Inspection Report

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

Princess Alice Hospice

West End Lane, Esher, KT10 8NA

Tel: 01372468811

Date of Inspection: 28 February 2013

Date of Publication: June 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Princess Alice Hospice
Registered Manager	Mr. Andrew Myles Knight
Overview of the service	Princess Alice Hospice provides a range of services for adults with palliative care needs. These services include management of symptoms for those undergoing active cancer treatments and those with long-term life limiting or life threatening conditions. There are 28 overnight beds and separate day hospice facilities.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

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 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we sought the views of people attending the day hospice and those admitted to the wards. We spoke with eight people who used the service and four members of staff including, the registered manager, the safeguarding lead and the Chief Executive of the hospice.

We asked people about their experience of using the service and received positive feedback from all people. Comments received included "As soon as you walk through the door you relax." "When I come here it's like coming to see your family."

We asked people about the staff who cared for them and we were told "The doctors are always asking what would you like and what can we do for you." We were also told "The staff always put the patients first."

Staff were complimentary about the support they received with training. They were also supported to attend sessions every month to discuss difficult situations that may have arisen that month. Staff were able to express their feelings in a non judgemental and supportive environment.

Safeguarding vulnerable adult training had taken place and staff confirmed this. Staff were knowledgeable about the process for incident reporting.

The management carried out regular audits of their service and these reports are published.

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.

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We spoke with eight people who used the service. They told us they knew their diagnosis and staff were open and informative about their condition. One person told us "Staff go at your pace and we know what we want to know." Another person told us "I needed to know that I would be comfortable and staff have assured me they could help me." Another told us "We're all in a leaky boat and it's not treatment I'm looking for but a quality of life. I get that at the hospice."

People told us the doctors and nurses at the hospice were very good and ready to answer any of their questions. They were "available when we need them" we were told.

This meant that people were able to make informed decisions about their care and treatment

People were given appropriate information and support regarding their care or treatment. We saw that all people had access to an information book. This was available for all people who were an in patient, use the community nurses or attended the day hospice. Telephone numbers were available to allow people to contact a professional twenty four hours a day if required.

Staff told us that they sat with people to explain the various treatments or equipment they might use. People who used the service told us they understood what was happening to them and importantly their family knew too. This meant that people had access to appropriate information for their individual needs.

The people and staff that we spoke with understood the need for privacy, dignity and confidentially. Most people were accommodated in single ensuite rooms. There were two three bedded rooms but they were spacious and private conversations were able to take place. One person told us "I am able to get out of bed and I have spoken to staff in a quiet

lounge."

People told us personal care all took place behind closed doors or curtains were pulled.

We spoke to staff who told us they always discussed religious needs of people and discussed wishes after death. We looked at documentation held on the ward and found this clearly written in people's care plans. Staff told us people who used the service had access to a Chaplain or religious leader. On the day of inspection we met the Chaplain who was visiting a patient. The hospice also had a sanctuary where people could sit in quiet reflection. This meant that people's rights to privacy, dignity and confidentiality could be maintained.

Staff told us people referred to the hospice had access to multi disciplinary care. People had choices about where to receive care. For example some people prefer to be cared for at home and community nurses were available to support those people. Staff told us that an 8-8 night service had been introduced. We were told this service enabled people the choice to die at home and their wishes to be respected. This meant that people's choices in care were respected by the hospice supporting people's quality of life.

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.

Patient's experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care needs were assessed and care and support were planned and delivered in line with their individual care plan.

We looked at two individual care plans for people who used the service. It showed us that people had their needs assessed prior to admission to the ward. The manager told us clinical decision meetings were held to discuss people in the community that may need to be admitted. We were told that the majority of people were known to the hospice prior to admission

Prior to admission an assessment of needs had been undertaken but a fuller more thorough assessment took place on the ward. Staff told us a doctor would do the assessment accompanied by a nurse. This meant that people's care needs were assessed to ensure they experienced safe and appropriate care.

Staff told us the care plans were developed from the doctor's assessment of care needs. We saw risk assessments were carried out. For example, moving and handling and skin integrity. We looked at the daily records of care given. We found that they matched the care needs identified in the care plans and that care had been given by staff with appropriate knowledge. Staff told us they had received training in a number of areas which enabled them to deliver a high standard of care to the people who used the service. For example in the use of syringe drivers and medication administration. This meant that people's care and support were planned and delivered in line with their individual care plan.

We spoke with eight people who used the service. They were all complimentary about the care they received. One person told us "The staff are angels. The bells are always in reach you never feel you are on your own as someone is nearby."

People told us they were happy with the care and support they received and that nothing was too much trouble for them. We were told "Staff are open and honest with us. They seem to know how much information we want. We don't always want to know everything at once but staff seem to know this." Another person said "Like with all the staff the patient comes first". This showed that people experienced care and support that met their needs.

People who attended the day unit told us "As soon as you walk through the door the atmosphere is relaxed and calm." One person told us "We know our diagnosis. Everybody here is gorgeous I only hope when the time comes I can die here."

We observed the interactions between the staff and people who used the service. Staff were respectful and courteous. This showed the staff respected and valued people who used the service.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

People who used 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.

We spoke to eight people who used the service and all told us they felt very safe at the hospice.

We spoke to the safeguarding lead for the hospice. They confirmed that they had a copy of the local authority's safeguarding adult's policy and procedure. The policy was available for all staff.

Staff demonstrated that they were knowledgeable about what to do if they suspected abuse. Staff told us they had received training and could identify the types of abuse and who they would report incidents to. This meant that staff had access to information about dealing with abuse, and had been trained in recognising and preventing abuse from occurring and how to respond when abuse was suspected or reported.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development.

We spoke with five members of staff in detail. They confirmed that they received regular training and development. They confirmed this helped them deliver a high standard of care to the people who used the service. Staff told us that regular training sessions took place, for example manual handling, infection control, fire awareness and tissue viability.

Nurses were able to obtain further relevant qualifications. For example a course in palliative care was available. Training could be delivered at the hospice to achieve this qualification.

We spoke with the practice development nurse who told us it was their responsibility to ensure staff had the skills to do their job. We were told this included observation and demonstration of practice. We were told that competencies would be checked for those staff who were responsible for the medications, syringe drivers, intra venous blood transfusions and male catheterisation. Staff confirmed with us that these checks took place. This meant that people's health and welfare needs were met by competent staff.

Staff told us regular supervisions and yearly appraisals took place. Staff told us they could discuss their personal development needs during their supervision sessions. The supervision sessions had been planned in advance and a record of these were shown to us. This meant that the provider ensured staff were properly trained, supervised and appraised.

One person who used the service told us "Staff are very knowledgeable they must be well trained in this area."

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

People who used the service were asked for their views about their care and treatment and they were acted on.

The registered manager told us they regularly sought the views of all people who used the service. This was not carried out on an annual basis but regularly for each person for the time they used the service. We were told questionnaires were given to people who were an in patient on the third day of their stay and on the tenth if they had remained in the hospice.

People who used the community service had questionnaires on their second visit and again after a month. The day hospice gathered information on the third and seventh visit. The information was collated and improvements were made if shortfalls were identified. Feedback could be given to each person if required. The registered manager showed us copies of the feed back from one set of surveys covering October 2011 to June 2012. Issues for management to consider were documented at the back of the document. This showed us the hospice would take seriously the views of the people who used the service to regularly improve their care and treatment.

Other audits that had taken place included admissions, drug errors, food and drink and falls. The registered manager told us that audits were taken seriously and evaluated. Action plans to address shortfalls would be written and feed back to relevant staff or departments would be undertaken.

The hospice had developed a five year strategy. This document informed the reader of the aims of the hospice.

The hospice had a complaints policy. We spoke to people who used the service who told us they would know how to raise a complaint but had not needed to do so. We spoke with the chief executive regarding complaints. They told us complaints were taken seriously and they learn from them.

This meant the provider took seriously the quality of the service they provided and listened to people and acted on shortfalls.

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.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk