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

- **Care and welfare of people who use services**: Met this standard
- **Meeting nutritional needs**: Met this standard
- **Safety, availability and suitability of equipment**: Met this standard
- **Staffing**: Met this standard
- **Records**: Met this standard
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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 3 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People who used the service said they were happy with their care, treatment and support. Comments included:

"I have been offered all the help I need."
"Beautiful people here, it's like a five star hotel, anything you request and it's done."
"They cannot do enough for you, always asking if there's anything else you need."

People said the meals were very good and food, snacks and drinks were available at any time of day for them. People also spoke highly of the catering staff and how helpful they were. Comments we received included:

"The food is very reasonable, very nice porridge and excellent desserts."
"I really enjoyed a full English breakfast this morning."

We saw that people who used the service were responded to promptly when they asked for any support or assistance. People who used the service said there were enough staff. They were also very complimentary about the staff. One person said, "The staff are so friendly, you see the doctor every day and they explain everything so well." Another said, "Always enough staff on, they come as soon as you press the buzzer, without fail."

People were protected from unsafe or unsuitable equipment because the provider had systems in place to make sure equipment was properly maintained, suitable for its purpose and used correctly. Staff and people who used the service said they had all the equipment they needed.

There were systems in place to ensure people were protected because accurate and appropriate records were maintained.

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.
## 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

People we spoke with told us they were happy with the care they received and they were looked after well. People spoke highly of the care and support received. They said they had been treated very well and that staff were kind and respectful. Comments we received included:

"I have been offered all the help I need."
"I am looked after so well, everything is lovely."
"They cannot do enough for you; always asking if there's anything else you need."
"They are always so helpful."
"Beautiful people here, it's like a five star hotel, anything you request and it's done."
"I was apprehensive before I came in but I feel safe here now."

We also looked at feedback gained from patients when senior managers of the organisation had completed visits. We saw there was a high degree of satisfaction with the service. People said staff were caring and compassionate. One person said, "Money cannot buy what you get here."

We saw the results of the last year's patient survey. Again these showed people were highly satisfied with the service. 98% of people had rated the service as excellent or good. People's comments included:

"Care and attention I received whilst in there was 100%."
"Facilities for patients, families and visitors was excellent."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at medical and nursing records for three people who used the service. We saw there was evidence of involving people who used the service in discussions about their care and support needs.

We saw people's needs were assessed on admission to the service. Care plans and risk
management plans were then developed as needed. However, the Provider may find it useful to note that we found some shortfalls with some of the care plans. Terms such as 'support x1', and 'supervision' did not tell staff how much support a person needed and could lead to needs being overlooked. We discussed this with the Head of Clinical Quality and Nurse Lead. They said a documentation audit had identified that care plan documentation needed to be more person centred and detailed. They said a working group had been developed to look at how they could do this. A staff member who was on the working group showed us the new style care plans which were currently being introduced. We could see these gave more guidance for staff on people's care needs.

Falls risk assessments were carried out to identify those at risk of falls. However, the service's guidance on observation of people identified as high risk of falls was not being followed consistently. For example, a person identified as high risk should have been checked on every ten minutes. Records showed staff were signing to say they had checked hourly. When we spoke with staff they said they had observed the person every ten minutes but acknowledged they had not documented this each time. The Ward Sister agreed this was something they needed to review to see how they could improve the use of observation charts.

Staff we spoke with had a clear understanding of their roles and responsibilities within the team and were knowledgeable about the service and people's individual care and support needs. Staff spoke of the arrangements in place to ensure discharge from the hospice was well managed and timely and people got the support they wished. They gave good examples of how they respected people's privacy and dignity. One staff member said, "Dignity and maintaining respect is of the utmost importance."

Our observations showed staff worked in a way that respected people's dignity and privacy. We saw polite and respectful interactions from staff. We also saw that staff were prompt to respond to any requests from people who used the service or family members.
Meeting nutritional needs

Met this standard

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.
People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People who used the service said they enjoyed the food and were very complimentary of the quality of food and the service received. One person told us the food was excellent and served any time they wanted it. They said they had enjoyed tea and hot buttered toast at 3am when they felt like it. Another person told us they could only manage a soft diet and this was always provided. Other comments we received included:

"The food is very reasonable, very nice porridge and excellent desserts."

"I really enjoyed a full English breakfast this morning."

"There is always a vegetarian choice."

We saw staff were very considerate regarding people’s nutritional needs and likes. We saw milky drinks were offered and provided through the day when people wanted them. One person told us how much they enjoyed these drinks, especially as they did not have a good appetite. People who used the service said the Chef came round to see them to find out their likes and dislikes and discuss menus with them. People we spoke with said the Chef would always do them something they wanted if they didn't fancy what was on the menu.

We also looked at feedback gained from patients when senior managers of the organisation had completed visits. Again, people who used the service spoke highly of the food and availability of meals, drinks and snacks whenever they wanted them. They reported that the food was wonderful and they could have anything they wanted. We also saw that a food safety audit had been carried out where people who used the service had commented that the catering staff were exceptionally helpful. Other comments included:

"He (Chef) goes the extra mile he is special."

"He (Chef) goes above and beyond the call of duty."

Staff said that people’s care records recorded food intake for people at risk from poor nutrition. We saw there were plans in place to support people with reduced appetite or swallowing difficulties.
Staff said that the food at the service was good and menus were planned well to ensure people received plenty of variety and choice. Staff said that food and drink was available at any time for people who used the service and meal times were flexible. We saw meals being served to people; they looked appetising and well presented.

Staff were well directed and organised at mealtimes to ensure staff were available to provide any assistance required.
Safety, availability and suitability of equipment ♦ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the Provider had systems in place to make sure equipment was properly maintained, suitable for its purpose and used correctly. We saw the checks that were carried out by the Provider at weekly and monthly intervals. These included checks on the equipment in bedrooms such as profiling beds and bed rails and checks around other parts of the service such as showerheads and safe water temperatures.

We looked around the service which included bedrooms, bathrooms and shower rooms. We saw that bathing equipment was in place with grab rails and ceiling track hoists suitably positioned and fixed securely. We saw that moving and handling aids such as mobile hoists were clean and stored appropriately to avoid hazards. We also saw there were a number of wheelchairs available for people who used the service. These were clean, appeared well maintained and stored in a safe place.

There was enough equipment to promote the independence and comfort of people who used the service. We saw that each bathroom and toilet had equipment to assist people to be as independent as possible, for example, toilet frames, raised toilet seats and shower chairs. These were all noted to be clean and appeared well maintained. Equipment in the sluice area was stored correctly, well organised and the whole area was clean.

We saw that people had been provided with specialist seating to enable their comfort and independence. All the seating we looked at was clean and people said they were comfortable.

We looked at moving and handling equipment safety check records. We saw all equipment had been checked and serviced within the last year. We saw that the fire alarm system had been checked and serviced as per manufacturers and fire officer instructions.

People we spoke to said they had all the equipment they needed. One person said they were very comfortable in their bed. Another said how they had been assisted with equipment to promote their independence; this included a walking frame and a perching stool. During the visit we saw people were being assessed by the Physiotherapist to make sure they could safely use equipment provided.

Staff said that any repairs to equipment were responded to promptly by the Provider. They
said they were trained how to use equipment such as hoists, slings and glide sheets. Staff said they were provided with plenty of personal protective equipment such as gloves and aprons. We saw there was a plentiful supply of these around the service and plenty of paper towel dispensers and hand gels for staff to maintain good practice with infection prevention.
Staffing

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who used the service and their relatives were very complimentary of the staff. They said there was always enough staff and needs were met well. All the people we spoke with said that staff understood their needs well and communication with staff was good. Other comments included:

"The staff are so friendly, you see the doctor every day and they explain everything so well."
"Always enough staff on, they come as soon as you press the buzzer, without fail."
"Always staff around to talk to, you can ask them anything, they are being so helpful with Mum's discharge plans."
"Staff are very good at listening to your choices."

We also looked at feedback gained from patients when senior managers of the organisation had completed visits. Staff were reported to be polite and courteous and people had said they were caring and compassionate.

All the staff we spoke with said they had enough time to meet people's needs. Staff said they had enough time to carry out their duties properly and did not have to rush when providing care and treatment for people. Staff said they were able to meet people's needs in a timely manner. They said call bells were answered promptly, medication given when needed and they had time to spend with people and their families to give emotional support. They also said there was a bank of staff who were 'regulars' and knew the service well, who could be called upon to cover any sickness or other absences.

We looked at the nursing staffing levels. Staff rotas showed that staffing levels were as planned, sickness and absence had been covered and they were working to agreed numbers. The Ward Sister said there had been a recent recruitment drive to fill some nursing vacancies and they were expecting a number of new staff to commence work in January 2014.

Staff said they could get hold of medical staff whenever they needed them. They said there were good on-call systems in place. They also said that nursing staff levels could be increased according to the needs of people who used the service. On the day of our visit, it had been identified that additional staff were needed for the night shift. This was then
organised,

We saw staff caring for people who used the service, promptly and efficiently.
Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Peoples care records were seen to be stored securely in order to maintain privacy and confidentiality. We saw evidence in people’s care records of audits that had been carried out and the feedback given in order that records continued to improve.

The provider kept accurate and comprehensive staff records. These records included recruitment documentation, security checks and staff training records.

We asked to look at a wide range of documents and records within the service. These included programmes of clinical audits, staff rotas, senior managers visit records, training records and fire safety records. These were provided without delay which meant that records were well organised, kept securely and could be located promptly when needed.

The Provider had policies in place to support people’s rights in respect of the Freedom of Information Act 2000 and the Data Protection Act 1998. They were also fully aware of the appropriate periods of time that records must be kept for before they are destroyed. We saw there was a records management policy in place to support this.

The service had notified the Care Quality Commission of events such as serious injury of a person who used the service in line with its registration requirements. Recent notifications received were recorded in such a way that promoted people's rights to confidentiality and also conformed to, 'The Data Protection Act 1998'
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.

**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:

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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.
### (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.