Inspection Report

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

St Julia's Hospice

Cornwall Hospice Care - St. Julia's Hospice,
Foundry Hill, Hayle, TR27 4HW

Tel: 01736759070

Date of Inspection: 14 December 2013

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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
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Cornwall Hospice Care Limited
Registered Manager	Ms. Rhona Ewing
Overview of the service	St Julia's Hospice provides specialist care for up to ten people with life limiting illnesses.
Type of service	Hospice services
Regulated activities	Nursing care 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'.

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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 14 December 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

We spoke with people who were receiving care and treatment at St Julia's Hospice at the time of our inspection visit who told us their experience had been positive. We found people were treated as individuals and received person centred care and support. Comments made by people we spoke with included; "I have complete trust in the staff", and "I am looked after very well, I have no complaints and nothing is too much trouble for any of them [the staff]).

We also spoke with people who were visiting friends and / or family who all provided positive feedback. We were told; "I felt at peace within an hour of us arriving here", "the staff feel like part of an extended family and they look after all of our family and make sure we are OK" and "nothing is too much trouble, X tells me they feel safe here and that means I don't worry when I go home".

We found the nutritional needs of people were met and we observed and people told us that there was a wide choice of food provided, which was of a high quality.

Medicines were managed safely and staff ensured people received their medication as prescribed by the medical staff.

Staff were supported in their roles by the provision of appropriate training. Staff told us they were respected by the organisation and felt valued and supported.

Records were maintained appropriately and people who used the service were informed about how to access their personal records.

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

During our visit to St Julia's Hospice there were eight people in receipt of care and treatment. We were able to speak with two people during our inspection, who both told us they felt respected by the staff and that their privacy and dignity was promoted and respected at all times. One person told us the staff always put them at their ease, particularly during the provision of personal care. Another person said I am always kept informed of what is happening regarding my treatment and illness. They always listen to my view and I can make decisions about the treatment too".

During our inspection visit, we observed staff interacting with people who were in receipt of care. Staff were consistently polite, respectful and warm towards them and spent time talking with and supporting people when requested.

We saw from records that an initial history of the person was taken when first referred to St Julia's Hospice. The care and treatment needs of the person were recorded and their individual care was planned around this assessment. The patient's integrated notes held the records of the multi-disciplinary team including the medical, nursing and therapeutic staff. We saw clear evidence within these records which demonstrated the involvement and consultation with the person themselves and / or their representatives if appropriate.

Staff demonstrated their understanding of only sharing people's personal and confidential information with their consent. A visitor we spoke with informed us that they and their relative were kept fully up to date with their relative's health, care and treatment. Another visitor told us information was given in such a way that it was clear and understandable and that all of the staff made them feel that they could ask questions.

We saw people were asked about their preferences regarding their care needs and staff took their requests into account when delivering care. We saw that staff were discreet and respected people's privacy and dignity during personal care. For example we saw bedroom doors were closed when staff were with people and that all staff knocked on bedroom, toilet and bathroom doors prior to entering.

We read that one person had experienced falls due to their illness. Staff had used a listening device to alert them to the person getting out of bed unattended. The provider may like to note we did not see a clear risk assessment or care plan in place regarding the use of this equipment. This did not ensure that staff were clearly directed when to turn the equipment on and off to ensure the privacy and dignity of the person was respected.

During our inspection visit the provider may like to note we read and heard terminology used that did not fully respect people who used the service. St Julia's Hospice provides care to adults but we saw terminology such as 'cot sides' rather than bed rails and 'baby monitor' rather than a listening device. Such terms are usually used with children and infants rather than adults.

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 we spoke with who used the service, or were visiting relatives at St Julia's Hospice told us "the staff are fantastic, competent, skilled and caring", they are excellent at what they do", "I have complete trust in the staff. I didn't want to come in here, but it was the best thing that could have happened and they have helped me so much" and "I am looked after very well, I have no complaints and nothing is too much trouble for any of them [the staff]), "the atmosphere is wonderful, so calm and reassuring", "the staff feel like part of an extended family and they look after all of our family and make sure we are OK" and "nothing is too much trouble, X tells me they feel safe here and that means I don't worry when I go home".

During our inspection, we spoke with the nursing staff on duty. They all showed a good knowledge of the care needs and choices and preferences of the people who used the service and spoke in a caring way about each person. We were told the person's notes included a detailed and up to date care plan which provided them with relevant information relating to the person's care needs. We were also told at the start of each shift a handover was given by the staff who had previously been on duty. This ensured staff had up to date information in order to provide the most appropriate care and treatment to people.

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We looked at four care plans and found they made reference to specific health care needs and included documentation relating to associated risks (risk assessments). The provider might like to note that the main part of the care plans were generic and had been pre-printed regarding aspects of their health care. This did not ensure they were personalised and reflected the individual. When people's care needs had changed this had not been consistently reflected on their care plan. However, as the person's records were integrated, all information could be found in the file although for some people this took time due to the extensive records that were in place.

We saw the staff completed records which identified how the person's treatment and care needs had been met. These records were legible, factual, dated and signed.

We saw staff had access to detailed information and guidance regarding various aspects of health care. For example, tissue viability, nausea and vomiting, palliative care, stoma and tracheostomy care. The qualified nurses all had responsibility as link nurses for specialist areas. For example, blood transfusions and tissue viability. Part of the role of the link nurse was to attend update training in their area and cascade this to other staff. Staff were positive about the support they were provided by the link nurses and how this enabled them to keep up to date with current good practice recommendations.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with two people who used the service about the food provided to them at St Julia's Hospice. Comments included "the food is lovely", "there is always a choice, they come round and ask me what I want", "the food is good home cooked food, although I don't have much of an appetite but it is nice" and "we get a lot of choice from breakfast through to supper".

We saw the cook on duty during our inspection visited each person in their bedroom to discuss their menu choices. We heard one person was offered a choice of two menus for their supper and were informed they could have something else if they wanted. This showed people were offered a choice of meal. Nursing and kitchen staff told us great importance was placed upon encouraging people to eat while they were at St Julia's. They demonstrated a good understanding of the difficulties people often faced with their nutrition due to their health care problems.

We spent time talking with the cook. We were given examples of when people had not wanted the planned menu choices and how they had been supported to have the meal of their choice. We were told the menu was planned over a three week period and a formal choice was offered at each meal. We saw there was provision in the stores at St Julia's to prepare many different meals and snacks. The kitchen had supplies of fresh fruit and vegetables, dried foods and tins and plentiful frozen foods. Homemade cakes were provided each day for people to have when they wanted. We saw that the kitchen also stocked an area accessible to visitors to St Julia's with snacks such as crisps, chocolate and fruit. There was also access to hot and cold drinks in this area for people to help themselves to.

On the day of our inspection we observed the lunch time meals served to people were presented attractively. We saw that people had mainly chosen to eat sausages and mashed potato. Additional choices had been made including jacket potato with cheese and baked beans, egg salad and chicken, mashed potatoes and peas. This demonstrated people were offered a large choice and their preferences were supported. We saw staff offered assistance to people, where necessary and in a respectful and discreet manner.

We saw from care records that a nutritional care plan was in place for all people who used the service. However, the provider may like to note these were generic with areas to

delete irrelevant information for the person. Not all had been completed to reflect a full assessment of the person. Any relevant information regarding people's dietary needs and preferences and choices was recorded and the information was available in the kitchen so that the cook / chef was aware and knowledgeable about people's nutritional requirements.

We saw the kitchen was clean and hygienic in appearance. A cleaning schedule was in place and included cleaning tasks in the kitchen. Fridge and freezer temperatures were recorded to ensure that food was stored safely.
Staff told us snacks were freely accessible both in the main kitchen or the ward kitchenette at all times, should people request these. This indicated that the staff respected people as individual's and met their requests.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with two people who were at St Julia's during our inspection about their medicines. They both said the staff administered their medication and they expressed no concerns or complaints about this.

We spoke with the staff about how medicines were managed. We saw medicines were kept safely and that appropriate arrangements were in place for monitoring medicines requiring cold storage, and for storing and managing controlled drugs. We checked the stock balance of two controlled drugs and found these were correctly recorded in the controlled drugs register. Staff maintained controlled drugs registers for ward stock drugs and people's own medication that they had brought with them. We saw written evidence which demonstrated the staff conducted a weekly check of the balance held of each controlled drug.

We saw clear and detailed records of medicines which had been ordered and received into St Julia's hospice.
Medicines were safely administered. We were told people's medication was kept in locked storage areas in their bedrooms to which the qualified nurses held the key. We were told people could self-administer their medication subject to a satisfactory risk assessment. Facilities were available for the safe storage of their medication at their bedside, although we were told the qualified nursing staff would retain possession of the key for this storage area. However, at the time of our inspection nobody had chosen to administer their own medication so we could not check the systems when in operation.

We saw two members of staff followed a safe system of administration when providing people with pain relieving medication that was to be administered by slow release over a period of 24 hours.

Appropriate arrangements were in place in relation to the recording of medicines. We checked the medication administration records (MAR) for four people and found that these were completed appropriately at the time the medicines were given to people. Each person's records contained a pain chart that staff completed and which identified the location and level of pain people experienced. These correlated with the MAR chart which

reflected medication that had been given when required, for example analgesia. When medication was administered for pain relief, the dosage and time given was recorded. This enabled staff to assess the effectiveness of the medication. We heard staff discussing with the doctor on duty, in a private area, the pain experienced by one person and action that could be taken to relieve this.

We saw records which showed when creams or external preparations were applied. The provider may like to note there was not a consistent system in operation to ensure creams prescribed for a person from the ward stock, were dated on opening or named. This did not ensure staff were fully aware that the cream was in date and that it was for the person.

Staff had access to policies and procedures that provided up to date and relevant information and guidance on the lines of responsibility, prescriptions, administration of medication, ordering, receiving and disposing of medicines, controlled drugs and the use of topical medication.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with told us were all very clear that they had confidence in the skills and competency of the staff and were positive regarding the care and treatment that had been provided to them.

During our inspection we spoke with ten members of staff who worked at St Julia's Hospice, including a doctor, qualified nurses, domestic assistants and volunteers. They all told us they felt supported in their roles by either senior staff or peers.

All of the nursing and domestic staff told us they felt supported by the ward sister with whom they could raise any issues or discuss concerns. They said they felt listened to and that action would be taken should they raise any concerns or if they needed support.

New staff were required to complete induction training. An induction is an essential process that all staff should undertake when joining an organisation and welcomes new staff to the ethos of an organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We were told the induction training period included formal training, an introduction into the organisation itself and a period of shadowing a senior member of staff. We were told that all new staff were required to complete a probationary period, during which formal supervision meetings with the ward manager took place. This was a process to ensure the new member of staff was confident in their role and to discuss any training or other needs the staff member had identified. One member of staff confirmed this process had been supportive and beneficial to them.

We saw staff participated in a formal annual appraisal process which reviewed their progress and any training needs. Records showed each member of staff, with the exception of a newly employed person, had completed their appraisal for 2013. Staff told us they met with their line manager regularly and could speak with them at any time should they have any concerns. However, we did not see that staff were provided with formal supervision. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development.

Clinical and nursing staff told us there were regular staff meetings held and these gave them the opportunity to raise any issues and also provided a forum for sharing new information or discussing practices. We were told and saw minutes of meetings that included multi-disciplinary team meetings, clinical meetings and nursing staff meetings. We spoke with domestic staff who were on duty on the day of our inspection and while they were confident they could speak with their line manager, or indeed any of the nursing staff, regarding any issues, they had not attended a staff meeting in recent months. They added these meetings used to take place but had lapsed.

We spoke with members of staff about their training opportunities. We were told The organisation had an education lead who spent time at St Julia's and arranged regular training for people, both the mandatory annual training and specialised training requested by individuals. We were also told the link nurses regularly cascaded training to staff for example in the areas of tissue viability, stoma care, lymphoedema and infection control.

The ward manager and two qualified nurses discussed the training programme with us and told us their training was up to date. We were told there was mandatory training which was required to be completed annually and included health and safety, first aid, infection control, food hygiene, moving and handling and fire safety.

We were shown an overview of the training matrix which supported that the mandatory training for all staff was up to date. A training matrix is a tool used to monitor the training provided and the training needs of a group of staff. We were told the education lead person for the organisation maintained an electronic spreadsheet version of the training matrix. We did not look at this during our inspection as this person was off duty.

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 who used the service were protected against the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

We saw people's private and confidential information contained in their personal medical and care records were stored in the office. We saw the ward office was a busy area accessed by clinical staff. The door was secured when not in use and entry was by an electronic entry system.

People we spoke with and / or their representatives were confident that all aspects of their care and treatment was discussed with them. However, the provider may like to note we did not see written evidence to support that people had reviewed and agreed with the care plan documentation. Staff recorded when they had verbally discussed aspects of care and treatment with people but there was no record, for example the person's signature, to demonstrate they had understood and were in agreement with such information.

The 'patient and carer guide' provided to each person informed them of their rights to access their medical and care records at any time. We were provided with an example of one person who had requested their records and how this had been actioned.

Incidents and accidents were recorded by the staff and submitted to the ward manager. We were told the ward manager provided the records to the registered manager who had responsibility for monitoring all of the accidents that occurred within the organisation. Feedback from any incidents / accidents was provided to the clinical service meetings attended by the registered manager.

There was a complaints policy and procedure in place that was provided to each person who used the service. People we spoke with said they had had no reason to make a complaint. The ward manager and medical director told us there had been no formal complaints received but should there be in the future, these would be recorded.

There were detailed policies and procedures in place that were up to date, clear and written in a format that ensured the information was easy to access and understand. The policy folder was set out in a clear way, with an index to ensure policies were easily located. Staff we spoke with were aware of where to access the policies and procedures which showed they were provided with up to date guidance and legislation to ensure their

practice provided people with a good standard of care.

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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