Inspection Report

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

Douglas Macmillan Hospice

Barlaston Road, Blurton, Stoke On Trent, ST3 3NZ

Tel: 01782344300

Date of Inspection: 13 June 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
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Douglas Macmillan Hospice
Registered Manager	Ms. Michelle Roberts
Overview of the service	The hospice provides care and treatment to people using the 28 bedded inpatient unit, three community led beds, the hospice at home service, the domicillary care service and out patient clinics. People may also receive support from the hospice's ambulance transport service and a telephone advice line. All these services provide specialist palliative care for people with progressive, advanced disease and a limited life expectancy.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Personal care Surgical procedures Transport services, triage and medical advice provided remotely 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 13 June 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

During our inspection, we spoke with thirteen people who used the service and five relatives. We also spoke with eleven members of staff, the registered manager and two visiting health and social care professionals. People or their relatives were either receiving care and treatment from the inpatient beds at the hospice, the community managed beds at the hospice or they received care in their own homes. We also spoke with people who were receiving support from the hospice's ambulance transport service and people who accessed the telephone help line for advice.

People told us they were involved in the planning of their care and they had choices about how they spent their time. One person told us how staff respected their choices and supported them to smoke, "The staff help me to have a smoke by taking me outside".

People told us that they or their relatives received the care they required in a professional manner that promoted their dignity. One relative said, "If we could have this standard of care everywhere, then people would die with dignity".

We saw that people were protected from the risk of harm because staff were aware of how to identify and report abuse. Systems were also in place to check that staff were suitable to work with vulnerable people before they were recruited.

We saw that there was an effective complaints system in place and people understood how to complain because information explaining how to complain was readily available.

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

Reasons for our judgement

We asked people if they were involved in making decisions about their or their relatives care. One person told us, "When I arrived, the nurse sat down with me and went through questions, asking me how much care I would like and what I like and don't like". Another person said, "I decide when to go to bed or get up". One person's relative told us, "I am involved in my relatives care. It's nice to be able to carry on doing this for as long as I can". We asked staff how they involved people in making decisions about their care and treatment. One staff member said, "I tell patients what I can help them with and then they can choose what help they want". This meant that people who used the service and their representatives were involved in making decisions about their care and treatment.

People told us their treatment was explained to them in a way they understood. One person told us, "I got information through several conversations, and I can ring up any time". We saw that there was a range of information booklets which were available to people and their relatives. People we spoke with told us they had looked at the booklets and had found the information helpful. One person said, "The booklets tell me what I need to know". Staff told us that information booklets could be provided in large print or other formats at people's request. This meant that people who used the service were given appropriate information and support regarding their care and treatment.

We saw that people and their representatives were involved in the design and review of the information contained within the booklets. We saw feedback which had been recently gained through a carer's forum about the information contained in one booklet. We were told that the feedback gained was being used to make improvements. This meant that people's views were taken into account in the way that the service was provided and delivered.

People told us they were treated with dignity and respect. One person told us, "Staff always respect me and knock before they come in". Another person told us, "Staff never

say, 'we'll just do this', it's always, would you mind if we do this or would you like this or that". We asked staff how they treated people with dignity and respect. One staff member said, "I always treat people how I want to be treated myself". Another staff member said, "I follow people's wishes and choices, and I respect that people have different ways". This meant that people's diversity, values and human rights were respected.

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.

Reasons for our judgement

During our inspection we observed staff interacting positively with people who used the service. People told us they were very happy with the care they or their relative received. One person said, "Staff manage to take care of my needs. Anything I need, they do it". One person's relative told us, "They treat my relative beautifully. I can't speak highly enough of the staff".

We pathway tracked two people who used the service. Pathway tracking helps us understand the outcomes and experiences of people using the service. This helps us to make a judgement about whether the service meets essential standards of quality and safety. Both people were using community services managed by the hospice. One person was receiving this support on the hospice site in a community lodge, and one person received this service in their own home. The community lodge was designed to provide support and personal care to people on site where it may be difficult to provide this in their own home.

The care records we looked at for the person who used the community managed bed contained assessments and plans which described the person's individual needs. Staff told us about this person's needs, which matched the information contained in the care records. Risk assessments and management plans were also contained in the care records to guide staff on how to deliver care in a way that was intended to ensure people's safety and welfare. This meant that this person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan in a manner that ensured their safety and welfare.

We saw that the Liverpool Care Pathway (LCP) was used in a timely and appropriate manner with regular reviews. The LCP guides members of the multidisciplinary team in matters relating to continuing medical treatment, discontinuation of treatment and comfort measures during the last days and hours of life. We saw that when the LCP was an appropriate treatment option, it was discussed with relatives and took into account the person's end of life wishes. This meant that staff provided end of life care based on the best available guidance.

We spoke with the relative of the person who used the hospice at home service. They told

us, "The staff are fantastic. They have looked after me and my relative superbly". The relative told us that staff from the Douglas Macmillan provided personal care to their relative. We asked the relative if there was a written plan outlining the personal care support that their relative required. They said, "I haven't seen one, but the staff come and get on with their job, they are wonderful".

During our inspection, we asked the senior member of staff for the hospice at home team if this person required support with personal care. The member of staff looked at the person's care records and we were told that this person did not require support with personal care, as they were independent with this task. Staff told us that care plans were written by staff working for the health trust and that staff from the Douglas Macmillan hospice at home team followed the health trusts care plans. The provider may wish to note that we spoke with a representative from the health trust. They told us they wrote care plans for people's health needs rather than their social needs, and that support with personal care was classed as a social need. This person confirmed that there was no care plan in place outlining the support the person needed with their personal care.

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.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt safe being supported by staff at the service. One person said, "I feel safe. It's the way that the staff are with me that makes me feel safe". Another person told us, "I wouldn't hesitate to say something if I didn't feel safe".

We spoke with seven staff about their understanding of safeguarding. Safeguarding means protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse or neglect.

Staff told us they had received safeguarding training and were able to describe signs of abuse. Staff were also aware of the whistle blowing policy. One staff member said, "I would be happy to whistle blow. I'm here to protect the patients". This meant that staff would be able to identify and report safeguarding concerns and share information about potential poor practice.

Care staff told us they would report safeguarding concerns to the nurse in charge. We spoke with two nurses who told us how they would report safeguarding concerns to their manager. Managers we spoke with were able to tell us how they would share a concern with the local authority. This meant there was a system in place to share concerns as required to the local authority in the event of a safeguarding concern.

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 three staff files to ensure that the correct checks had been made before the staff had commenced working for the service.

We saw that there was an effective recruitment and selection process in place. All staff had completed application forms, listing their work history and experience. Staff also had an interview before being offered jobs with the service.

We saw evidence to show that the people working for the service were of good character and had the skills and experience necessary to work for the service. This was because the provider had requested references from staff's previous employers.

We saw that checks had been made to ensure that people were suitable to work with the vulnerable people who used the service. This check used to be called the criminal records bureau check (CRB) and recently changed to the disclosure and barring service (DBS) check. This meant that suitable checks had been carried out to protect people who used the service.

Staff told us that they received a period of induction and training before starting to work in their role. This meant that staff received the required essential training before they began to work with people who used the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We reviewed the complaints procedure that was in place. This stated how people could complain, who they could complain to and when any complaint would be responded to.

People told us how they would complain if they were unhappy about their care. One person said, "It tells you in the booklets (provided by hospice) how to complain. I would complain if I needed to". Another person said, "If I had a complaint, I wouldn't hesitate in making a complaint". This meant that people were made aware of the complaints procedure.

We spoke with one person who had recently complained. They told us that their complaint was responded to within the agreed timescale and that the service had communicated appropriately during the investigation into the complaint.

We reviewed how the provider responded to complaints and found that these were investigated and resolved appropriately with action plans in place to improve 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.

Contact us

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