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

Severn Hospice Apley Site

Severn Hospice -Telford, Apley Castle, Telford, TF1 6RH

Date of Inspection: 07 November 2013

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

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<tr>
<th>Registered Provider</th>
<th>Severn Hospice Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Heather Palin</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Severn Hospice Limited is an independent charity who cares for people who are living with complex and progressive illness. The hospice cares for patients from across Shropshire and Mid Wales. They have two locations, one in Telford and one in Shrewsbury.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Hospice services</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
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<td></td>
<td>Surgical procedures</td>
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<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 looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 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 spoke with three patients and two relatives on the in-patient unit and two patients on the day unit. All were very positive about the care and treatment they had received. For example, one patient described the standard of care as "brilliant" and told us staff were "affectionate" and said that they could not speak highly enough of staff.

Patients and relatives were given appropriate information and support and felt listened to. A relative commented "this is the one place where I have felt listened to, staff are extremely helpful." Patients' privacy and dignity was respected.

Admission assessments reflected people's individual care needs, which enabled staff to offer the support that people required, in ways that they preferred. The provider may wish to note however that it was not clear from the records checked how a patient and or their relatives had been consulted with when making a decision relating to resuscitation.

The hospice had suitable arrangements for the safe storage, handling, administration and disposal of medication. This ensured patients' safety.

There was a system in place to identify and manage all clinical and non-clinical risks and 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.
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 and support regarding their care and treatment. We spoke with three patients and two relatives from the in-patient unit and two patients from the day unit. All commented they felt able to talk openly to staff and felt they were given enough information and great support. Patients and relatives expressed that they felt listened to and did not feel rushed. A relative commented "this is the one place where I have felt listened to, staff are extremely helpful." Relatives also told us that they could ring the hospice day or night for advice.

We saw an information pack that was provided to all patients on admission to the unit. This included information on what to expect during a stay on the unit and services available to patients. We saw a number of other leaflets on display on the unit informing patients and relatives about the services offered at the hospice, which included the chaplain service and complementary therapies. The hospice also had a web site, which contained excellent information and interesting stories about the hospice from patients, relatives and staff.

We looked at the care records of two people during our visit. Admission assessments had been completed and reflected people's individual care needs, which enabled staff to offer the support that people required, in ways that they preferred. The provider may wish to note however, that a decision had been made not to attempt resuscitation for one of the patients. It was not clear from the records checked if this patient and or their relatives had been consulted with when making this decision. We discussed our findings with staff, who acknowledged the shortfalls and undertook to review the do not attempt resuscitation decisions for all patients.

During our visit we observed privacy curtains and patients' doors were kept closed when staff attended to patients. This meant that patients' privacy and dignity was respected. We saw relatives being sensitively supported and guided into a quite room so that they could talk to staff and express their emotions in private.
Care and welfare of people who use services  
Met this standard

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 spoke with three patients and two relatives on the in-patient unit and two patients on the day unit. All were very positive about the care and treatment they had received. For example, one patient described the standard of care as "brilliant" and told us staff were "affectionate" and said that they could not speak highly enough about staff. Another patient described staff as "great". Patients and relatives commented that staff were very attentive to their needs and would attend immediately to the call bells.

A patient who attended the day hospice commented that staff offered them a "wonderful support" and looked forward to visiting each week. They told us that they valued the opportunities to meet other people in similar situations and share experiences and stories. Patients told us they enjoyed taking part in a range of activities on offer at the hospice, which included quiz and crafts.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual needs. We reviewed the records of two patients. These showed that risk assessments had been carried out and plans were in place to manage the risks identified. Care plans were detailed and covered the spiritual and psycho-social as well as physical aspects of care and treatment. This helped ensure that all the needs of patients were met. We saw that discharge plans were in place for some patients. This helped ensure community support services were put in place before a patient went home. A range of support was also available for families, including bereavement support and counselling.

Staff were knowledgeable about supporting people to meet their spiritual needs and made efforts to accommodate their individual needs where possible. Chaplains were available to provide a number of services. A dedicated multi-faith room was available within the hospice for patients to use. During our visit, as a result of a patient request, a blessing service was arranged by staff.

There were arrangements in place to deal with foreseeable emergencies. An on-call doctor was available out-of-hours and would provide emergency advice and assistance. Emergency equipment was in place to deal with emergencies where cardiopulmonary resuscitation may have been required.
Management of medicines

Met this standard

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

The hospice had suitable arrangements for the safe storage of medication. Controlled drugs were in use and were locked within a suitable storage cupboard. The drugs trolley was securely locked to the wall when not in use and medication requiring cold storage were stored in a locked fridge. Daily maximum and minimum temperature checks of the fridge were taken and recorded. This ensured that the fridge was operating at optimum temperature and that medication was stored at correct temperatures.

Appropriate arrangements were in place for recording the administration of medication including controlled drugs. A witness was always present when controlled drugs were administered. We checked the controlled drugs register and found it to be well maintained. Medication administration records were checked for two patients and were found to be well completed. All nurses were required to complete a comprehensive competency drugs assessment prior to being allowed to administer medication. This ensured the safety of patients.

Medicines were disposed of appropriately. Staff were clear on the procedures to follow for denaturing controlled drugs and for disposing of all other medication.

All medication incidents, including near misses were recorded on a specific accident/incident form. We were told that any medication error would be taken very seriously, recorded, reported and the level of impact to the patient assessed. Any lessons learnt would be discussed to help prevent errors happening again.
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

There was a system in place to identify and manage all clinical and non-clinical risks. For example, staff told us that the clinical governance group identified clinical risks and ensured there were processes in place to manage these effectively. There was evidence that learning from incidents took place and appropriate changes were made.

The quality of service provided was regularly assessed and monitored. For example, monthly audits of accidents, falls, medication errors, pressure ulcers and infection rates were reported and monitored. The results were displayed on the staff notice board. A monthly environmental check was also carried out to identify any maintenance issues which posed any health and safety risks.

Patients and relatives were asked for their views about care and treatment. We saw a copy of the questionnaires used to ask people for feedback during our visit. The questionnaires were comprehensive and covered questions on all aspects of the patient's stay. The Director of Nursing confirmed that questionnaires had recently been sent and the results were being collated.

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. Patients spoken with told us that they were very satisfied with the service and told us they had no complaints. Patients told us that staff were always ready to help and that nothing was too much trouble for them.
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>✔️ Met this standard</th>
<th>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.</th>
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<tr>
<th>✗ Action needed</th>
<th>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.</th>
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<tr>
<th>✗ Enforcement action taken</th>
<th>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.</th>
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</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:

- 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.
**Contact us**

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<tr>
<th>Phone:</th>
<th>03000 616161</th>
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<tr>
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<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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</table>
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