Inspection Report

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

The Mary Stevens Hospice

221 Hagley Road, Oldswinford, Stourbridge, DY8 2JR

Tel: 01384443010

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mary Stevens Hospice
Registered Manager	Mrs. Jackie Kelly
Overview of the service	The Mary Stevens Hospice provides a service for up to 10 people.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The service was undergoing some refurbishment to change one of their three bedded wards into three separate en-suite rooms. During this change, there were seven places available for people. There were four people using the service at the time of our inspection. We spoke with one person, two relatives, eight staff members and the registered manager of the service.

People's care plans were detailed to include information about their needs. We saw that people received person centred care. One person told us, "It is very good here, excellent really."

Staff were aware of their duties to protect people. We found that arrangements were in place to ensure that people were protected from the risk of abuse.

Selection and recruitment processes were robust. We found that staff had the necessary checks completed before they worked at the service.

The service had robust systems in place to monitor the quality of the service. We found that improvements were made and action was taken when needed. One relative said, "We really can't complain, they are very good."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed before they received care and support. Records showed that people's needs were assessed. The assessment included information about their needs, preferences and consent. One person told us, "I know I had an assessment." We saw that staff managed the assessment and admission of people in a proactive manner. One person, who was scheduled to receive the service as an inpatient, had their assessment and care plan in place. We saw that staff coordinated the admission with the hospital in a professional manner, communicating the need for the person to be transferred appropriately. Staff we spoke with were aware of the admission and we saw staff communicating how the person's needs could be met, including which would be the most appropriate room for them.

People's care was appropriately planned and delivered. We found that people had appropriate care plans in place based on the information gathered when they were assessed. Care plans provided sufficient information for staff about how they needed to support individuals. For example, how they needed to manage their symptoms. Staff we spoke with told us about people's diagnosis and prognosis. Staff who were unsure of this referred to individual notebooks they had, in which they recorded this information. One staff member said, "If I am off for a while and come back, I refer to the notes. I record things like what diet they are on." We observed staff provide appropriate care to people, which was delivered in a respectful manner considering people's privacy. One person and both relatives we spoke with were complimentary about the service they received. One relative said, "They get on the phone and update me."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People had appropriate risk assessments in place and we found that these risks were managed appropriately. One relative told us that when people were seen by the doctor, they were given an update. We found that people's clinical notes showed whether there were any changes that were required in the care and treatment that people received. One staff member explained that they had physiotherapists on site, for people to be referred to them if needed.

People's equality and diversity was also respected. We found that information was obtained from people about the significant people in their life, who they wanted to involve in their care. We found that spiritual care plans were in place, which captured information about their needs while using the service. We saw that a multi-faith room was available for people and their relatives to use when they needed. Staff told us about services that were carried out upon requests made by people. This would ensure that needs related to people's religion, culture and faith were met. One relative we spoke with told us they were given information about services that were offered.

The service also provided complementary therapies for people. There was a centre where activities took place, which was open to people in the community. We found that people were involved in activities such as crafts, reading and socialising with other people. One person in the inpatient ward said, "They asked me if I wanted to go there and they gave me a list of the complementary therapies." We saw that these lists were available for people in their rooms. This meant that people were offered opportunities to have a stimulating lifestyle.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Systems were in place to identify the possibility of abuse and prevent abuse from happening to protect people who used the service.

Reasons for our judgement

One person we spoke with told us they felt safe at the service. The training plan showed that staff received regular safeguarding training. Staff we spoke with were aware of how to report safeguarding concerns. This meant that staff knew how to take appropriate action to protect people, when needed. We found that staff had referred and escalated concerns which they had identified in a timely manner. Records showed that such instances were clearly recorded and detailed. We spoke with one staff member who said, "We always try and pick issues like this up and we refer this to the social worker or the safeguarding team." The service employed a social worker who was available to deal with such matters and provide support for other staff. One staff member said, "We can always have a chat with the social worker."

The training plan showed that staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), although not all staff were able to tell us what this meant. We discussed this with the staff member who was responsible for training. We saw that appropriate information was included within the training. The staff member informed us they would look into how they could improve this training for staff to ensure they understand their duties under the act. We found that people received appropriate mental capacity assessments. This is important so that action can be taken to involve other healthcare professionals in making best interest decisions for people if they lacked capacity. Records showed that best interest decisions made were discussed in a wide forum and this information was clearly recorded.

We found that arrangements for safe keeping people's belongings and valuables were robust. There were clear systems for recording the items kept for people and when these were collected by people or their relatives. We checked the records against the stored items and found this to be accurate. One staff member explained and showed us that all entries were always signed by two staff. This is to further safeguard people's belongings and ensure an accurate record was maintained.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place and checks were undertaken before staff began work. We looked at two staff files and three volunteer files and found that these contained documents such as, the application form, interview notes, identification, references and also criminal records bureau (CRB) checks (now known as the disclosure and barring service). These are checks which show if someone has been prosecuted for a criminal offence. We found that the recruitment records for volunteers were more structured than the staff records, so the information was readily accessible. The provider may find it useful to note that it would be beneficial to adapt the records used for volunteer recruitment to ensure a consistent approach. One staff member told us, "I had to wait for the CRB to come back before I started work." This would enable the provider to ensure that staff were of an appropriate character to care for people.

Records showed that staff received support following recruitment. One staff member explained that they were put on a three month probation period before being offered a permanent position. This enabled the provider to ensure that staff were suitable to look after people. Staff described that they received, "Regular training." The training plan showed that there was a system in place to identify staff that needed to complete specific training. One staff member explained that they had two full days of training each year, which included all the training which was considered mandatory by the service. One staff member told us, "We have specific group meetings as well and an appraisal once a year." We saw records to confirm this, which showed various aspects of the service and staff performance being discussed. This meant that staff were supported with formal opportunities once they were recruited. One person told us, "The staff are very good, they come and help me when I press the buzzer."

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

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to monitor the quality of the service.

Reasons for our judgement

Complaints and comments were taken seriously. We found that a record was maintained for all complaints, which showed that they were addressed and appropriate action was taken. We found that people and relatives, in such instances, were offered an opportunity to discuss their complaints. Complaints received verbally were also recorded which would enable the service to identify any trends. This meant that people and relatives could be confident that their concerns would be taken seriously. One person said, "I have no problems, they are all very nice here."

People were asked for their views on the service. We looked at a survey which was carried out externally. The manager informed us that they were looking at starting an internal survey so people could feedback their comments on an ongoing basis. The inpatient survey results were positive and complimentary. We read comments such as, 'The care and emotional support (relative) and my family received was exceptional' and 'No one could have asked for better care and attention' and 'I was very impressed and satisfied with the way the team members took care with (relative).' This meant that people were satisfied with the service they received. We found that one person was not happy with an aspect of care, which the manager progressed as a complaint and addressed promptly.

There was evidence that learning from incidents took place and appropriate changes were implemented. We looked at a 'quality report' which was discussed at the board meetings. This included information about audits that were carried out and the actions required for improvement. We saw that separate reports were produced which summarised the number of incidents, sore skin and comments made by people. These were discussed at the governance meetings. Identification of such trends would enable the service to make improvements in the way that care was planned and delivered. We found that a number of different audits were carried out and scheduled. Results were shared with staff and improvements were made. One staff member said, "We did an audit looking at nutrition and then changed the nutritional records to make improvements."

We found that staff working in various different departments shared their knowledge and learning. For example, recommendations were shared with all staff, following a medicines audit which required some improvements. We found that staff were aware of the actions

that were required. One staff member said, "We have sessions with the pharmacy technician about different practices." Another staff member explained that they were involved in infection control meetings which also prompted audits which would be helpful, such as, around catheter care. They said, "We will do that audit and see if there are any action points." This meant that there was continuous learning, which was communicated successfully within 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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