

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

St Michael's Hospice

St Michael's Hospice, Bartestree, Hereford, HR1
4HA

Tel: 01432851000

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

Details about this location

Registered Provider	St Michael's Hospice & Freda Pearce Foundation
Registered Manager	Mrs. Jane Elizabeth Mason
Overview of the service	St. Michael's Hospice is approximately 4 miles east of the city of Hereford. The service provides inpatient palliative care for up to 16 people, and a range of outpatient and support services.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Personal care 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 6 January 2014, 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

We talked with a number of the patients who were using the hospice. All were very positive about the care and treatment they had received. For example, one patient described the standard of care as "wonderful", whilst another person referred to the service as "excellent".

Patients and relatives were given appropriate information and support and felt listened to. One person commented "They are very good to me; staff are very kind."

Admission assessments reflected people's individual care needs which helped staff to offer the support that people required in ways that they preferred. Care plans were detailed and covered the spiritual and social as well as physical aspects of care and treatment. This helped ensure that patients' needs were met.

The hospice had suitable arrangements for the safe storage, handling, administration and disposal of medication. This ensured people got the right medication at the right times.

There was a system in place for assessing and monitoring the quality of the service. This ensured patients received a service which was of high quality and met their needs.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Patients and relatives were given appropriate information about their care and treatment. We talked with a number of patients and their relatives on the in-patient units. The day we visited was not one of the days that the day unit was open. People told us that they valued the support given by staff and told us that they did all that they could to help and support them. One person told us, "The care here is the best. They'll always tell you what is going on". Another person said, "They explain things to me. They listen to me."

Patients were given an information pack on admission to the unit. This included information about the services available to patients. This folder was seen in people's bedrooms. The hospice had a web site which contained information and interesting stories about the hospice from patients, relatives and staff. Other leaflets were on display in the units offering information on a range of topics.

We looked at the care records of three people during our visit. Admission assessments had been completed and reflected people's individual care and nursing needs. We talked to those people. The documentation clearly reflected their needs and wishes. This enabled staff to offer the support that people required in ways that they preferred.

During our visit we observed that patients' privacy and dignity were respected. Staff knocked on bedroom doors prior to entering. People confirmed that they felt their privacy and dignity was respected.

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 talked with a number of the people who were using the hospice at the time of our visit. All were very complimentary about the care and treatment they had received. One patient described the standard of care as "Wonderful", and another person referred to the service as "Excellent". Another patient commented that the service was "very, very good" and described the staff as "very kind". People commented on the positive atmosphere of the hospice. They valued the support offered and the opportunity to meet other people who were in a similar situation. The hospice was well supported by a dedicated team of volunteers who helped to arrange a number of activities and carried out some of the support tasks.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual needs. We reviewed the records of three patients. Risk assessments had been carried out and had been updated to reflect changing needs. Plans were in place to manage the identified risks. Care plans were detailed and covered the spiritual and social as well as physical aspects of care and treatment. This helped ensure that patients' needs were met. Staff had a good knowledge of people's needs and preferences and how best to support the patient and their relatives. Staff also explained how they developed what they referred to as 'discharge plans'. These were the arrangements that they planned and organised to support people in their own homes once they had received treatment in the hospice. This included making arrangements for them to receive appropriate medication and for health professionals to visit and provide treatment when necessary.

A chapel was available within the hospice for patients and relatives to use.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three patients in the in-patient units. They talked positively about how staff managed their medication. One person told us, "I'm glad they sort my tablets for me." Another person told us that they were managing their symptoms very well.

The arrangements for the storage of medication were safe and secure. Controlled drugs were in use and were locked within a suitable storage cupboard. The drugs cabinets were securely locked to the wall and medications requiring cold storage were stored in a locked fridge. The temperature of the fridge was recorded daily.

Appropriate arrangements were in place for recording the administration of controlled drugs. We checked the controlled drugs register and found it to be well maintained. We checked the quantities of a sample of controlled drugs. The quantities corresponded with the records of controlled drugs kept.

Medication administration records were checked and were found to be clearly completed.

Nurses were required to undertake a drug competency assessment prior to administering medication. Carers were required to undertake an annual refresher training and re-assessment to ensure they were clear of their responsibilities when checking the administration of controlled medication. All medication incidents, including near misses were recorded on a specific accident/incident form and reported to the clinical governance team.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The quality of care provided by the service was regularly assessed and monitored. For example, monthly audits of accidents, falls, medication errors, pressure ulcers and infection rates were reported and monitored. This enabled the hospice to identify any trends and make changes to improve the service provided where possible. The hospice employed a Clinical Standards Coordinator. This helped to ensure that they were delivering good quality care.

The Director of Nursing explained that members of the board of trustees undertook an inspection of the service to assess the quality of the service. The findings were then presented to the board and action was taken where necessary.

Patients and relatives were asked for their views about care and treatment through the use of questionnaires. We were told that patients were asked to complete satisfaction questionnaires after they had been using the hospice for three days and then again after a week. The registered manager told us that they used people's responses to identify where they could improve their care.

Information was available to patients and or their relatives on how to raise concerns about the service should they be unhappy with any aspect of their care or treatment. People were very satisfied with the care and treatment they received. People told us they had nothing to complain about, and could not identify areas for improvement. One person told us that the care and treatment was "absolutely fantastic" and that staff were "approachable and helpful". Another person told us that they could not praise the service highly enough.

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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