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

St Ann's Hospice Heald Green

St Ann's Road North, Heald Green, Cheadle, SK8 3SZ
Tel: 01614983657

Date of Inspection: 23 September 2013
Date of Publication: October 2013

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
Safety and suitability of premises ✓ Met this standard
Staffing ✓ Met this standard
Assessing and monitoring the quality of service provision ✓ Met this standard
### Details about this location

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<th>St Ann's Hospice</th>
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<td>Registered Manager</td>
<td>Ms. Gill Acreman</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>St Ann's Hospice is an independent adult hospice. The hospice is registered for 34 inpatient beds but is currently operating on 27 beds as agreed with their commissioners. The hospice also runs a day care centre four days a week and an outpatient clinic twice a week. The hospice has an enclosed garden, a coffee shop, a small number of lounges and a small multi-faith room.</td>
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<td>Hospice services</td>
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<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
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<td></td>
<td>Transport services, triage and medical advice provided remotely</td>
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<td>Treatment of disease, disorder or injury</td>
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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'.

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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 23 September 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

We visited St Ann's Hospice on 23 September 2013 at the time of our visit there were 24 in patients. At the time of our visit the manager was unavailable; the inspection was assisted by the Clinical director, Ward Manager, Training Officer and the lead for quality and audit.

We saw staff caring for patients with respect and compassion. Staff were heard speaking with patients in a calm and friendly manner.

We saw appropriate policies and procedures in place, staff we spoke with were aware of how to access them and the correct procedures to follow.

We looked at two patients’ records which contained relevant and factual health information. Patients' wishes and preferences were recorded and patients were included in discussions about their care and treatment.

We spoke with three patients and ten relatives. One patient said "This is a wonderful place; all the staff are so kind and caring I can't praise them enough. They make sure I am not in any pain. The food is very good and nicely presented." Another patient told us "The care is excellent, I am very comfortable." A relative said "People worry about having to go into a hospice but the care here is excellent, 10 out of 10. The staff have time to talk to us and give us as much information and support we need as a family". Another relative said, "The standard of care is first class".

We spoke with four members of staff who were aware of the safeguarding procedures and had an understanding of mental capacity issues and best interests decision making. Staff told us they were well supported by management and told us that there was an open door policy and everyone was approachable. Staff meetings were held regularly, training and professional development was on-going and annual appraisals were undertaken.

Any complaints were taken seriously and followed up appropriately we saw evidence that regular audits were undertaken.
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

<table>
<thead>
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<th>Standard</th>
<th>Met this standard</th>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
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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 a sample of two patients care records, which included health and medical information. We saw risk assessments and monitoring charts such as falls, nutrition and hydration, wound care and pain management were in place. Any tests results were also seen in the care records. Any changes to a patients care were documented. Daily progress notes and goals were completed. We saw the care records were clear and concise and had been signed and dated by the staff. Communication with other health care professionals was also documented.

We spoke with three patients and ten relatives. One patient said "This is a wonderful place; all the staff are so kind and caring I can't praise them enough. They make sure I am not in any pain. The food is very good and nicely presented". Another patient told us "The care is excellent, I am very comfortable."

A relative said "People worry about having to go into a hospice but the care here is excellent, 10 out of 10. The staff have time to talk to us and give us as much information and support we need as a family". Another relative said, "The standard of care is first class". Patients and relatives, when speaking about the staff were very complimentary about the care, compassion and empathy they showed to patients.

We spoke the resident Chaplin about pastoral care and support. We were told the hospice has multi faith room 'The Haven' where people of all denominations can spend time for prayer and reflection. We were told there were good links with the local Jewish church and the mosque. One patient we spoke with told us how they benefited from the calmness and serenity The Haven provided.
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 were protected from abuse, because the provider had taken reasonably steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with four staff members who demonstrated a good understanding of safeguarding issues. They were able to recognise safeguarding concerns knew where to seek guidance and were aware of reporting and recording procedures. Staff also had access to contact numbers for the local safeguarding team for use if they should need further advice.

Staff demonstrated an understanding of the mental capacity act and how this related to patients who may lack capacity to make informed decisions. They were able to give examples of the processes to be followed when decisions needed to be made in a patient’s best interests and could explain who should be consulted and how the processes should be recorded.

We were provided with a copy of the training matrix and saw all staff had undertaken safeguarding training. This was covered on staff induction training and on mandatory refresher courses.
Safety and suitability of premises
Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients who used the service were provided with accommodation that met their needs and protects their rights to privacy, dignity, choice and safety.

Reasons for our judgement

On arrival at the hospice we were greeted in a friendly professional manner by the receptionist. The reception area was welcoming and bright. Information leaflets and booklets were available for people to peruse.

We were shown around the hospice and found all areas were warm, clean and tidy. There were a number of smaller rooms where patients could meet with family and friends. There was therapy room, activity room, hairdressing salon and coffee shop on site. There was a safe, well maintained enclosed garden for patients and visitor to use.

All patients' accommodation was on the ground floor. There were separate bays with four beds in each bay. Bays were single sexed and beds could be separated with privacy curtains. Televisions were available over each bed.

We were shown some of the family rooms where relatives could stay overnight if they wished.

We saw bathrooms and toilets were well equipped with suitable aids and adaptations to assist patients if necessary.

There was appropriate signage to help patients and visitors with orientation around the building.

We saw the hospice was well maintained and the necessary safety checks were completed.
#### Staffing

<table>
<thead>
<tr>
<th>Met this standard</th>
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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

Patients who used the service had their needs met by sufficient numbers of staff.

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**Reasons for our judgement**

We found that sufficient numbers of staff were on duty to provide the care, support and treatment to patients. The hospice was well supported by a team of volunteers who assisted with serving refreshments and chatting with patients.

Observations during our visit showed patients were treated with dignity and respect. We saw patients were not rushed or hurried and staff worked calmly and efficiently.

We spoke with staff who confirmed they had regular training and updates that were relevant to their role. A range of training was available including palliative care (care for people nearing the end of life), supporting the patient and their family, best practice in symptom control, wound care, exploring spiritual care and medicine management etc.

Staff spoken with said supervision sessions and appraisals were on going and they felt supported by senior staff and the manager.
Assessing and monitoring the quality of service provision  

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 manager of the hospice is registered with the Care Quality Commission (CQC). The manager was supported by a team of staff of whom several had worked at the hospice for a number of years.

There were up to date policies, such as complaints and safeguarding. Staff were aware of the policies and could access them easily. There was also a training library for staff to access information if required.

We spoke with the lead for quality and audit who is responsible for clinical audit and patient involvement activity. There was a rolling programme of clinical audit, which reflected local and national priorities. These were coordinated via a three monthly audit meeting with representation from medical, nursing and allied healthcare professionals. All audits were available for staff on the internal internet system.

Audits included: Infection control, medicines audit and a prescribing audit. Each audit resulted in an action plan as a result of these audits.

There was a suggestions box for patients, relatives and staff to post any suggestions or comments they may have. These were looked at weekly. Clinical and non-clinical departments were able to gain the patient and carer view. Real time surveys of patients, their visitors and postal questionnaires are other means used by the hospice to gain user views.

The complaints policy was outlined in the patient information leaflet and we were told that complaints were always taken seriously and followed up with actions if necessary.
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:

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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.