



Inspection Report 2009/2010

Joseph Weld Hospice

Herringston Road

Dorchester

Dorset

DT1 2SL

Introduction

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

Joseph Weld Hospice provides palliative care services for inpatients and day patients. The hospice is part of a wider provider organisation, the registered charity Weldmar Hospicecare Trust. The registered manager is Ruth Burnhill, and the hospice is staffed by medical and nursing staff with specialist training in palliative care.

The hospice has been designed to provide a homely environment for patients who require specialist palliative care for symptom and pain control, continuing terminal care, respite care and day care. In addition, the hospice provides a service for patients with progressive degenerative disease. No children are treated at the hospice.

Accommodation is arranged on two floors and is wheel chair accessible. In-patient care is located at ground floor level in four single rooms with ensuite bathroom, one family/double room and three bays with four beds and adjoining bathroom facilities. There are communal areas including an orangery, lounge, reading, quiet room, chapel and smoking room. The undercroft, on the lower ground floor, accommodates the day care facilities, occupational therapy and ancillary services.

The hospice is set in four and a half acres of landscape gardens with many features including a rock and water garden, a sculptured fountain, pergolas and patio area. The main rooms enjoy views over the surrounding countryside. On site car parking is available.

This inspection resulted from our review of the providers annual self-assessment submission.

This inspection took place on 22 April 2009, and was announced.

Main findings

Joseph Weld Hospice provides a service that in general meets the needs of patients and complies with regulations and national minimum standards. However, there are some areas where further action is required.

Patient care is supported by good standards in record keeping and information management using an electronic patient record system.

There is high compliance with staff attendance at mandatory training.

The operation of the service is supported by a range of policies and procedures, some of which require review, updating and further embedding in practice. In areas such as risk management and records management policies and procedures need further development and the recently revised medicines policy is still to be implemented.

The establishment is visibly clean and well maintained. The inpatient area has undergone recent refurbishment and there is some evidence that infection control issues have been considered in this process. There are supporting policies and procedures in place and arrangements for specialist infection control advice. However the inspection visit identified some specific health and safety and infection control issues that need to be addressed.

These matters of concern were discussed with the registered manager at the time of the inspection and are detailed in the requirements within this report.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Hospices for Adults	H(A)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
The establishment is registered as an independent hospital (IH) providing palliative care services as an adult hospice (H(A)) for inpatients and day patients	met
The establishment may provide overnight beds for either gender, for a maximum of 18 patients at any one time	met
The establishment may provide services to day patients of either gender, to a maximum of 10 patients at any one time	met
The establishment may not provide services for any patients under the age of 18 years	met
The prior written approval of the Healthcare Commission must be	met

Condition	Assessment
obtained at least month prior to providing any treatment or service not detailed in your Statement of Purpose	

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C Core Standards

A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard almost met
C22	Medicines Management	Standard almost met
C23	Ordering and Storage of Medicines	Standard met
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard almost met
C26	Medical Devices and Decontamination	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
H6	Infection control	Standard almost met
H8	Responsibility for pharmaceutical services	Standard met
H9	Ordering, storage, use and disposal of medicines	Standard met
H10	Administration of medicines	Not inspected
H11	Self administration of medicines	Not inspected
H12	Storage and supply of medical gases	Not inspected

No	Standard	Regulation	Requirement	Time scale
1.	C22	15(5)	<p>Findings: An up to date medicines policy and procedures that meets the requirements of current medicines legislation have not been implemented.</p> <p>Action required:</p>	By 31 May 2009

No	Standard	Regulation	Requirement	Time scale
			The registered person must ensure that an up to date medicines policy and procedures that meets the requirements of current medicines legislation are implemented. This is to assure patients and staff that measures are in place to ensure the safe management and secure handling of medicines.	
2.	C25	15(6)	<p>Findings Mop heads, used in general, bathroom and toilet areas, are being washed in a domestic washing machine.</p> <p>Action Required The registered manager must ensure there are appropriate policies and procedures in place for management of mops, so that the risk of spread of infection is minimised.</p>	By 31 May 2009
3.	C20	9(1)(e)	<p>Findings: Arrangements for identification, assessment and management of all types of risk at the hospice have not been incorporated into a comprehensive risk management policy and procedure.</p> <p>Action required: The registered person must ensure that a comprehensive written risk management policy and procedures are developed and implemented. This is to assure patients, staff and visitors that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.</p>	By 31 July 2009
4.	H6	15(6)	<p>Findings: Clean linen and uniforms are stored in the laundry room where dirty linen is delivered and kept prior to washing.</p> <p>Action required: The registered person must ensure that the necessary alterations, based on specialist infection control advice, is undertaken to ensure that clean linen and uniforms are appropriately</p>	By 30 September 2009

No	Standard	Regulation	Requirement	Time scale
			segregated from dirty linen. This is so that the risk of patients, staff and visitors acquiring a health care associated infection is minimised.	
5.	H6	15(6)	<p>Findings: A full infection control audit has not been undertaken at the hospice for two years.</p> <p>Action required: The registered person must ensure an infection control audit of the environment, and practice, in all areas of the hospice is undertaken so that the risk of patients, staff and visitors acquiring a health-care associated infection is minimised.</p>	By 31 July 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
H1	Arrangements for care in hospices	Not inspected
H2	Palliative care expertise and training for multi-professional teams	Not inspected
H3	Assessment of patient's and carer's needs	Not inspected
H4	Delivery of palliative care	Not inspected

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Standard almost met
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Standard almost met
C30	Completion of Health Records	Standard met
C31	Information Management	Standard met
C32	Research	Not inspected
H5	Records of care	Standard met

No	Standard	Regulation	Requirement	Time scale
6.	C7	9(4)	<p>Findings: Not all policies and procedures have been reviewed within the last three years.</p> <p>Action required: The registered person must ensure</p>	By 31 July 2009

No	Standard	Regulation	Requirement	Time scale
			that all policies and procedures are reviewed at a minimum every three years, so that they are appropriate and support the quality of treatment and services.	
7.	C29	9(1)(f)	<p>Findings: There are no policies and procedures for the creation, management, handling, storage and destruction of all records.</p> <p>Action required: The registered person must ensure that policies and procedures for the creation, management, handling, storage and destruction of all records and other information are developed and implemented. This is to assure patients that records are created, maintained and stored to standards, which meet legal and regulatory compliance and professional practice recommendations.</p>	By 31 July 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard met
C2	Patient Centred Care	Not inspected
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
H7	Resuscitation	Not inspected

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Not inspected
C21	Health and Safety Measures	Standard almost met

No	Standard	Regulation	Requirement	Time scale
8.	C21	9(1)(e)	<p>Findings: There is no written procedure to deal with emergency interruption or shut down of piped oxygen.</p>	By 31 May 2009

No	Standard	Regulation	Requirement	Time scale
			<p>Action required: The registered person must review the policy and procedure regarding management of piped oxygen to include arrangements for emergency interruption or shut down. This is to ensure that the appropriate health and safety measures are in place.</p>	
9.	C21	9(1)(e)	<p>Findings: There is no signage on the doors to store rooms and cupboards containing hazardous cleaning agents.</p> <p>Action required: The registered person must ensure that storage of hazardous substances complies with Control of Substances Hazardous to Health (COSHH) regulations and includes signage on doors of relevant store rooms and cupboards. This will ensure that the appropriate health and safety measures are in place.</p>	By 31 May 2009
10.	C21	9(1)(e)	<p>Findings: Waste is not appropriately segregated in patient areas. There is no guidance displayed regarding classification and segregation of waste and the waste management policy lacks clarity.</p> <p>Action Required: The registered person must review the waste management policy in line with latest waste management regulations and guidance regarding classification and segregation of waste. This must be clearly communicated to staff and implemented so that the appropriate health and safety measures are in place.</p>	By 31 July 2009

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