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

Sue Ryder - Thorpe Hall

Thorpe Road, Longthorpe, Peterborough, PE3 6LW
Tel: 01733330060

Date of Inspection: 19 November 2012
Date of Publication: December 2012

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Sue Ryder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Philip Ball</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Sue Ryder Thorpe Hall is a 20 bed hospice located on the outskirts of Peterborough city. The service offers both an in, and out, patient service and includes a specialist palliative care service for those people living with or affected by a serious illness.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospice services</td>
</tr>
</tbody>
</table>
| Regulated activities  | Diagnostic and screening procedures  
                        | Transport services, triage and medical advice provided remotely  
                        | Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

| Our judgements for each standard inspected:                                                 |      |
| Respecting and involving people who use services                                            | 6    |
| Care and welfare of people who use services                                                 | 7    |
| Safeguarding people who use services from abuse                                             | 9    |
| Management of medicines                                                                     | 10   |
| Staffing                                                                                    | 11   |
| Records                                                                                    | 12   |

| About CQC Inspections                                                                       | 13   |
| How we define our judgements                                                                | 14   |
| Glossary of terms we use in this report                                                     | 16   |
| Contact us                                                                                  | 18   |
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 19 November 2012, observed how people were being cared for 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

People we spoke with told us, "The staff at Sue Ryder Thorpe Hall are outstanding; nothing is too much trouble for them".

People told us that staff were available when they needed them. People were generally complimentary about the home's food and one person told us, "The food always smells and tastes good and much of it is home made.

One relative told us that she couldn't fault the care provided and that they had nothing but praise for the staff.

One person told us that because the controlled medicines were kept on the second floor they sometimes had to wait a short while for their pain relief medicines.

People could be confident that they would be protected from abuse as the provider had information, although not on display, available to make people aware of who to contact and how to raise a safeguarding concern.

From the staff training records we viewed we saw evidence that staff were kept up-to-date with training appropriate to their role.

People we spoke with told us that there were always sufficient staff on duty and that they appeared competent in what they did.

We saw evidence of detailed and comprehensive records for all statutory inspection requirements. For example, gas safety and electrical testing throughout the hospice.

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.
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.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. They expressed their views and were involved in making decisions about their care and treatment.

During our inspection on the 19 November we noted that despite multi occupancy rooms, people's dignity and privacy was respected with curtain screens.

People told us that the company and friendship provided by the multi occupancy rooms was welcome and that they did not mind not being alone.

One person who we spoke with told us, "The staff always speak to me with dignity and respect".

The same person also told us, "The doctors always tell me what they are doing and if there is any change to my medication".

We observed the general layout of the home and found that it had a multi faith chapel where different religions were catered for. The manager informed us that the chapel was to be refurbished with a more general religious theme. This demonstrated that the hospice recognised the diversity and human rights of people who used the service.

We noted from people's care plans that people were given the opportunity to be involved as little or as much as they wanted in relation to decision about the care being provided. We also noted from the records that we viewed that relatives, representatives and families were kept informed about people's health conditions.
Care and welfare of people who use services

Met this standard

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. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our inspection visit on the 19 November 2012 we looked at four people's care plans and found that risks such as falls risks and bed rail risks had been assessed within 48 hours of the person's arrival. We noted that two of the falls risk assessments that we looked at had not been updated every week. We were told by a nurse that as a result of the recently introduced electronic care system, this was something that would be included in the next team meeting to highlight to all staff the importance of updating the risks to people on a regular basis.

People staying in the in-patient unit were dressed appropriately in clean clothes and looked very well cared for. People did not wait a long time to be served their meals in bed or in the lounge and those that required assistance were given it promptly and sensitively. People told us that meals were provided from a selection that they had chosen from on the previous day.

One person told us, "If I change my mind or don't like what I chose the staff always make me something else to eat, even if it is 10 o'clock at night".

We found from the records that we viewed that people's general health needs were checked with their risk of malnutrition, pressures sores and dependency levels assessed very regularly. We saw evidence where people's changing needs had been addressed and reviews of people's care plans were meaningful and person centred. For example, the provision of information, guidance and equipment people required when they left the hospice.

Although the listed status of the building and its layout meant that the controlled drugs were kept in a safe place some distance from some of the people who used the service, people did not have to wait long for any non routine medicines.

All of the staff who we spoke with were able to describe the action to take in the event of a foreseeable emergency. The manager showed us records where the fire practice drill had been conducted. This was also confirmed to us by the staff who we spoke with.
manager also explained to us that due to the listed building status of the hospice the local fire authority had conducted a full fire risk assessment and we saw where additional fire safety improvements had been made.
Safeguarding people who use services from abuse

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.

Although the provider had safeguarding policies and procedures held in electronic format, the paper file copies we viewed were in the process of being updated. We asked the manager how information was provided to people who used the service or their relatives on how to report abuse. The manager showed us leaflets on whistle blowing and how to complain but was not able to show us any contact information for reporting potential or actual safeguarding concerns. The provider may wish to note that it is good practice to display information about safeguarding and abuse, and who to report it to, and how to report it. The provider told us that they would display information about safeguarding and how to report it in several locations throughout the hospice.

Staff we spoke with told us they had received training in how to protect people and showed a good knowledge of the different types of abuse a vulnerable person could face. Staff told us they would report the abuse initially through their management. Most members of staff who we spoke with knew that they could also contact the Care Quality Commission (CQC).

The manager told us of a recent safeguarding incident that the hospice had recently had cause to be involved with. The provider had co-operated fully with the CQC and had taken the opportunity to learn from the incident.
Management of medicines

Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately. They were kept safely and medicines were safely administered.

We checked medication storage and a sample of people's medication administration records (MAR). Recording on the MARs was generally good for example there were no staff signature omissions; all handwritten additions to the MAR had been signed and dated to ensure their accuracy and reasons why people had not received their medication had been clearly explained.

We noted that one person had two MAR sheets with differing information regarding when this person had, or had not had, their medicines. A doctor told us that the sheet had been rewritten due to other errors and that they would raise this important issue at the next weekly management meeting. The provider may wish to note that medicines administration recording should accurately reflect the medicines that people have been administered and where new MAR sheets are created that the information is transferred without error.

There was clear guidance for staff on the administration of 'as and when' required medication to ensure that people received it consistently and only when they needed it.

We reviewed a sample of records for controlled drugs held at the hospice and found that the medicines held matched the records. We noted that some controlled drug order book numbers were missing from the record book. A nurse told us that in future they would add the controlled drug order book numbers in the book to improve the audit trail of where and when the medicine had been used. Temperature checks of the room where medicine was stored were conducted daily to ensure it was appropriate.

Files we viewed showed that staff had received training in the administration of medication and their capacity to do it was assessed every six months to ensure they were doing it safely and correctly.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Met this standard

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

Reasons for our judgement

People we spoke with told us there were enough staff available to meet their needs and that their call bells were answered promptly. One person told us, ”I never feel rushed”. None of the relatives we spoke with had any concerns about staffing levels at the home and told us staff were always available and visible when they visited.

We reviewed staff rosters for the months of October and November 2012 and saw that there were occasions where bank staff had been used. The manager told us that there had recently been new staff recruited but they had not yet started work with the service.

One relative commented, ”There’s always enough staff to meet my husbands and my needs”.

Staff who we spoke with told us that it wasn’t the numbers of staff available but more of the competencies of that member of staff which limited what they could do. Staff also told us that if they felt that the staffing ratio would not meet people’s needs then staff could raise this with the nursing Sister who arranged and organised the staff roster. This showed that the hospice managed its staff to ensure that people’s needs were met.

During our inspection we reviewed the training records for staff and found that all staff had completed, or were planned in to complete, mandatory training for things such as, but were not limited to, moving and handling, emergency first aid, working with challenging behaviours, health and safety and medicines administration.

Staff who we spoke with also told us that new staff were mentored during their induction period and were only given responsibility when they were competent. We saw a student nurse being mentored during our visit.
### Records

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

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<thead>
<tr>
<th>Met this standard</th>
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### 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.

We spoke with people using the services but their feedback did not relate to this standard. We looked at four care plans for the people who lived in the hospice. We observed these were accurate and up-to-date and gave clear instructions for staff to follow in order to provide care for people in the way they wanted.

We also saw staff records and other records relevant to the management of the service were detailed and in a format that enabled the provider to access the information promptly. The manager showed us records for the testing of the building’s power supplies including the recent gas safety, electrical, portable and transportable appliance (PAT) and legionella bacteria testing, which were all in date.

The records held for the maintenance of the building did not show whether or not maintenance had been completed as none of the records had been signed as having been completed to the satisfaction of the manager. We noted that the sheets for each maintenance activity were not numbered which could lead to the loss of a record without trace.

We also reviewed records for people who used the service and found that these were held securely, confidentially and for an appropriate time.

We saw form the records held by the hospice that people's end of life decisions had been recorded. This ensured that people's rights and best interests were supported by the provider.
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:

<table>
<thead>
<tr>
<th>Essential Standard</th>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Outcome 1</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>Outcome 2</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Outcome 4</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>Outcome 5</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>Outcome 6</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Outcome 7</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>Outcome 8</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Outcome 9</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>Outcome 10</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>Outcome 11</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Outcome 12</td>
<td>21</td>
</tr>
<tr>
<td>Staffing</td>
<td>Outcome 13</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>Outcome 14</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Outcome 16</td>
<td>10</td>
</tr>
<tr>
<td>Complaints</td>
<td>Outcome 17</td>
<td>19</td>
</tr>
<tr>
<td>Records</td>
<td>Outcome 21</td>
<td>20</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Glossary of terms we use in this report (continued)</th>
</tr>
</thead>
</table>

**(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.