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

Dove House Hospice

Chamberlain Road, Hull, HU8 8DH  
Tel: 01482784343

Date of Inspection: 10 January 2014  
Date of Publication: January 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>North Humberside Hospice Project Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Anna Wolkowski</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Dove House Hospice is a registered charity. It provides In-Patient, Day Care and Out Patient services to people with a life-limiting illness. This is often, but not always cancer. Referral to use the service is usually by a doctor or specialist nurse, but people can refer themselves or their relative for support, if appropriate. No direct charge is made to people using these services.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospice services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Transport services, triage and medical advice provided remotely</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Why we carried out this inspection</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

**Our judgements for each standard inspected:**

| Respecting and involving people who use services | 6 |
| Meeting nutritional needs | 7 |
| Safety and suitability of premises | 8 |
| Requirements relating to workers | 10 |
| Assessing and monitoring the quality of service provision | 11 |

**About CQC Inspections** | 12  
**How we define our judgements** | 13  
**Glossary of terms we use in this report** | 15  
**Contact us** | 17  

---
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 10 January 2014, 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, talked with staff and reviewed information sent to us by commissioners of services. We reviewed information sent to us by local groups of people in the community or voluntary sector, talked with other authorities, talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

What people told us and what we found

Patients' views and opinions were taken into account about the care they received. The provider sought the views of the patients, their relatives and staff about how the service was run. A relative we spoke with was positive about the staff. They told us, "The staff are really kind and caring, they attend quickly if we press the buzzer and they are always happy to help" and "I really don't know what we would have done without them."

A varied and nutritious diet was provided for patients and visitors. A relative we spoke with told us, "My wife is really enjoying the food and it's making her feel a bit better", "We can eat in the room or we can go to the canteen, it's all really nice, it's just like home cooking." And "You really can't fault it there's always plenty of choice."

The location was clean warm and free from any offensive odours. All areas were well maintained. One relative told us, "This place is a God send, much better than being in hospital; I can spend time with my wife" and "Our children stayed as well over Christmas and we all had Christmas day together."

The provider's recruitment and selection procedures ensured patients were not exposed to staff who should not be working with vulnerable people. These also ensured correctly trained were employed to meet the needs of the patients.

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.

Patients’ privacy, dignity and independence were respected. Patients’ views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients understood the care and treatment choices available to them. We looked at four care plans which detailed the care and attention the patient needed. These had been discussed with the patient and they had signed to agree the content. There was evidence that the patient had been involved with the care planning process and their care and treatment options had been discussed, for example there was information about the patients' preference for end of life care.

Patients expressed their views and were involved in making decisions about their care and treatment. There were examples of patients describing how they would like to be cared for. There was a section in their care plan which described a 'good day' and a 'bad day' and what was important to them. This included things like having contact with family and relatives, staff explaining what they were doing and why and undertaking activities which were important to the patient.

Patients were given appropriate information and support regarding their care or treatment. The care plans we looked at described the care and attention the patient needed and how the staff should deliver this. The care plans also detailed any changes to the care the patient received, for example any changes to medication or therapeutic activities. We saw evidence of meetings taking place which were attended by the patient their relative and other health care professionals. During these meetings the patients' treatment was discussed, options explored and the risk associated with any decisions made.

We saw staff were respectful towards the patients. When we spoke with staff they were mindful of confidentiality and the sharing of information with other professionals.

A relative we spoke with was positive about the staff. They told us, "The staff are really kind and caring, they attend quickly if we press the buzzer and they are always happy to help" and "I really don't know what we would have done without them."
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients were supported to be able to eat and drink sufficient amounts to meet their needs. We saw assessments had been undertaken when patients were admitted about their nutritional and dietary needs. These assessments included information about preferences, specialist diets and information about how the patients’ food was to be prepared to meet their needs. We spoke with the catering staff and they told us that any soft diets were prepared separately and the food was mixed with a compound which was then formed into a semi solid so it looked more appetising on the patients’ plate. We saw contact had been made with dieticians and speech therapists and care plans had been put in place which instructed staff in how support patients with eating and drinking.

People were provided with a choice of suitable and nutritious food and drink. We saw there were choices available at lunch time; there was also vegetarian choice available. The tea time meal was the patients’ choice, for example they could have a jacket potato with various fillings, sandwiches, soup or a hot meal. The catering staff asked each patient what they would like and this was prepared.

Catering staff told us food was prepared in the kitchen and fresh ingredients used were delivered daily. The kitchen had been inspected by the local environmental health officer and had been awarded a ‘5’ this was the highest award possible.

Patients could eat their meals in their rooms or the cafeteria. The cafeteria could also be used by visiting relatives and patients from the day care unit.

A relative we spoke with told us, “My wife is really enjoying the food and it’s making her feel a bit better”, “We can eat in the room or we can go to the canteen, it’s all really nice, it’s just like home cooking” and “You really can’t fault it there’s always plenty of choice.”
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.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

The building was clean, warm and free from any offensive odours.

Currently, for a period of three weeks only, 10 beds were being used while refurbishment to the Wilberforce unit is completed. When this is complete, care and accommodation will be provided for 21 patients. This includes two respite beds. A 12 bedded respite unit including two family rooms has been built along with a unit specifically caring for those people with dementia. The hospice hopes that these new developments will become operational within the coming year.

All rooms are en-suite and some are single occupancy. The en-suite facilities comprise of a walk in shower, toilet and hand washing facilities. The multi occupancy rooms are more like a small ward setting. There were facilities provided for patients' privacy in the form of curtains which went around the bed. Lounges were provided around the building for visitors and patients to use if they needed more privacy than the multi occupancy rooms afforded. There was also an area which patients and visitors could use for worship. This was a none-denominational space so all religious worship could take place there.

There were enough bathrooms outside of rooms for patients to use. The bath used was multi-functional and could play music, had coloured lighting effects and a Jacuzi for relaxation.

There was a music therapy room where patients could go and play instruments, record music, songs and DVDs to leave for their relatives. The music therapist told us, "Patients don't have to be able play an instrument to use the music room, it's a place where they can come and have a go and be creative if that's what they want."

There was also a multi-sensory room which was used for relaxation.

The upper floors housed relatives' flats where they could stay with the patients. One relative told us, "This place is a God send, much better than being in hospital; I can spend
time with my wife" and "The children stayed as well over Christmas and we all had Christmas day together."
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Met this standard

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We at looked six staff recruitment files. At the front of the files was a check list and employment was only offered when all employment checks had been completed and all references received. The files contained an application form which covered gaps in employment, references from the applicant's previous employer and a copy of the check done with the Disclosure and Barring Service DBS (Formally the Criminal Records Bureau CRB). We saw that if any convictions showed up these were assessed and discussed with the applicant and dependent on this assessment employment may not be offered.

There were also systems in place to check applicants were allegeable to work in the UK and to check nurses' PIN numbers.

The files contained evidence of the applicants' identification, for example copies of birth certificates and driving licences. The files also contained copies of contracts and terms and conditions of employment which the member of staff had signed and agreed. This ensured patients were not exposed to staff who should not be working with vulnerable people.

Staff told us they received training. The training included, amongst other topics, how to help people with mobility problems safely, how to report abuse, infection control and dementia. Nursing staff told us they received training which enabled them to continue to practice as nurses.

Staff told us they had regular supervision and felt well supported by the management team. They also told us they received support if they found some of the caring they undertook was particularly emotional or stressful.
Assessing and monitoring the quality of service provision

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 in place to regularly assess and monitor the quality of service patients received and to identify, assess and manage risks to the health, safety and welfare of patients and others.

Reasons for our judgement

We saw surveys had been used to gather the views of patients, their relatives and staff; this was undertaken over a six month period; bereaved relatives were also surveyed. The results of the surveys were collated and published. Any issues identified were looked at action plans put in place to address them. Any suggestions made were also looked into and addressed. For example a recent survey had identified the need for baby changing facilities for patients and visiting relatives; these were now in place.

There were other opportunities were patients and relatives could air their views about the service provided. These were; a suggestion box in the reception, service user forums, carers groups and the stepping stones bereavement group.

The staff member who was responsible for coordinating and collating patients input told us they were intending to publish findings in the provider's Newsletter. There was a patient representative who asked for patients' views about the service they received; these were also used as part of the ongoing monitoring.

The provider had systems in place which monitored the quality of the service provided. These included, amongst other things, audits of the care plans, the environment and staff training. We also saw equipment used was serviced and maintained as per the manufactures' recommendations.

Staff told us they had regular meetings.
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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing</td>
<td>Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints</td>
<td>Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records</td>
<td>Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

**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.