

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

Norfolk Hospice Tapping House

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7PF

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Norfolk Hospice Tapping House
Registered Manager	Mr. John Hunt
Overview of the service	Norfolk Hospice Tapping House is an independent charity providing palliative day care to people with life-limiting illness. It works in partnership with the NHS and other organisations.
Type of service	Hospice services
Regulated activities	Personal care 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 3 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Records showed that each person who was referred to Norfolk Hospice Tapping House had been fully consulted before any support was provided. The choices of the individual had been recorded in their personal care plan. Staff explained that any decisions made about support were constantly updated as the person's health changed or as they had chosen to adjust the level of support they needed.

We looked at one care plan that clearly explained how a person wished to be supported. Records reflected the person and clearly explained their current condition and the expected progression of their prognosis. The person had described how they wished to proceed in all aspects and this was clearly reflected in the care plans that had been developed. We spoke with two people who were receiving support and they explained how the service had helped and supported them to date. They told us that they could not 'praise the staff enough' for their assistance and support.

Policies and procedures and procedures were in place to regularly assess the condition of the building. This meant that the safety of people was regularly monitored and appropriate actions taken as was necessary.

There were monitoring systems in place that ensured the safety of the building and equipment was regularly checked and serviced. We found that the provider effectively monitored the quality of care records for people who used the service and these were securely stored.

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

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. We saw that paperwork held in care plans had been signed by the person concerned to show that they had accepted and agreed to their care and support plan.

Personal preferences and wishes were detailed in records as were the specific wishes of the person who used the service. Staff explained that this provided vital information for discussions with people. This was particularly important to how people saw their future and their specific requests were clearly recorded. The two people we spoke with did confirm that they discussed their care with staff and that staff always knew how the person had chosen to be supported.

Records evidenced that continued monitoring was carried out to ensure any support provided reflected the changing health and requirements of the person concerned. This showed us that the staff team recognised that the person may change these choices on a daily basis for any reason.

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. During our inspection we looked at three care plans and also had discussions with a group of nine people who lived in the home.

Records reflected the person and clearly explained their current condition and the progression of their prognosis. The person had described how they wished to proceed in all aspects and this was clearly reflected in the care plans that had been developed. We spoke with two people who were receiving support and they explained how the service had helped and supported them to date. They told us that they could not 'praise the staff enough' for their assistance and support.

Staff we spoke with described to us how people were initially visited in their own home and then support was put into place prior to their attendance at the hospice. Care plans contained sufficient information to provide staff with the appropriate details needed to support people who used the service with safe care and support. All such details informed any health, emotional or personal issues that may have needed to be discussed with a member of staff.

Staff told us that care plans were being developed to ensure these all contained an overview of the full care plan of each person on one page. This was to make care plans easier for staff to use. This made certain that all important and relevant information was quickly accessed.

Any support that staff provided was with a holistic approach in mind. This meant that staff looked at the life, health and wishes of each person to ensure that all aspects of their life were fully supported. Staff also provided the details of any external agencies that could also provide assistance or support in any way.

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.

We walked around the building during our inspection and found that it was clean, orderly and had been well maintained both internally and externally. We saw that there were regular maintenance checks completed and records showed us that all checks were up to date and undertaken on a regular basis. Records evidenced to us that regular maintenance was carried out on all equipment and electrical appliances.

Fire equipment had been regularly checked and fire alarm tests were recorded. All these records were up to date and orderly, which allowed the appropriate documents to be accessed quickly and easily when needed. We also saw records that showed us that other regular checks were completed regularly and these included areas such as emergency lighting and emergency call bell system that was linked into the fire alarm.

There was wheelchair access to various parts of the building. There were also numerous exit points to be used in an emergency as the building was all on a lower level with no upper floors. This meant that any evacuation process could be undertaken easily and quickly in an emergency.

We found there were hand sanitizer gels positioned around the building to support the wellbeing of people. The clinical waste was appropriately disposed of in locked secure bins that were also sectioned off from the main garden area in line with relevant guidelines. The electrical appliance testing (PAT) was up to date and we were shown all testing certificates for all areas and these were in date and current.

The security of the building was maintained as the main door was constantly monitored by the person on the reception. After office hours we were told that the door was locked and a call bell was then used when other staff were available in the building to attend to people at the main entrance.

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.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw records that showed us regular monitoring of the service was carried out by the provider. Records showed that areas such as fire, health and safety, senior management and infection control were regularly reviewed and audited to maintain an acceptable standard.

We reviewed care plan records as well as other documentation that informed the development of all support that was provided. We saw that these were kept up to date and that these had also been reviewed regularly. This showed clear documentation that described the safe care and support the person who used the service required to meet their needs.

The provider kept accurate and comprehensive staff records. These records included recruitment documentation, security checks and staff training records. People's care records and staff files were stored in a locked cabinet within a lockable room. This indicated to us that all confidential records were kept securely but could also be located promptly when required.

We saw that records relating to the maintenance of the building, the fire safety plus current certificates were easily accessed and had regularly been issued. Regular servicing of equipment was completed for such items as hoists to support the safety of people being supported. This demonstrated to us that the provider had clear and effective systems in place for maintaining records to prevent any risk to people who used the service.

A risk assessment of the building was regularly completed. Policies and procedures had been reviewed, dated and also showed a renewal date for future reference. This meant that staff had accurate and current guidance for all areas of the service.

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.

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