

Inspection Report 2009/2010

Sue Ryder Care

Leckhampton Court, Cheltenham, Gloucestershire, GL53 0QJ

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

The hospice is located in Leckhampton Court, a medieval house dating from the 14th Century. The hospice provides in-patient and day care facilities for persons aged 18 years or over who have palliative care needs; this includes people with advanced progressive diseases that require pain or symptom management, rehabilitation, respite or end of life care.

Leckhampton Court Hospice is registered to take 18 inpatients, distributed over two ward areas - Kings and Tudor Wing. There are single rooms available on Tudor Wing, while multi-occupancy single sex rooms are available on Kings Wing.

The day hospice is registered to provide 20 day care places. There are professional staff within the day hospice who offer practical care and advice through therapeutic activities and psychological support.

The hospice has its own car park and is accessible to people in wheelchairs.

Services are provided without charge, though individuals attending the day hospice contribute a donation towards the cost of their meals and therapies. This inspection resulted from our review of the provider's annual self assessment submission which did not provide adequate assurance of compliance with national minimum standards and associated regulations.

This inspection took place on 8 May 2009, and was unannounced.

Main findings

The service was generally found to be meeting the needs of its patients within an environment that was clean, well maintained, comfortable and adequately staffed. The selection of patients interviewed all reflected positively on the standard of their treatment and care. The majority of standards inspected were found to have been met, while areas for improvement were identified in the areas of risk assessment, review of policy documents, storage of information, provision of information for patients, and the gathering of patient feedback. Several of these areas had already been identified by the establishment and were in the process of being addressed. Any matters for concern identified were discussed with the management team at the time of the inspection, and they demonstrated a willingness to address these issues.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent hospitals	IH
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
This establishment is registered as an independent hospital (IH) providing hospice services with 18 overnight beds (H)	Met
The establishment may not treat patients below the age of 18 years.	Met
In addition to the overnight patients, the hospice may provide hospice day care services accommodating up to 20 patients at any one time.	Met
The prior written approval of the healthcare commission must be obtained at least one month prior to providing any treatment or service not detailed in the statement of purpose.	Met

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 met
C23	Ordering and Storage of Medicines	Standard met
C24	Controlled Drugs	Not inspected
C25	Infection Control	Standard met
C26	Medical Devices and Decontamination	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C20	9 (1) (e)	<p>Findings There is no evidence of ongoing formal risk assessment</p> <p>Action Required The registered manager must implement systems to ensure ongoing identification, assessment and management of risks. This will assure patients and visitors that all risks connected with the establishment, treatment and services are appropriately managed.</p>	30 September 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
H1	Arrangements for care in hospices	Standard met
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	Standard met

Number	Standard	Assessment
C28	Contracts	Not inspected
C29	Records Management	Standard almost met
C30	Completion of Health Records	Standard met
C31	Information Management	Not inspected
C32	Research	Not inspected
H5	Records of care	Not inspected

No	Standard	Regulation	Requirement	Time scale
2	C7	9 (4)	<p>Findings Although a programme of review is now underway, some policies are more than three years old and do not specify a date for review.</p> <p>Action Required The registered person must ensure that policies and procedures are kept under review at intervals of not more than three years and that revised versions are prepared and implemented where necessary. This is so that patients are assured that appropriate policies and procedures are in place to ensure the quality of treatment and services.</p>	30 September 2009
3	C29	21 (2)	<p>Findings Records for patients in one part of the establishment are kept in an unlocked filing cabinet at the nurses' station.</p> <p>Action Required The registered person must ensure that patient records are kept in a secure place. This will assure patients that their records are protected from use by unauthorised persons, damage or loss.</p>	31 May 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard not met
C2	Patient Centred Care	Standard met
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	Standard met
C27	Resuscitation	Not inspected

Number	Standard	Assessment
H7	Resuscitation	Not inspected

No	Standard	Regulation	Requirement	Time scale
4	C1	7	<p>Findings The Patients' Guide is dated October 2007 and requires updating and revision to ensure that all matters referred to in Regulation 7 are included.</p> <p>Action Required The registered manager must review and amend the patients' guide to ensure that patients receive accurate and up to date information about the establishment.</p>	31 July 2009
5	C1	6 Schedule 1	<p>Findings The Statement of Purpose does not include all matters listed in Schedule 1 and is not available to patients.</p> <p>Action Required The registered manager must revise the Statement of Purpose to ensure that patients and prospective patients receive accurate and up to date information about the establishment.</p>	31 July 2009

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Standard not met

No	Standard	Regulation	Requirement	Time scale
6	C6	17 (2) and (3)	<p>Findings There is no evidence that the results of patient surveys are collated annually and made available to patients, prospective patients and their families.</p> <p>Action Required The registered manager must ensure that a patient survey is carried out at least annually and make the results available to patients, relatives and the Care Quality Commission. This will assure</p>	30 September 2009

No	Standard	Regulation	Requirement	Time scale
			patients that their views are used to inform the provision of treatment and care.	

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Standard met

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