Inspection Report

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

St Oswalds Hospice

Regent Avenue, Gosforth, Newcastle Upon Tyne, NE3 1EE

Tel: 01912850063

Date of Inspection: 11 December 2013

Date of Publication: January 2014

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

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	St Oswalds Hospice
Registered Manager	Mrs. Angela Egdell
Overview of the service	St Oswald's Hospice provides specialist care for people with life limiting illnesses, including day and inpatient services for children, young adults and adults.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

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'.

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 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Patients had their needs assessed and the assessment was used to develop personalised care plans. Patients commented: "They (staff) could not do more for you"; "I have only to mention something and something is done about it"; "If you don't feel like a full meal and just want a sandwich that was what you got", and, "If I feel unwell and want to stay in bed all day, that is fine."

We found that patients received their care and treatment in premises that were well maintained, clean and free from unpleasant odours.

Patients were happy with the staff providing their care and treatment. One patient said, "How could we not be happy to be here when we are being looked after by such caring professionals." The provider had systems in place to ensure that prospective employees were suitable to work with vulnerable people.

Patients and their relative's were asked for their views about the service. One patient said, "I could not fault the care."

We found staff had access to accurate and up to date information about each person. Information was stored securely and could be accessed easily when required.

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

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.

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

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We saw staff had gathered detailed information about each patient. This included information about their ethnic origin, religion, a family tree, a social history and a full medical history. We found staff completed a comprehensive assessment shortly after a patient was admitted to the hospice. The assessment included the patient's views about their priorities for their stay, such as carer respite and pain management. Staff and/or patients jointly scored each area of the assessment and scores were compared over time to assess progress. We saw that the needs and wishes of close relatives were also a priority for staff when they completed the assessment. We found that patients and staff had jointly agreed goals. For example, for X to be as comfortable and free from pain as possible. We also found that staff had identified the actions required to achieve these goals.

During our inspection we spoke with seven patients, four family members and ten staff. Patients we spoke with told us they were involved in an assessment of their personal and social needs. One patient commented, "They (staff) could not do more for you", and, "I have only to mention something and something is done about it." This meant people were involved in assessing their needs and their views were taken into account as part of the assessment.

Comprehensive care and treatment plans had been developed following the initial assessment of people's needs. We saw these covered a range of areas including nutrition, elimination, hygiene and skin care. We found care was planned around the needs and wishes of patients. We saw care plans had been personalised to meet patient's specific needs. For example, some patients were supported to attend a place of worship of their choice if they wished. One patient said, "If you don't feel like a full meal and just want a sandwich that was what you got", and, "If I feel unwell and want to stay in bed all day, that is fine". A number of patients commented on how they were able to maintain their independence because they were not forced into a routine.

We found that care plans were reviewed regularly to ensure they remained up to date. Patients and their relatives told us they had a care plan. They said it was reviewed regularly and they were consulted about any changes made. Patients said care plan reviews were done in their room and they were present. Family members also told us they had been involved and that staff contacted them about any changes to their relative's care. We saw staff completed evaluation sheets every day which allowed them to build up a comprehensive picture of what was happening with each patient. This meant that care plans were up to date to enable staff to provide appropriate and safe care and treatment.

Patients told us they had their needs attended to quickly. They said staff responded quickly when they rang the nurse 'call bell'. For example, two patients said how effectively and quickly staff dealt with the onset of pain, whatever time of day or night it was. We found that nursing and care staff carried pagers to enable them to respond to patient's needs as quickly as possible. Patients said they were extremely appreciative of the care they received from all staff. They also said they always knew and trusted the person caring for them.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw from patients' records that staff undertook a range of assessments to establish whether people were potentially at risk. This included assessments, using recognised tools, associated with the risk of falling, poor nutrition, skin care and mental health. Records showed risks were thoroughly assessed and measures to minimise and manage identified risks had been sensitively recorded. For example clear and comprehensive guidance had been developed, for staff to refer to, for one person who had been identified as at risk of poor nutrition due to swallowing difficulties. This showed that staff took action where required to ensure people's safety.

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

Reasons for our judgement

We found the building had been purpose built to be used as a hospice. Staff described how it had been extended and adapted as the hospice service had grown since it opened. We found the hospice to be well maintained and clean with no unpleasant odours. We saw the accommodation available to patients consisted of shared and single rooms, which we found were bright and cheerful. We also found the hospice was spacious with areas for patients to spend time with visitors. For example, there were a number of family visiting rooms and spacious lounge areas. The children's hospice had a play area, which was being used during our inspection and there were facilities for parents to stay with their children overnight. The building was suitable for access by people with mobility problems and wheelchair users. We saw that patients had access to pleasant garden areas directly from their rooms. They told us they enjoyed having this easy access to the outside spaces. They also valued the open visiting times which gave the opportunity for their grandchildren to visit.

The provider had systems in place for recording repairs and maintenance. Repairs were logged into a specific database and dealt with according to the priority given to the repair. We saw that maintenance records had been kept up- to-date and included details of the repair needed and the action taken to rectify the problem. The system automatically sent an email to the person who had reported the repair to confirm it had been logged and a further email when the work was completed. We saw the provider undertook a comprehensive range of health and safety checks to maintain the safety and security of the buildings. We also saw the provider had a programme of portable appliance testing (PAT) in place. The provider maintained a database showing details of all its current service contracts, including the removal of clinical waste, which included details about when they were due for renewal. This meant the provider had taken steps to provide care and treatment in an environment that was adequately maintained.

The provider undertook risk assessments to ensure the safety of the building. For example, a fire risk assessment was undertaken annually. We saw an action plan had been developed, following a recent fire brigade inspection, to progress the recommendations made. The provider also undertook a range of fire safety checks, which included regular checks of the fire alarm system. The provider may find it useful to note

that the records for the fire alarm system checks had not been updated since October 2013. We saw the provider undertook fire drills and kept a record of all fire alarm activations. We found the provider had developed an emergency management plan and had contingency plans to ensure people's safety should there be an emergency.

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

Patients we spoke with told us they were happy with the staff providing their care and treatment. They raised no concerns with us about the staff. One patient said, "How could we not be happy to be here when we are being looked after by such caring professionals." Staff we spoke with and observed were open, knowledgeable and demonstrated a caring attitude and approach.

We found that appropriate checks were undertaken before staff began work. We looked at the recruitment records for the ten most recently employed staff. We saw that checks were carried out with the Disclosure and Barring Service (DBS), formerly known as CRB, before new staff began working with people. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people.

We looked at ten staff files and found they included photographic proof of identity and a job application form. We also saw that two references were requested for new staff and this included the most recent employer. Each file contained a fully completed job application form, evidence of relevant qualifications and interview records. We saw that new staff had successfully completed a comprehensive induction programme. We also saw that staff had completed a probationary period, which included a review of their performance at two months and again at five months. We found that staff had been 'signed off' by their manager upon successful completion of their probationary period. This meant the provider had appropriate recruitment and selection processes in place.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Patients were asked for their views about their care and they were acted on. Staff described the various ways that patients could give feedback about the hospice's services and their experiences of the care and treatment they had received during their stay. This included surveys and focus groups. Staff also told us that they were looking at developing more opportunities for patients and stakeholders to give feedback, such as social media and email. Staff gave examples of some changes made following feedback from patients, which included more flexibility with the availability of activities undertaken in the day centre and the development of a patient education programme. Staff told us that each week a volunteer visited the wards to speak with in-patients to gather their views about their care and treatment. This involved asking patients a series of questions about their stay, such as had they seen the doctor, did they feel involved and had their relatives been involved.

Staff told us the provider was developing a 'feedback bank', which was due to be launched in early 2014. This would be accessed on-line and would be a single point to hold the results of feedback from the various consultation exercises undertaken by the hospice. The information contained within the 'feedback bank' would be used by staff to identify 'hot spots' and themes and then used to take appropriate action to improve the quality of the services provided.

Patients told us they would speak to staff if they had any problems. None of the patients we spoke with complained about any aspect of their care. One patient said, "I could not fault the care." Family members told us how reassured they were and had confidence that patients were being properly looked after.

We saw the provider had developed a comprehensive audit programme, which included a medical care audit and infection control. The findings from the various audits were fed into the Clinical Quality Committee, the Clinical Governance Committee and various sub-groups, such as infection control, clinical audit and essence of care. We viewed a copy of the hospice's 'Risk Management and Quality Report 2013' during our inspection. This report provided the Clinical Governance & Quality Committee with an update of the key findings from risk management and quality improvement work within the hospice over the

previous year and outlined its plans for the future. For example, the development of an annual assessment for nurses to ensure their competency to administer drugs was maintained and the development of a tool to measure compliance with privacy and dignity standards.

We found the provider had systems in place to log and investigate any incidents and accidents. We viewed the records of a recent incident that had occurred in the hospice. We saw that a full investigation had taken place and actions identified to minimise the chances of the incident happening again. For example, to remind a patient who had fallen to use the nurse 'call bell' when they needed assistance with getting in and out of bed or a chair. We saw the incident had been reviewed and 'signed off' by managers. This meant there was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

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

We saw the hospice kept the required records relating to patients' care and treatment. We found patients' personal records were stored securely in locked cupboards and accessible only by authorised staff. The provider was able to locate and provide the information we requested quickly. Staff told us that clinicians explained the hospice's confidentiality policy to people shortly after they were admitted to the hospice. We saw there was a specific place within patient records for doctors to record that this had been done. The provider may find it useful to note that this had not been completed in the patients' records we viewed. This meant that records were kept securely and could be located promptly when needed.

We checked patient files and saw that these contained an accurate and complete record of each patients needs and their recommended treatment. This included initial and on-going assessments, daily records, medication records and referrals to other health professionals where appropriate. We found that records had been updated where required to reflect people's changing needs. For example, one patient had experienced a fall during their stay at the hospice. We saw their falls risk assessment and care plans had been updated to reflect this change in their health. People we spoke with told us staff had explained how to access their care records and that they knew they had a care plan. This meant people's personal records including medical records were accurate and fit for purpose.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

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