

## **Inspection Report 2009/2010**

### **St Julia's Hospice**

*Foundry Hill, Hayle, Cornwall, TR27 4HW*

#### ***Introduction***

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

#### ***Background***

In April 2006, St Julia's Hospice joined with another hospice in Cornwall, Mount Edgcumbe, to form a new registered charitable organisation, Cornwall Hospice Care. St Julia's was originally founded in the 1980's and has been on its present site on the outskirts of Hayle since 1998.

The hospice provides specialised palliative care for patients living in the west of Cornwall, but can be accessed by patients throughout the county. It can accommodate up to seven patients in single en-suite rooms, each of which has full disability access. A range of specialist palliative care services are provided, including the management of complex needs such as, pain control, lymphoedema control and terminal care at end stage of life. There is a full social and bereavement service provided by the hospice own social care team that includes chaplaincy services. The hospice is easily access by public transport, although parking for the hospice itself is limited, there is ample public parking in the car park of St Michael's hospital, in whose grounds the hospice is situated.

This inspection took place on 18 May 2009, and was announced.

#### ***Main findings***

The inspection was announced and was a targeted inspection based on a risk assessment which took account of the hospice's own self-assessment and supporting evidence. The hospice demonstrated that the conditions of registration were being met as well as standards relating to care of the dying, health and safety, complaints, medicines and controlled drugs. Some of the areas inspected however were found not to comply with the national minimum standards and regulations for independent healthcare.

The hospice did not demonstrate that arrangements for risk management were adequate. This was an ongoing non-compliance from the last inspection. Risk management policies and procedures were overdue for review and the necessary action had not been taken following the risk assessments that had been completed. It was unclear how learning is shared when things go wrong. The environment however was tidy and no environmental safety hazards were observed during the inspection.

Review of infection control arrangements showed that one sink used by staff for hand washing did not meet with the latest guidance in that it did not have elbow taps. The arrangements with the local acute NHS trust regarding infection control support are out of date, and policies and procedures require updating. Clinical audit arrangements were found to be inadequate in monitoring the quality of treatment and care provided. Eligibility criteria is not being made available to patients. The quality of some entries in patient notes is in need of improvement.

There is no planned preventive maintenance plan in place for the upkeep of the establishment. There is no consent procedure in place, nor a procedure for sharing confidential patient information.

Examination of human resources processes showed that the necessary pre and post employment checks on all staff are not consistently being carried out.

The statement of purpose currently in place does not satisfactorily meet the requirements for this document. There is no evidence that the hospice has considered the diversity of the local population and whether their services are equally accessible to all potential patients.

The actions required by the hospice to address where standards and regulations are not fully satisfied are set out below.

### **Registration Categories**

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Hospices for adults	H(A)

### **Conditions of registration**

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
No one under the age of 18	Met
No more than 10 beds	Met

### **Assessments**

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

### ***Types of Standards***

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

### ***Requirements***

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

## Assessments and Requirements

### Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard not met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard not met
C22	Medicines Management	Standard met
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard almost met
C26	Medical Devices and Decontamination	Not inspected
H6	Infection control	Standard almost met
H8	Responsibility for pharmaceutical services	Not inspected
H9	Ordering, storage, use and disposal of medicines	Not inspected
H10	Administration of medicines	Not inspected
H11	Self administration of medicines	Not inspected
H12	Storage and supply of medical gases	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C13	18	<p><b>Findings</b> Hospice staff, including volunteers, supervise children who visit the premises. There is no child protection policy and no child protection awareness training programme for staff.</p> <p><b>Action required</b> The registered person must ensure that all staff who come into contact with children visiting the establishment are trained to recognise the symptoms of child abuse and are aware of the local arrangements for safeguarding children. This will ensure that children are protected effectively from abuse.</p>	By 31 August 2009

No	Standard	Regulation	Requirement	Time scale
2	C20	9(1)(c)(d) (e)	<p><b>Findings</b> The risk management policy in place is out of date and does not take full account of the national minimum standard requirements.</p> <p><b>Action required</b> The registered person must ensure that there is an up to date comprehensive risk management policy in place, accompanied by procedures, which cover: the identification and assessment of risks throughout the establishment; infection control; decontamination; investigation and learning from adverse health events or near misses; arrangements for responding to emergencies and the protection of vulnerable adults, including protection from abuse. This is so that patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.</p>	By 31 August 2009
3	C20	9(1)(c)(d) (e)	<p><b>Findings</b> A number of risk assessments reviewed were undertaken as a result of a risk that had already been identified. Evidence provided did not indicate that the action recommended to reduce the risk to an acceptable level had been completed.</p> <p><b>Action required</b> The registered person must ensure that there is a systematic risk assessment programme in place, both pro-active and reactive, that covers all aspects of the establishment. Risks identified should be incorporated into a risk register which records action taken to mitigate the risk. The risk register</p>	By 31 August 2009

No	Standard	Regulation	Requirement	Time scale
			<p>should be reported to and monitored by an appropriate forum as part of the internal governance process to ensure that appropriate action is taken. This is so that patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.</p>	
4	C25/H6	15(6)	<p><b>Findings</b> The contract for infection control services between the establishment and the local acute services NHS trust is dated 2001 and has not been updated.</p> <p><b>Action required</b> The registered person must ensure that arrangements with the local acute NHS trust are formalised in an up-to-date written agreement that includes membership of the infection control team. This is so that the risk of patients, staff and visitors acquiring a healthcare associated infection is minimised.</p>	By 31 August 2009
5	C25/H6	15(6)	<p><b>Findings</b> Infection control policies and procedures seen during the inspection were not up to date and it was unclear how staff would know which version should be referred to.</p> <p><b>Action required</b> The registered person must ensure that written policies, procedures and guidance for the prevention and control of infection are up to date, and reflect relevant legislation and published professional guidance. This is so that the risk of patients, staff and visitors acquiring a healthcare associated infection is minimised.</p>	By 31 August 2009

No	Standard	Regulation	Requirement	Time scale
6	C25/H6	9(1)(d)(e)	<p><b>Findings</b> Sinks used by staff for washing their hands are not compliant with up to date infection control guidance in that they did not have elbow taps, and had overflow wastes and sink plugs.</p> <p><b>Action required</b> The registered person must ensure that infection control policies and procedures include arrangements for monitoring the suitability of facilities and equipment and the identification, assessment and management of risks related to infection control. This will ensure that the risks of patients, staff and visitors acquiring a healthcare associated infection is minimised.</p>	By 30 September 2009

### ***Clinical and cost effectiveness***

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard almost met
H1	Arrangements for care in hospices	Standard almost met
H2	Palliative care expertise and training for multi-professional teams	Not inspected
H3	Assessment of patient's and carer's needs	Not inspected
H4	Delivery of palliative care	Not inspected
H13	Assessment and care of children	Not inspected
H14	Qualifications and training for staff caring for children	Not inspected

No	Standard	Regulation	Requirement	Time scale
7	C4	17	<p><b>Findings</b> There are no policies or procedures in place for monitoring the quality of clinical treatment and care and there was no evidence that a clinical audit programme is in place.</p> <p><b>Action required</b> The registered person must ensure that all policies and procedures for clinical treatment and care include arrangements for quality monitoring, including clinical audit. This must include an annual clinical audit plan</p>	By 31 August 2009

No	Standard	Regulation	Requirement	Time scale
			that is implemented and monitored at an appropriate forum. This is so that patients are assured that monitoring of the quality of treatment and care takes place.	
8	H1	9(1)(g)	<p><b>Findings</b> No written information is available to patients regarding eligibility criteria for treatment and care.</p> <p><b>Action Required</b> The registered person must ensure that written information is available to patients regarding eligibility criteria for treatment and care. This is to ensure that patients and prospective patients, their families and carers, have clear information that will help them make informed choices.</p>	By 31 August 2009

## Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Standard almost met
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard almost met
C31	Information Management	Standard not met
C32	Research	Not inspected

No	Standard	Regulation	Requirement	Time scale
9	C8	11	<p><b>Findings</b> The hospice has been without a registered manager for seven months.</p> <p><b>Action required</b> The registered person must ensure that an application for a registered manager is submitted to the Care Quality Commission without further undue delay so that patients are assured that the establishment is run by a fit person.</p>	By 31 August 2009
10	C9	19(1)(b)(d)	<p><b>Findings</b> The required checks with registration/licensing bodies of medical and therapy staff are not being undertaken and/or recorded prior to employment or at the required intervals during employment.</p> <p><b>Action required</b> The registered person must ensure that prior to employment the relevant regulatory/ licensing body of medical staff and therapists is checked to confirm the applicant is appropriately registered and whether there are any investigations or restrictions in place. This information is also to be recorded and checked annually. This will ensure that patients receive care from appropriately recruited, trained and qualified staff.</p>	By 31 July 2009

No	Standard	Regulation	Requirement	Time scale
11	C9	9(1)(h)	<p><b>Findings</b> Inconsistencies were identified in the way Criminal Records Bureau (CRB) documentation is handled when compared with the other establishment in the group. Sensitive and personal data contained within the Disclosure was being incorrectly managed and was not in accordance with the Criminal Records Bureau code of practice (revised April 2009).</p> <p><b>Action required</b> The registered person must ensure that CRB applications are managed consistently and in accordance with the Code of Practice. This will ensure that patients receive care from appropriately recruited, trained and qualified staff.</p>	By 31 July 2009
12	C31	9(1)(f)	<p><b>Findings</b> There is no written information management policy in place that meets the requirements of the national minimum standard.</p> <p><b>Action required</b> The registered person must ensure that a records management policy is put into place that sets out how the hospice ensures that information held relating to patients, their families and staff is handled confidentially. The policy must include a written procedure setting out how to respond to patients' requests for access to information in their health record. All relevant staff must be made aware of the policy and their duty to comply with it. This is so that patients and staff are assured that all information is managed within the hospice in a way that ensures patient and staff confidentially.</p>	By 31 August 2009

## Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Standard almost met
C5	Care of the Dying	Standard met
C14	Complaints Process	Standard met
C15	Information for Patients about Complaints	Standard met
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
H7	Resuscitation	Not inspected

No	Standard	Regulation	Requirement	Time scale
13		Regulation 6, schedule 1	<p><b>Findings</b></p> <p>The statement of purpose does not fully meet the requirements of Regulation 6 and Schedule 1 of the Private and Voluntary Healthcare (England) Regulations 2001 in that it does not include the correct address of the Care Quality Commission. In addition the organisational structure is for Cornwall Hospice Care Limited, not the establishment</p> <p><b>Action required</b></p> <p>The registered person must ensure that the statement of purpose is reviewed and revised as needed so that it meets the requirements of regulation 6, Schedule 1 of the Private and Voluntary Healthcare (England) Regulations 2001. This will ensure that patients receive clear and accurate information about their treatment and its likely costs.</p>	By 31 August 2009
14	C2	9(3)(b) & (d)	<p><b>Findings</b></p> <p>There was little documentary evidence from the review of a sample of patient records that informed consent is being obtained from patients receiving treatments. The consent policy and procedures do not include the sharing of confidential personal information.</p> <p><b>Action required</b></p> <p>The registered person must ensure that the consent policy and procedures include consenting to the</p>	By 31 August 2009

No	Standard	Regulation	Requirement	Time scale
			sharing of confidential personal information, and that written, informed consent is recorded in the notes of all patients. This to ensure that staff obtain appropriate consent from patients.	
15	C2	16(3)	<p><b>Findings</b> There is no evidence that the hospice has considered the diversity of the local population and whether their services are equally accessible to all potential patients.</p> <p><b>Action required</b> The registered person must consider the demographics of the local population and ensure services are provided in such a way that facilitates access by people of different cultural and ethnic backgrounds. This is so that the treatment and care provided are patient-centred.</p>	By 31 August 2009
16	C2	9(3)(a) & (c)	<p><b>Findings</b> There was no evidence of a written policy and procedure to follow when patients do not have the capacity to give valid consent to treatment.</p> <p><b>Action required</b> The registered person must ensure that there is a written policy and procedure to follow when the patient does not have the capacity to give valid consent to treatment. The policy must take account of the requirements of the Mental Capacity Act 2008. This is so that the treatment and care provided are patient-centred.</p>	By 31 August 2009

## Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard almost met
C21	Health and Safety Measures	Standard met
H15	Environment for care of children	Not inspected

No	Standard	Regulation	Requirement	Time scale
17	C17	25(2)(a)	<p><b>Findings</b> There is no planned preventive maintenance programme for the upkeep of the fabric of the building.</p> <p><b>Action required</b> The registered person must ensure that there is a planned preventative maintenance programme that covers all areas of the establishment's buildings. This will ensure that patients receive treatment in premises that are safe and appropriate for that treatment.</p>	By 31 August 2009

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