

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

## Sue Ryder - Leckhampton Court

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0QJ

Tel: 01242230199

Date of Inspections: 15 January 2014  
09 January 2014

Date of Publication: February  
2014

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>Cooperating with other providers</b>                          | ✓ | Met this standard |
| <b>Staffing</b>  | ✓ | Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ | Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Sue Ryder  |
| Registered Manager      | Mrs. Elise Bridget Hoadley   |
| Overview of the service | Sue Ryder - Leckhampton Court provides specialist palliative care services for the people of Gloucestershire. This includes inpatient and outpatient services for people with potentially life-threatening illnesses. It is run by the national charity Sue Ryder. |
| Type of service         | Hospice services   |
| Regulated activities    | Diagnostic and screening procedures<br>Transport services, triage and medical advice provided remotely<br>Treatment of disease, disorder or injury   |

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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

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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 9 January 2014 and 15 January 2014, 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.

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### What people told us and what we found

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People who use the service were given appropriate information and support regarding their care or treatment. One person said; "They have explained everything... The consultant said this is what we can do and what we can offer". Another person said; "It was two way, she (doctor) wanted to make sure that everything I wanted to know about was covered."

People's care was provided according to their assessed needs and risk assessments were reviewed regularly. We found that communication between different shifts and staff groups was effective. Working practices, including handover at the bedside and checking medication charts, contributed to maintaining safety and people's welfare. Appropriate information was obtained from other providers including GP's and hospital services before people's care and treatment started. This meant that the most appropriate service could be offered for each person.

Everyone we spoke with felt that the staffing numbers were right and that there were enough staff to meet people's needs. People told us that generally they did not have to wait for assistance from staff and staff did not appear rushed while working. One person said, "If I ask for something it's no problem". Another person said, "Very, very special people work here".

Quality improvement and assurance processes were robust. These systems had identified where improvements were needed, for example in care plan documentation. Plans were in place to address the identified shortfalls.

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. People felt valued as an individual and respected by all members of the staff team.

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We spoke with six people who used the Day Hospice or Hospice (inpatient) services. They told us about the service they were using and why they had needed this. For example, two people had been admitted for control of their symptoms and as this had been achieved, were due to be discharged home. One person told us they had seen an information leaflet about the Day Hospice at their GPs surgery and had previous experience of the service. They said they had "a good interview" with a staff member and an opportunity to look around the hospice facilities before their treatment programme started. We were also shown a new information leaflet for people using the hospice service which had gone to print.

People expressed their views and were involved in making decisions about their care and treatment. People told us they had been asked what they needed and wanted from the service and had been involved in planning their discharge. One person said, "You are respected as an individual over and above what is wrong with you". The provider may find it useful to note that the three people we asked had not seen their care plans and did not always have information leaflets that were relevant to their care needs. For example, one person asked if they could have a copy of the provider's 'Working together to prevent pressure ulcers' leaflet that we showed them. They also told us about some aspects of their needs which they had not shared with staff. A senior member of staff told us about changes that were underway which would help to ensure that care plans were completed with the person and were accessible to them.

People who use the service were given appropriate information and support regarding their care or treatment. One person said; "They have explained everything... The consultant said this is what we can do and what we can offer". Another person said; "It was two way, she (doctor) wanted to make sure that everything I wanted to know about

was covered." They told us that they had discussed management of their medication on 'several occasions' to make sure the right balance was achieved for them.

People's diversity, values and human rights were respected. All of the people we spoke with were positive about the way the service was provided to them. One person said, "I feel totally respected and in control... you ring (call bell) with utter confidence that whatever you ask for will be carried out with no ado whatsoever". Another person told us how the reception staff respected their preference not to have unannounced visitors and always checked with them first. This had made a big difference to them. Chaplaincy services had been introduced since our last inspection and one person we spoke with told us they had been glad to have the opportunity to receive communion and to talk with the chaplain.

**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. People's care was provided according to their assessed needs and risk assessments were reviewed regularly. Specialist and research knowledge was used to improve the quality of care provided.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care was provided according to their assessed needs and risk assessments were reviewed regularly. The provider may find it useful to note that documentation of agreed care plans did not always reflect the care provided to people. We reviewed the care records of two of the people we had spoken with and found that care planning documentation was inconsistent. Some core care plans had no information completed whilst others were personalised to reflect the individual's needs. For example, one person had a specialist mattress on their bed to reduce the risk of them developing a pressure ulcer, but use of this had not been documented. Lack of documentation of this aspect of care did not have a negative impact on the person, however we discussed this with a senior staff member and the registered manager. We were assured that action was being taken to address shortfalls in care planning documentation, this included training and a visit from a key speaker.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We observed staff handover and spoke with three members of the inpatient (ward) team. We found that communication between different shifts and staff groups was effective. Working practices, including handover at the bedside and checking medication charts, contributed to maintaining safety and people's welfare. Two staff members commented about how well the medical team worked with them, both sharing information and listening to them. When we returned on the second day of our inspection we saw that one person's discharge had been delayed to ensure they were safe to return home.

People's care and treatment reflected relevant research and guidance. Staff had access to current professional journals and research articles via subscriptions and online search facilities. A senior staff member told us how they were using the 'Stop the Pressure' campaign, which is supported by NHS England, to reduce the risks of people developing pressure ulcers. Some staff working at the service were conducting research in relevant treatment areas including symptom control.

There were arrangements in place to deal with foreseeable emergencies. Emergency equipment was appropriately located and checked and staff were clear about how to respond in the scenarios we presented them with.

No restrictions were in place that required authorisation by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. Staff communicated effectively with other providers to ensure that continuity of care was achieved.

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**Reasons for our judgement**

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People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We saw that appropriate information was obtained from other providers including GP's and hospital services before people's care and treatment started. This meant that the most appropriate service could be offered for each person. For example, staff told us how their specialist consultant worked with people's GPs, to advise them when managing people's symptoms became complex. This meant that people who did not wish to be admitted to the hospice could be supported at home. This was done through the provider's Hospice at Home service in partnership with other community based providers, including specialist nurses. One person said their GP had been "Very much involved" and had "Popped in" to the hospice to see them. They said, "There is such a sense of team. People introduce themselves, they work as a team and all help each other out." Another person told us that staff had spoken with a specialist health professional who regularly supported them at home, to check how to manage a particular need. This meant that there had been no gaps in the specialist care provided to them. Other people were less clear about how care was coordinated between providers but told us that communication and continuation of care had been good.

Discharge planning was started on admission to the hospice when this was appropriate. This meant that the person was not unduly delayed when they were ready to return home as arrangements were in place. 'Fast track' discharges had been arranged for people on occasions when this had been indicated.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. People's needs were met and staff felt that they had sufficient time and the right skills to care for people.

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs. We spoke with staff, six people who used the service and one person's family about staffing. Everyone we spoke with felt that the staffing numbers were right and that there were enough staff to meet people's needs. People told us that generally they did not have to wait for assistance from staff and staff did not appear rushed while working. One person said, "If I ask for something it's no problem..." They told us that staff noticed when they felt low or troubled and said, "They pick you up". Another person said, "Very, very special people work here".

Staff rotas demonstrated that expected staffing numbers were met and often exceeded, including at weekends. One person said, "Here the weekends are exactly the same as any other day... we lost track of the days". Staff told us that when additional staff were needed, such as when a person needed one to one care, this was provided and they had time to talk to people. A staff member told us that "every effort" was made to replace staff who called in sick.

Two staff members told us about the support they had received to gain required skills when they started working at the service. They told us they had not felt under any pressure, their competency had been assessed and they felt "more than ready" to undertake their new responsibilities. Another staff member told us that they were able to raise concerns if they felt that the staff on the rota did not have the right skill mix /experience for a particular shift. When they had done this the rota had been adjusted accordingly. People felt confident about the care they received and told us that staff were considerate. For example, by coming into their room quietly while they were resting.

## 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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The systems in processes in place were robust and effective at all organisational levels.

### Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Feedback was routinely sought from people who used the service and / or their close family members. This was reviewed by the service before being submitted to the provider's quality team. Results for each of the provider's services were published in the provider's annual quality account which we reviewed. The registered manager told us about their plans to form a user group. We saw that this had been discussed at the service's quality improvement group which met monthly.

We spoke with six people who used the service and some of their family members who all told us that the service was well run. They had no suggestions for improvements but told us about the ways the staff team worked which had made a "big difference" to them. Comments included: "It's been wonderful, I feel like I've been one of the lucky ones." and "They are very very special people who work here. The respect even in terms of the most menial tasks is lovely".

The provider took account of complaints and comments to improve the service. A comments box had recently been located in the reception area. This meant that anyone who visited the service was able to give immediate feedback. The provider's quality agenda for 2013/14 included revision of their complaints policy and improving information and accessibility to enable people to complain or express their concerns more readily. The management of complaints and concerns had been identified as a priority area by the provider for 2013/14 for all its services. This was in response to recommendations made in the Francis report 2013.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We viewed some examples of how incidents had been managed and the processes staff followed were explained to us. We found that these were robust and included use of decision-making tools and analysis tools when

indicated. We saw that trends had been identified and appropriate action had been taken by managers in response to these. Staff told us that when they had been involved with a clinical incident they had been given the opportunity to reflect on what had happened and to identify where improvements could be made. Learning was shared within the service and with the provider's other services, through the provider's quality team.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Staff told us that team meetings were held regularly and they were able to raise any issues or suggestions for improvement. They told us that they felt able to approach all members of the senior management team. Staff were confident that any issues they raised would be dealt with in confidence and would be resolved. They told us they felt supported and listened to. The organisational structure was clear and people's areas of responsibility were understood by staff.

We saw that outcomes of the provider's audit programme were reported to the provider's Board of Directors. Where audits had identified that improvements were needed, these were included in the service's quality improvement plan. We found that the systems in place at Sue Ryder - Leckhampton were effective. When we identified areas for improvement and discussed these with senior staff they showed us evidence of the actions they had already planned to address these areas.

The Trustees' Report and Accounts 2013/14 included progress against priority areas for the previous year and set out current priority areas. Analysis and breakdown of incidents, including incidence of acquired infections, falls, pressure sores and complaints, for each of the provider's services, were published in the provider's quality account. This meant that the provider had good oversight of how well each service was performing and openly published these outcomes.

## 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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