patient said "I don't recall being asked, but I would have said if I did and they would have listened."

Other evidence

We looked at a number of care records to see if people had been given the opportunity to express their views and be involved in making decisions about their care. We saw from the care plan notes that the patient or their family had been given clear information about the treatment and care that was being provided. The service, particularly in the day care hospice, supported people to maintain their independence and to continue to live at home.

We saw in care records that there had been some decisions taken about whether to resuscitate someone who had a cardiac or respiratory arrest. We found that the forms were not always fully completed and if they were not complete, there was no evidence of the decision being discussed with the patient. We talked, however, with one patient where a form was not fully completed, and were told that the decision had been discussed with them by the doctor.

The form that the hospice used to record the discussion or conclusion about resuscitation did not allow for any multi-disciplinary discussion details to be documented or show how the decision had been conveyed to the patient or the family.

Some people who came to stay in the inpatient ward were accommodated in rooms with one or two other people. We asked staff how privacy and dignity was maintained in the event of someone's death. We were told that when a person died, the curtains were closed around that person but also the other people in the room. The doors on other patient rooms were then closed when the body was removed along any corridors. A member of staff always walked ahead of the staff removing the body to ensure that this was done with as much privacy and dignity as possible. The body was also transported in a lift that was not for other patient or visitor use.

Our judgement

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care and support are treated with privacy, dignity and respect. People are given information and support to enable them to make choices about their care and treatment.

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 talked with people about the care they received at the hospice. People said "the care here is wonderful" and "the doctors are very dedicated and so genuinely care." We were told that the nursing was "special" and the health care assistants "are caring and nothing is too much trouble." People told us that staff "know when I'm not myself and are quick to see what they can do."

We observed care delivered with kindness, warmth, patience and encouragement. We observed care and support at the day care hospice. We saw one patient having a reflexology treatment and others taking part in making arts and crafts. There was laughing and happiness among the patients and the staff. We were told "the place has a great atmosphere if you think why we are all here." One person said "I have been given back the will to live as long as possible."

Other evidence

We talked with staff about how they assessed the needs of people who came to Leckhampton Court. We were told that people who are admitted from hospital were handed over by hospital staff and details passed in a telephone conversation. These people were then given an initial assessment at the hospice and initial observations made before a full admission assessment was made by the doctor. People who were referred to the hospice by their GP or from other approved routes were given a pre-admission assessment so that staff could determine if they could meet their needs and if the hospice was the right place for them to be.

Most people coming into the hospice had their pain management attended to as one of the first priorities. The doctors and nursing staff endeavoured to manage pain in a number of different ways and also used occupational therapists and physiotherapists in the process to bring as much relief as possible. All the patients that we asked about pain management said that the hospice had controlled their pain well. We were told that the service "made real progress for me" and "certainly helped" in this respect. One person said "they really specialise in pain control here and for me that's so valuable."

We talked with the lead consultant for palliative care about the service the hospice offered in the day care unit. This service was for people who lived otherwise at home and who may have been discharged from the ward following pain and symptom control. The service offered a transition service which involved a 12-week programme of support to help the person to live at home safely and with more independence and confidence. People were given physical but also psychological and social support. People could also have blood transfusions and ascitic taps at the day centre or ward. The hospice also offered a service to a patient's family which included bereavement support.

We looked at four sets of patient notes for people staying on the ward. The admission records were clear and contained relevant essential information on the person's physical and mental health. The records also described what was important to the patient in terms of treatment at the hospice. The records held daily written notes made by different members of the staffing team who had supported the patient during the day. The records were detailed, clear and legible.

We did see that one patient had at one stage suffered from a temporary clinical condition which could recur. The service had not clearly acknowledged this, but tests that the hospice was carrying out would have alerted medical staff to any recurrence of the condition. We also found that the patient records did not have a summary of the patient's life or history or those things that were particularly important to the patient.

We asked the staff about having time to spend with patients. We were told by the lead consultant that there was "never a day when I don't see patients" and nursing staff said "it's the biggest part of my day". We were told that patients were at the "heart of this place" and we observed that staff were caring for and supporting patients when we toured the hospice. Patients also said, however, that staff made sure that they had as much peace and quiet as they wanted and also time with their families and friends. Staff told us that where visitors were concerned, the patients' views or wishes came first. Staff would limit or reduce visitors or the time they were there if the patient requested this.

Our judgement

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care, treatment or support are assessed so that the care meets their needs. The care, treatment and support are safe and effective and developed with people to respect their rights and choices.

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 talked with people about being given their medication and if they had them on time. We also asked if people were given information about the medicines they were prescribed. We were told that people were given their medicines on time, although one person said they were "sometimes a bit late in the evening." People said that some of the medicine that they were being given had changed in order to see if other medicines worked better. We were told that the doctor explained to people what was changing and why they were trying something new or a different strength.

People who come to the day hospice and administered their own medicine were able to ask staff to remind them to take their medication on time. People also told us that staff were available to answer any questions about medicines. We were told that doctors would review what people were taking if people felt the medicines were no longer as effective as they could be.

Other evidence

The hospice did not have a pharmacy service on site. Medicines were ordered daily from a local NHS pharmacy through a service level agreement and in accordance with the planned needs of patients. Medicines that were required quickly could be delivered on the same day if requested in time. Particular attention was paid to ordering of medicines prior to a weekend as deliveries were only made on Mondays to Fridays. Otherwise, medicines were checked weekly by a pharmacy technician from the Trust. The pharmacy technician kept records of what medicines were being prescribed by the

hospice and reported to the manager if there were any trends or concerns developing in prescribing.

The hospice had controlled drugs stored on the premises that were kept in locked cupboards in the clinic rooms. The controlled drugs were either stock items or patient's own drugs. These drugs were stored separately and managed in different registers. We checked a sample of the stock and found it to be accurate. We observed the preparation of a syringe driver which would be used for pain control. The preparation was carried out with two members of the nursing team and with cross-checking and accurate recording. Controlled drugs were ordered, delivered, and recorded in accordance with strict guidelines around transportation and recording.

We checked a number of patient medicine charts to see that the prescription and administration was complete and accurate. We found that in all but one case, medicines had been administered in line with their prescription. One person's medicine chart did not record that person having had their medication on the previous evening. The patient told us that they were almost sure that they had taken their medication. The hospice had already picked up this gap in the chart before we commented upon it and were waiting to check with the member of staff. The lack of recording had also been raised as an incident to be investigated.

Our judgement

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who are cared for at Leckhampton Court are protected against the risks associated with the unsafe use and management of medicines. The service makes appropriate arrangements to obtain, record, and manage 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 asked people who come to the hospice for care and support if they felt that the staff that they met were well trained and supported. People told us that the "staff are wonderful. They are so well trained and support each other." People said that "staff here are never scared to ask if they don't know something. They obviously feel very comfortable with that."

Other evidence

We talked with a number of staff at the hospice about training and development and also how they were supported in their roles. The lead consultant told us that the nursing and health care staff were "well trained" and knew how to perform their roles. The senior medical staff were appraised by the lead consultant and/or the NHS trust that they otherwise worked for. The consultant also carried out clinical supervision and oversaw and supervised care and treatment. Continual professional development and qualifications were notified to the hospice by medical staff and retained on the personnel files.

The hospice had a database of training needs and achievements. All staff were captured in the database and upcoming training was monitored by the practice educator. We talked with the practice educator about training and personal development. The hospice has a programme of mandatory training delivered in a rolling programme that is repeated and updated annually. Almost all of the staff available for training (that was those not on maternity leave or sick leave) have had their mandatory training in 2011.

Staff were able, from time to time, to obtain further qualifications relevant to their role. Two staff were working towards gaining Masters' degrees, supported by the hospice and others were working on advanced diplomas in palliative care or mentoring courses. The doctors were able to study advanced pain and symptom control and to cascade this to medical and nursing staff.

Staff were given appraisals every year. The majority of staff have had their appraisals in 2011 and objectives for 2012 were being set. All staff were scheduled to have had an appraisal by March 2012. Supervision took place through the clinical supervision groups that were held every four to six weeks. Medical staff were supported and appraised also through the weekly doctors' meetings and multi-disciplinary reviews.

We talked with members of staff about training and development. Staff told us that training was up-to-date and "given a high priority within Sue Ryder." Staff said that the training they were given was suitable for their roles and relevant to the work they did with patients.

When new staff or volunteers come to work at Leckhampton Court they had an induction programme that was relevant to their work. Nursing and health care staff shadowed other staff until they had completed their induction and felt comfortable to work alone with patients. Induction training included equality and diversity, health and safety, confidentiality, and safeguarding programmes among others.

Our judgement

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for treatment and support are cared for by staff who are properly trained and supported to do their work. Staff are able, from time to time, to obtain further qualifications and skills appropriate to the work that they carry out.

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 did not talk with people who use the service specifically about this outcome area.

Other evidence

The service had a number of different processes for assessing and monitoring the quality of care delivered. There were regular meetings of members of staff including multi-disciplinary meetings with staff from all areas of the hospice, doctors meetings, senior management (heads of department) meetings and quality reviews.

The hospice quality improvement steering group met bi-monthly but this had recently moved to monthly quality meetings. The hospice quality improvement steering group fed into the national quality action group. The quality meeting looked at many areas of the hospice service including complaints, compliments, the quality improvement plan, quality visits from the corporate team, the staff skill mix, incidents and accidents and the risk register. The group also looked at audits recently undertaken, research projects, continuity of care arrangements, policy updates, educations and training, and feedback from service users.

The service operated a risk management tool called Datix. This system was used for recording incidents and accidents, including health and safety incidents and any incidents that involved service users. The hospice used the system to analyse trends of incidents and developed action plans to address any emerging trends and report on lessons learned.

In the service user experience survey for 2010/11, the Leckhampton Court hospice scored 100% for service users rating the service as 'good' or 'excellent'.

Our judgement

Overall, we found Sue Ryder Leckhampton Court Hospice was compliant with this essential standard.

People who come to Leckhampton Court for care and support do so in a service that makes effective decisions about the care and treatment it delivers. This is done by regular audit, assessment, and monitoring of the quality of the service. The service takes action from learning about adverse events, complaints, incidents and accidents, and compliments from visitors, and views of members of staff.

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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA