

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

Sue Ryder - Leckhampton Court

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0QJ

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Sue Ryder
Registered Manager	Mrs. Lorraine Dixon
Overview of the service	Sue Ryder - Leckhampton Court Hospice provides specialist palliative care for the people of Gloucestershire with potentially life threatening illnesses. It is run by the national charity Sue Ryder.
Type of services	Community healthcare service Hospice services
Regulated activities	Diagnostic and screening procedures 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 8 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We looked at the medical care files for three people using the service. We saw that the files were comprehensive and included daily progress notes from all professionals caring for the person. Recordings of pain scores and intravenous infusions were all found to be consistent and appropriate. Falls assessments and pressure area assessments were all undertaken regularly. We looked at other documents from the provider which showed good infection control practices. They also showed people overall received a positive experience during their time at the hospice.

We spoke to six people. They all gave us very positive comments including "The care and staff are excellent, I can't fault it", "this place is inspirational", "it's superb, the staff and service is very good", "I know the staff and they know how to look after me". Monthly surveys from relatives also gave a very positive impression of the care, facilities and staff.

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

Reasons for our judgement

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

On admission people were asked to sign consent forms for sharing information and also for either reusing or destroying their own medication. We saw evidence in people's medical notes that consent had been obtained appropriately. For one particular procedure, a care pathway was used. This confirmed the information given to people before the procedure took place. This information included the risks and benefits of the procedure. It also confirmed the consent from the person and the care they received during and after the procedure.

We also saw evidence that where appropriate do not resuscitate decisions had been fully discussed with the person using the service and their relatives. This was then documented on the correct forms and kept in the medical notes.

We also spoke to six people who use the service and they all told us that the staff always asked them before undertaking any care.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three medical care files for people using the service. We also spoke to six people who were currently using the service.

Care was provided in single rooms for the inpatient services. Care was also provided via a day hospice. The rooms were equipped with special pressuring relieving beds and mattresses. Separate rooms were available for relatives to sit and talk with staff. We saw surveys that were undertaken each month with relatives. This showed very positive results for both the hospice and the staff.

We looked at the medical care files for three people using the service. We saw that the files were comprehensive and included daily progress notes from all professionals caring for the person. Recordings of pain scores and intravenous infusions were all found to be consistent and appropriate. The medical histories were detailed and involved the person themselves and / or their relatives. Care pathways were used including spiritual assessments and care plans. Falls assessments and pressure area assessments were all undertaken regularly.

We spoke to six people. They all gave us very positive comments including "The care and staff are excellent, I can't fault it", "this place is inspirational", "it's superb, the staff and service is very good", "I know the staff and they know how to look after me".

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 abuse from happening.

Reasons for our judgement

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 abuse from happening.

We spoke to six people who used the service and they all told us they felt safe at Leckhampton Court. They also told us that they knew who to speak to if they had any concerns.

We spoke to two members of staff and both gave good accounts of their own responsibilities with safeguarding scenarios they were given. We looked at the training records which showed us all staff had received appropriate training. The provider had a current policy which was next due for review in 2014. The manager also confirmed that they had been no safeguarding incidents recently.

All staff were checked through the Disclosure and Barring Service (DBS) before they take up employment.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We were shown evidence of the cleaning schedules and these were consistently completed. Hand sanitizers and other personal protective equipment were outside all patient rooms and at other locations around the hospice. We saw evidence of staff and visitors using the hand sanitiser lotion. Equipment that had been cleaned had a green label attached to show it was ready for use by the next person.

The manager told us that they had not had one episode of cross infection. A patient was suspected to have an infection and they were isolated appropriately. A full root cause analysis was undertaken which confirmed they had brought this condition in when they were admitted. The staff followed their robust infection control procedures and prevented any spread of the infection.

Hand hygiene audits were undertaken every two months and a high compliance was achieved consistently. Policies and procedures were in place and up to date.

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.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Leckhampton Court was observed to be well maintained and clean during our visit. The manager told us that they had a team of volunteers to help maintain the garden. Teams of people from local business often support the hospice in redecoration.

The kitchens had been awarded five stars (very good) for food hygiene from the Environmental Health Teams in January 2013.

Refurbishment plans were in place and any maintenance issues were fixed as and when they were reported. A comprehensive internal inspection was undertaken monthly and we saw evidence that this was very comprehensive. Any outstanding issues were noted and followed up in the maintenance log. Personal evacuation plans were currently being put in place, but weekly fire checks were done consistently. We were shown an extensive health and safety audit that had been carried out in November 2012 and evidence that actions had been completed. The manager was also keen to show us plans of the future development for the day hospice. These will improve the facilities for people and staff once completed.

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

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

We looked at the recruitment files for 10 staff and found them all to be in order. All the files had the application forms and any gaps in employment were checked. References had been taken up for all staff and identity checks had also been carried out. Where the staff were qualified such as doctors or nurses, their registration had also been checked with their professional body. The files contained the person's contract and other relevant information for each member of staff.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. Records were kept for the appropriate period of time and then destroyed securely.

Staff records and other records relevant to the management of the services were comprehensive, accurate and fit for purpose. People's medical files were being maintained and kept up to date. Health records were kept securely. Auditing was found to be consistently carried out. The provider might like to note that we found some confusion around the recording of clinical waste prior to disposal. This was raised with the manager during our visit. The checklists were reviewed immediately and showed some items for disposal had been recorded in the wrong column. A revised process was put in place to avoid any further confusion.

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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