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

Willow Wood Hospice

Willow Wood Close, Mellor Road, Ashton Under Lyne, OL6 6SL
Tel: 01613301100
Date of Inspection: 01 November 2013
Date of Publication: March 2014

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

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</tr>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Tameside &amp; Glossop Hospice Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Karen Vallantine</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Willow Wood hospice is a purpose built facility that provides specialist palliative care for up to 12 inpatients and 15 day patients. On the day of our inspection there were seven inpatients, and the day centre was closed. The hospice is located in a residential area close to the centre of Ashton-Under-Lyne, and there is a large car park in the grounds.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospice services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Transport services, triage and medical advice provided remotely</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
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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 carried out a visit on 1 November 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

#### What people told us and what we found

Willow Wood provides palliative care for people living with cancer and other life threatening illnesses. Support is provided for families and carers. The hospice has an inpatient unit and day unit where patients can attend for day care and treatments. On the day of our visit the day unit was closed (it is open Monday to Thursday). There were four inpatients in the hospice at the time of our visit.

We were able to speak with three people who were receiving care and treatment as in patients, and two patients visiting the day unit for a range of therapy and treatments. All feedback was very positive and comments we received included the following:

"It is so nice here. All the staff greet you with a smile, right from the receptionist to the care staff. It's a lovely feeling to feel like a person. The staff are wonderful and it means so much to me."

"The staff put me right at ease."

"I feel well supported by the staff and I feel tons better. The nicest part is knowing I have got support."

From speaking with patients we saw that their views and experiences were taken into account in the way the service was provided and delivered. People we spoke with told us that they felt all their needs were responded to appropriately.

Patients’ records were clear, comprehensive and contained relevant information to assist and support staff in providing care in a safe and appropriate way to the individual person. We saw that families were fully involved.

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.

Reasons for our judgement

We spoke with five people who used the service and asked them about how the staff involved them in their treatments. All the people we spoke with told us that they felt very involved in every aspect of their care. People told us that everything was explained to them and they were consulted about every option of care and treatment. They told us that they had the opportunity to ask questions and talk about any concerns they might have. One person told us, "The doctor here is amazing, so kind and so clear, and the staff are brilliant. If they don't know the answer, they are honest and go and find out. Nothing is too much trouble for the staff here."

Information about Willow Wood was displayed throughout the reception area and people using the service told us that they had been provided with a guide to Willow Wood Hospice and information on the complimentary therapies offered by the service. All treatments took place in separate rooms and the rooms in the hospice were single occupancy offering privacy and sufficient space for families to visit and stay.

When we looked at patient files we saw examples of patients having options about their treatments. We saw that all options had been fully explained to them to enable them to make an informed choice about their treatment plans. When we spoke with one of the doctors at Willow Wood we were told that the hospice was part of a North West palliative care group and that the group was in the process of developing a Do Not Attempt Resuscitation (DNAR) policy and documentation to record such decisions. We were told that the new protocols were being piloted with the intention of implementing these in the North West. This meant that there would be clear procedures in place for occasions when a person wanted DNAR recorded on their notes. In the meantime we saw that documents had provision to record such decisions.

The hospice had a consent policy in place and took into account assessments of a person’s capacity to give consent to their care and treatment.
Care and welfare of people who use services

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 patient’s safety and welfare.

Reasons for our judgement

We looked at the care records for two patients. Staff told us that the information in the referral notes and the assessments was used to generate a working care plan. When we looked at these plans we found that they were detailed and comprehensive and provided staff with the necessary information to provide care and support to patients in an appropriate way. Each identified need included a management plan that detailed the specific action required to ensure that people received care and support which met their needs and considered individual preferences.

When patients were admitted it was recorded whether they were aware of their diagnosis and if they were comfortable discussing it. We saw that care plan notes included records about discussions held with people about their care and treatment and the options available to them.

We spoke with five patients receiving care and support at Willow Wood. All these people told us they were more than satisfied with the care and support they had or were receiving. Some of the comments included:

"The staff are so good and they each greet you with a smile. It's a lovely feeling to be treated and feel like a person. They (the staff) are so wonderful; it means the world to me."

"The staff put me right at ease. They have sorted out my medication and I feel better, they are really helping me."

"The nicest thing is knowing I have support."

"Since arriving here, I have felt involved in the process. There's a real quality about the care, and the atmosphere, well I can't describe it. I feel confident that staff know what they are doing."

Some relatives we spoke with told us, "Everything is based around my ....... needs. We don't have to fit in because everything fits around us. The staff are so quick to respond to any issues."
When we spoke with nursing staff they gave us examples of where they had met patient's need in a person centred way which also considered the needs of the families and relatives of patients. There were numerous examples of good practice and descriptions of the positive outcomes experienced by patients.

During our observations we saw that staff engaged with patients in a positive and sensitive manner and involved families and visitors whenever possible.
Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Patients using the services of Willow Wood Hospice received care and support in a clean and hygienic environment. There were effective systems in place to minimise the risk and spread of infection. All areas of the building, the furniture and equipment appeared clean and smelled fresh with no unpleasant odours. There were hand washing facilities in all rooms.

Protective equipment, such as paper covers, gloves and aprons were available for staff. We noted staff observing good practice and using the alcohol gels before entering patient's rooms.

Training records demonstrated that staff had received training in infection control. This meant they were aware of their responsibilities and knew how to work safely.

Audits were in place to monitor and regularly assess the effectiveness of infection control at Willow Wood Hospice and this formed part of the quality assurance audits.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients we spoke with during our visit told us they were very satisfied with all the staff working at Willow Wood Hospice. Their comments were very complimentary and included:

"I feel well supported by the staff and I feel tons better as a result."

"I feel safe in this environment and the staff seem empowered to give the right treatment and support to me."

"The staff keep me up to date and keep me informed."

"The staff are very caring and they have given me the emotional support that I needed."

When we spoke with the staff team they told us that they felt well supported to carry out their roles and responsibilities. They told us they could approach the management team with any issues of concern. The staff we spoke with told us they had opportunities for ongoing training and development and that they received regular supervision, appraisals and one to one sessions to support them with any work related issues and training needs.

We looked at records that indicated staff received a comprehensive induction and on going training and development that was relevant to their workplace and their role.
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

Through discussions with staff at Willow Wood and from looking at records we saw that there were appropriate systems in place for monitoring the quality of services that people received.

We saw that there were systems in place to gather information from people using the service in the form of surveys and feedback forms. We saw that the service used this information to develop the service and learn from the comments they received.

Systems were in place to record any adverse events, and a system to monitor all events, and to pass any findings on to the relevant professional bodies.

We spoke with one of the senior doctors who told us that there were studies being undertaken regarding the understanding of patient expectations, and that this was part of the ongoing development of the service. We were told that the service worked well with the Medical Protection Society in terms of managing risks effectively.

The senior doctor told us that there were regular meetings held with the Medical Director so that day to day concerns regarding patient care or the running of the hospice were discussed and managed in a timely manner.

There was evidence during this visit to show that the Hospice was involved with new initiatives regarding all aspects of patient care. The hospice was currently involved with the North West local palliative care strategy group to develop ways of improving 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.

<table>
<thead>
<tr>
<th></th>
<th>Met this standard</th>
<th>Action needed</th>
<th>Enforcement action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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</tbody>
</table>
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:

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