

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

## Joseph Weld Hospice

Joseph Weld Hospice, Herringston Road,  
Dorchester, DT1 2SL

Tel: 01305215300

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Weldmar Hospicecare Trust
Registered Manager	Ms. Ruth Burnhill
Overview of the service	Joseph Weld Hospice in Dorchester provides a range of hospice services for adult patients with life-limiting illnesses or advanced progressive conditions. Services include an inpatient unit with 16 beds and a day centre. The hospice provides physical, emotional and social support for people and their families when dealing with life-limiting illnesses.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Nursing care Personal care Transport services, triage and medical advice provided remotely

## 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We looked at comments from people who used the service and saw that they were happy with the care and treatment that they had received. There were comments such as "Excellent care" and "Five star food". We saw that staff protected people's privacy and maintained their dignity.

Care and attention was paid to people's individual needs so that they received effective and appropriate treatment. Staff were trained to understand the specific needs of people requiring end-of-life care. There were facilities in place to deal with emergencies and any adverse incidents were dealt with effectively and recorded appropriately.

Staff were supported and managed effectively and were encouraged to up-date their skills and knowledge. Professional and organisational skills were regularly assessed and further development encouraged.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

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### Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We looked at the personal records of five people and saw that they and their families had been involved in the initial assessment process and ongoing changes to care plans. We observed a "handover" meeting between different groups of staff and noted that they had involved families in discussions with the patient about their future treatment. One family member told us "It is so nice to know that you can ask them about anything".

People's privacy and dignity and independence were respected. They were nursed in single rooms or in four-bedded bays with curtains to screen the beds. Each bay was designated specifically for men or women. We observed that doors were closed or curtains drawn when personal care was being given. When care was not being given people were asked if they wanted their door open or closed and their decision was respected. We observed that personal care was offered with sensitivity and discretion. Staff spoke quietly and gently touched people's hands to ensure that they had their attention, before offering support.

People were supported in promoting their independence and community involvement. We visited the day centre and spoke to staff there. We were told that their aim was to support people to live at home for as long as possible. They assisted people by assessing how they carried out activities of daily living. Where there were problems an action plan was put in place and various therapies were used to overcome the problems. An occupational therapist described specific mechanisms for assisting people with neurological problems.

There was a choice of complementary therapies that were offered to people in addition to nursing care and medical treatment. These included reflexology, aromatherapy, massage and arts therapy. There was a small recording studio where people could record their life stories. These recordings assisted communication with staff and families, particularly if

family members were a long distance away.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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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.

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**Reasons for our judgement**

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People told us that the care that was provided at the hospice had exceeded their expectations. One person said "My husband told me that he has never been treated so well as during his time here". We saw that staff were attentive to patients' needs and always answered call bells promptly. One person said "I think it is a really good idea that there are two call bells. One for the bed and one by the armchair. That way, I can always ask for help when I need it".

Each person had a plan of care which had been written with the involvement of that person and the multi-disciplinary team at the hospice. We looked at five care plans and found them to be clearly laid out and comprehensive. Patients' needs had been assessed thoroughly and yet with sensitivity. We saw that these plans were reviewed regularly and updated as people's needs changed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were usually referred to the hospice by their GP, a community nurse or a hospital team. If the referral was an urgent one, we saw that every effort was made to admit someone within 24 hours.

We saw that risks to people at the hospice, such as the risk of falling or developing pressure sores or infections, had been fully assessed. There were appropriate measures in place to reduce the risks that had been identified. The hospice was well designed, spacious and well maintained. This reduced the risk of slips, trips and falls and meant that people could be easily evacuated in case of serious emergency.

We could see that staff worked together to care for each person individually. Although the control of symptoms such as pain and breathlessness was an important part of this care, it was obvious that staff placed equal emphasis on other areas of care such as spiritual and emotional needs.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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People told us that they felt safe at the hospice. One relative told us that "They really look after you here".

We observed that the staff's manner towards residents was always appropriate, caring and friendly. We were told that protecting people from abuse started with ensuring that all staff underwent an enhanced criminal records bureau check. This included checking the Safeguarding of Vulnerable Adults list. We inspected five staff files and found appropriate documentation that demonstrated that this was part of the recruitment process. All staff and volunteers were trained in the recognition and prevention of abuse and were regularly updated. We saw training records that confirmed this.

There was an up-to-date Safeguarding policy that was readily available to all staff. We found that this contained all the actions required should an allegation of abuse be received or suspected. This included contact details of the local safeguarding team. There had been no need to make a referral to the local safeguarding team in the last year. However, the registered manager was able to give a detailed account of the action that would be required if abuse was suspected. She demonstrated a thorough understanding of the principles that underpinned the local policy.

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

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## Our judgement

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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.

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## Reasons for our judgement

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The provider had worked continuously to maintain and improve high standards of care by creating an environment where professional excellence could do well. The staff that we spoke with said that they enjoyed their work and were well supported. It was clear that strong teamwork played an important part in their working lives. One member of staff said "Coming to work here was a perfect opportunity for me". Staff received appropriate professional development. We were shown the annual training programme that included subjects such as symptom control, use of syringe pumps and bereavement. Staff that we spoke with were able to speak confidently about the care that they delivered. They clearly understood the needs of the people for whom they cared.

We looked at five staff files and could see that individual training needs were discussed at yearly appraisal meetings. Each appraisal resulted in a learning and development plan for the following year. We saw that the training proposed was appropriate to meet the needs of the patients at the hospice and also to enhance the skills and knowledge of each member of staff. Staff were able, from time to time, to obtain further relevant qualifications. We saw certificates confirming that one member of staff had achieved nationally recognised qualifications in team leadership, advanced food safety and occupational safety.

Staff confirmed that they had received appropriate induction training before providing care for people. The topics covered included patient confidentiality, health and safety, equality and diversity, fire awareness and infection prevention.

We saw that regular clinical supervision sessions took place where staff had an opportunity to discuss any issues about their role. These sessions helped to provide a confidential support structure for staff who work in a demanding environment. Training for clinical supervisors is led by a clinical psychologist who specialises in palliative care.

These measures demonstrated that staff were supported and managed effectively. They were clear about their lines of accountability and were able to care for people in a well-informed and professional manner.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. Patients are invited to complete a questionnaire called "Have your say". The results of these surveys are collated and results are discussed at staff meetings and clinical governance meetings. We looked at some questionnaires that had been recently completed and the responses were all positive. There were comments such as "I am so grateful for all the help and care that you have given" and "All the staff introduce themselves, which is good".

An example of how people's comments have been used to improve the service provided is in the type of food served. At the beginning of the year the feedback about food was that it lacked variety. Since then the menu, the dining room and mealtimes have been changed. There are regular meetings to monitor the impact of these change and we observed one that took place during the inspection. There were staff present from a number of departments and all demonstrated a commitment to ensure that food exceeded expectations. Notes were made during the meeting so that any actions that were agreed were not forgotten.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the way that accidents and incidents were recorded. These records were clear and detailed and reported in a timely manner. We could see that incidents were dealt with effectively at the time. However, the provider might like to note that analysis of one incident had been delayed by two weeks because a senior member of staff had been on leave. This delay makes investigation more difficult and may affect action being taken to prevent similar incidents happening in the future.

There was a system in place for gathering, recording and evaluating information about the quality and safety of the care provided. Regular audits were carried out on several topics such tissue viability, administration of medication and infection control. The results of these audits were discussed by the registered manager at clinical governance meetings. We saw minutes of the most recent meeting and saw that changes were made if required. The

results were also discussed at staff meetings and used to improve practice 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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