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
- **Cleanliness and infection control**: Met this standard
- **Requirements relating to workers**: Met this standard
- **Complaints**: Met this standard
## Details about this location

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<th>Registered Provider</th>
<th>Sue Ryder</th>
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<td>Registered Manager</td>
<td>Ms. Helen Ankrett</td>
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<tr>
<td>Overview of the service</td>
<td>Sue Ryder Wheatfields Hospice is a specialist palliative care service. It provides inpatient care for up to 18 people, day therapy for outpatients and a community nursing service</td>
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<tr>
<td>Type of services</td>
<td>Community healthcare service</td>
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<td>Hospice services</td>
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<td>Regulated activities</td>
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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'.

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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, reviewed information sent to us by other organisations, carried out a visit on 20 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

People who used the service were involved in decisions about their care and treatment and had their consent recorded. People had the opportunity to record how they would like to be cared for in the future if their health deteriorated. We spoke with two people who used the service. One person said "they always explain things to me." Another said that the staff "Discuss everything with me."

People were cared for in a way which met their needs and protected their rights. Each person had their own individual care plan which contained information specific to them. The staff showed a pride in the quality of care provided and a genuine concern for the welfare of people using the service. We saw staff interacting with patients in a warm and supportive manner. We saw people being treated with respect and courtesy.

People were cared for in a well maintained and clean environment. The provider had sought to create welcoming and comfortable facilities for patients and their families. There were effective systems in place to prevent and control the risk of infection.

People were cared for by suitably qualified, skilled and trained staff. Appropriate checks had been undertaken before staff began work. These included a record of professional registration, references and Criminal Records Bureau checks.

People were provided with information on how to make a complaint. The provider invited people to make comments or suggestions. We saw that these were recorded and acted upon.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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. The provider told us that each patient's care and treatment choices were discussed with their doctor. We were told that before each patient gave their consent to care and treatment the doctor explained the risks and benefits.

People who used the service told us the staff took time to explain what their care and treatment involved before proceeding. One person said "they always explain things to me." Another said that the staff "Discuss everything with me." The people we spoke with also told us that they would know how to withdraw or change their consent to care and treatment.

We saw that the provider had a written policy describing arrangements to obtain consent to care and treatment. The policy included staff responsibilities and the circumstances in which written consent was required. The provider's policy also included arrangements for recording people's wishes about their future care, refusal of treatment and the updating of consent forms.

We looked at four care plans and saw completed consent forms which had been signed by people who used the service. The forms included the name of the member of staff who explained the consent procedure and why consent was requested. We saw that the people who used the service had given their consent to care and treatment, sharing information and the re-use of their own medicines. The consent forms included a section to record where a person had decided to change their decision on consent.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The staff were aware of the requirements of the Mental Capacity Act 2005. The provider had procedures to obtain consent where people lacked capacity to make a decision themselves. The provider told us that before a best interests decision about care and treatment was made on behalf of a patient consideration would be given as
to whether the decision could be delayed to a later time. The provider told us that staff could also seek help from the Family Support Team to check whether there was someone close to the patient who knew their wishes.
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. Each person who was referred to the service had an individual care plan. We saw that people who used the service and their carers were involved in pre-admission assessments. We looked at four care plans. The plans included clinical needs, risk assessments, religious and spiritual care and discharge plans. One patient we spoke with told us that the staff "Discuss my care with me, it is a two-way discussion."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider described how each patient's care and treatment needs were discussed at weekly multi-disciplinary staff team meetings. We looked at copies of the meeting notes and saw how the care needs of people who used the service were monitored and reviewed. The reviews included any changes to treatment and preferred place of care. We also saw copies of daily nursing records detailing people's care and any on-going concerns.

People's care and treatment reflected relevant research and guidance. The provider had established a Quality Improvement Group with responsibility to identify learning from incidents. The provider told us how incidents were recorded on a database and any learning was communicated to the staff. We were told how this system had identified a problem with the use of medication brought into the hospice when people were admitted for care and treatment. We saw a note for staff describing the problem and providing advice on the management and use of patient's own medication. We were told that the provider was participating in a pilot to develop an Electronic Palliative Care Register to improve the confidential sharing of information and treatment of people receiving palliative care.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The provider told us how the rights of people with differing cultural and religious views were respected. The provider had employed a Spiritual Coordinator. We saw assessments of people's religious and spiritual needs were made when they were referred to the service.

We saw that staff had attended Equality and Diversity training. We were told how people who used the service who did not have English as their first language could be provided with.


with an interpreter.

There were arrangements in place to deal with foreseeable emergencies. The provider had put in place plans to manage major incidents. These included the outbreak of infections, equipment failure, power supply failure and fire. Each plan was colour coded and included specific staff responsibilities, immediate tasks and longer term actions. We saw a copy of a report on the latest fire evacuation practice. The report detailed the time and place of the alarm, the number of people on site, the time to evacuate the building and actions required. We looked at the provider’s training records and saw that the staff had attended fire safety and resuscitation training.
Cleanliness and infection control

Met this standard

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. The provider had a policy on the prevention and control of infections. The policy described staff responsibilities, training requirements and the checking of standards. We saw copies of the results of two checks which had been completed in the last year and the provider's action plans.

We visited the day treatment unit, consulting rooms and in-patient unit. We saw that people were cared for in a clean environment and procedures were in place to reduce the risk and spread of infection. Fixtures and fittings were maintained in a good condition. We saw signs describing hand cleaning techniques. Personal protective equipment and hand washing materials were available and were being used appropriately by staff. We also saw warning signs to alert visitors to the risks of infection.

Facilities were available for the collection, cleaning and disposal of used or contaminated items. There were separate sinks for hand washing and waste disposal. Cleaning equipment and waste bins were colour coded. Cleaned wheelchairs and commodes were labelled with plastic tags. Bed linen was laundered by an external contractor and returned clean linen was neatly folded and stored.

We saw copies of completed cleaning schedules. The schedules described the area cleaned, the frequency of cleaning, the cleaning method and cleaning product used. We looked at the provider's training records and saw that the staff had attended infection prevention and control training. The staff we spoke with were able to describe cleaning and disinfection procedures. We were shown how the bathrooms and toilets were cleaned after use. When we asked one of the patients about cleanliness they told us that the hospice was always "Very clean."
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. We looked at the provider's recruitment records. We saw that the provider had checked and recorded the professional registration of all nursing and medical staff. Nursing Personal Identification Numbers and renewal dates were recorded, including those of agency staff. Criminal Record Bureau checks were carried out for all staff and records of the disclosure numbers and dates retained.

There were effective recruitment and selection processes in place. We checked the procedure for the appointment of a recent member of staff. The provider showed us a copy of an appointment checklist. We saw the provider had also retained a copy of the job advert, application form, interview record and references. We noted that there were no gaps in the applicant's employment history. The provider told us that it was normal practice to seek an explanation for any gaps at interview. We saw that arrangements were in place for new members of staff to undergo an induction period.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw a copy of the provider’s complaints procedure. It described staff roles and responsibilities, procedures for the management and investigation of complaints.

We looked at the information provided to patients and families prior to admission. We saw copies of the information folder in patient's rooms. The information included details of the provider's complaints procedure. The provider also had a separate leaflet on display with the title "How to make a complaint". The leaflet included a statement that alternative formats were available on request.

People were given support by the provider to make a comment or complaint. We saw that the provider had installed suggestion boxes for people who used the service and their carers to post their comments and suggestions. We spoke with two people who used the service. They told us that if they were concerned about anything they would talk to a member of staff. They said they were very happy with the care and treatment they received and they would say if they were not. One person we spoke with said “They have treated me very well, better than anywhere else I have been”.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. The provider sought patients views on the care and treatment they had received. We saw a copy of a discharge survey that the provider asked patients and relatives to complete. The survey results were independently analysed. The results were discussed at the provider's monthly Quality Improvement Group. We saw a record of the group's last meeting. The record included a discussion about the findings of the patient survey and actions that were to be taken.
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.