

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

Wigan and Leigh Hospice

Kildare Street, Hindley, Wigan, WN2 3HZ

Tel: 01942525566

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Wigan & Leigh Hospice
Registered Manager	Mrs. Christine Duddle
Overview of the service	<p>Wigan and Leigh Hospice is a registered charity, which was founded in 1982. It is an adult hospice for people aged 18 or over and delivers, specialist palliative care to people who have a life threatening illness from any disease and who are thought to be in the last year of their lives. The hospice is a purpose built unit and provides ground level accommodation for up to 14 in patients and 15 day places in the day hospice, 3 days a week.</p>
Type of service	Hospice services
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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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 8 October 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 patients and they said "everything is discussed with you and explained in a way you can understand" "it is very good they really listen to you." "staff talk to us all the time about our care" "I know I have a care plan but don't want to see it as the nurses explain everything very well" "the doctors take the time to discuss everything with you so you don't need to see any notes." and "this place is second to none, it is nothing like I imagined it is better than a five star hotel."

We spoke with catering staff who said that menus were used as a guide but that each patient was asked what they would like before each mealtime. One patient spoken with said "I didn't like the soup they had so someone went to the shop for a tin of soup just for me, that's just what they do, no fuss just good caring staff."

Other comments from patients were "Staff are marvellous, from the top, cleaners, nurses, doctors and volunteers, even the office staff will sit with you if you need someone there, that's what I call team work" "you get treated just like royalty here, If I was the queen I couldn't have been treated any better by everyone" and "staff are just wonderful they all have so much time for you and my family have been supported as well as me."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

We looked at how patients using the hospice service gave their consent to their care and treatment.

To do this we looked at care and support plans. We saw that the doctors and nursing staff at the hospice had recorded discussions and consent to treatments in the care notes. We spoke with patients and they said "everything is discussed with you and explained in a way you can understand" and " they discussed medication they wanted to give to me and I told them it made me sick so they found other options, it is very good they really listen to you." The patients confirmed that they felt fully involved in their care plan and could discuss everything with any staff member at any time.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

We looked at the care files of four patients. They contained documentation regarding their referral and assessment before admission and risk assessments and care plans had been put in place to address all identified needs. These had been reviewed regularly. Risks had been highlighted and risk reducing actions were in place to protect the health and wellbeing of the patients who were being cared for at the hospice.

The daily notes provided evidence that patients' changing needs were monitored by the multi-disciplinary team (MDT) on a 24 hour basis so that prompt action could be taken.

The MDT consisted of medical and nursing staff; the visiting minister; physiotherapist; occupational therapists; counsellors and complementary therapists.

Patients told us " staff talk to us all the time about our care" "I know I have a care plan but don't want to see it is as the nurses explain everything very well" " the doctors take the time to discuss everything with you so you dont need to see any notes." and "this place is second to none, it is nothing like I imagined it is better than a five star hotel."

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 looked at menus provided for patients in Wigan and Leigh hospice and found that there was good choice recorded. A white board was displayed in the kitchen so that catering staff would know if any patients had any special dietary needs such as diabetic diets. Patients were able to choose an alternative time to eat that suited them or their daily life pattern. We spoke with catering staff who said that menus were used as a guide but that each patient was asked what they would like before each mealtime. Meals were individual choices and this meant that each patient could be eating a different meal. One patient spoken with said that " I didnt like the soup they had so someone went to the shop for a tin of soup just for me, thats just what they do, no fuss just good caring staff." The catering staff are members of a group that meets with other catering staff from different hospices in the area to share good practices.

A nutritional working party was in place looking at the full nutritional and dining experience. The group had made some recommendations that had been followed by the hospice such as looking at an area within the lounge that could be used as a dining area. Tables and chairs were to be purchased so that patients from the in- patient unit could sit and eat meals together or with their families.

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

We looked at staff records in relation to recruitment to the service. We found records of completed application forms, references received and evidence that once criminal record check clearance (now called Disclosure and Barring) had been received staff were able to work with patients. There was evidence recruitment and selection took account and applied equal opportunity to all applicants. This meant people were selected fairly and were the most suitable applicant to meet the needs of patients.

All volunteer staff were recruited and checked in the same way as staff employed at the hospice.

Patients spoken with said "staff are marvellous, from the top, cleaners, nurses, doctors and volunteers, even the office staff will sit with you if you need someone there, that's what I call team work" "you get treated just like royalty here, If I was the queen I couldn't have been treated any better by everyone." and "staff are just wonderful they all have so much time for you and my family have been supported as well as me."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

Wigan and Leigh hospice had a clear complaints procedure in place a copy of which was in the information given to each patient receiving care. Complaints made within the last year had been fully documented and the service had responded to complainants within their policy timescale. Responses to the complainants and any investigations were recorded and were present in the complaints file.

Patients spoken with said " I know how to make a complaint but the place is quite perfect" and "you can speak to any one about things you are worried about."

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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