

***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: 09 December 2013

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

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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

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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

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 carried out a visit on 9 December 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We visited Princess Alice Hospice to look at the care and treatment provided to people who used the service.

We spoke with four people who used the service, three family members, six staff members, the registered manager, the medical director and the Chief Executive.

All the people we spoke with were very happy with the service. One person told us "The staff are marvellous, nothing is too much trouble for them." Another person said "The staff listen to me and what I need, and that's important to me."

People told us that they felt respected by staff, and were able to take part in decisions about their treatment. One person said "The staff respect how I'm feeling. If I want to be left alone I tell them to put a sign outside my door and I am left."

We found arrangements were in place to ensure people had their nutritional needs met. Nutrition was taken seriously at the hospice and a committee had been formed to look into the provision of the meals.

Infection control procedures were followed and all staff had a good knowledge of their roles and responsibilities.

We saw that records of qualifications, criminal record checks and professional registrations were up to date.

All of the people we spoke with were happy with the service, and had never felt the need to make a complaint.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that staff asked people if they wanted assistance or support before giving it. For example one person told us "I didn't feel too good this morning when staff asked if I wanted a bath. I asked if I could have one later and they said yes." Another person said "Everything is explained very clearly to me and then I make a decision. I have been talking to the doctors and nurses about different painkillers I have heard about and they have agreed to try some things with me."

We spoke with the medical director who showed us the variety of consent forms and policies available to patients. These included consent to examination or treatment; decisions about cardiopulmonary resuscitation and a best interests' policy. This showed us the hospice took seriously the right of patients to make their own decisions.

We were told that the hospice had an ethics committee. They looked at ethical clinical decision making. This showed us medical staff looked at medical interventions for people and made decisions related to their preference and quality of life.

We observed all staff knocked on doors prior to entering, and waited for a response. We saw that when a member of the multi-disciplinary team was with a patient a sign was placed on the door. One patient told us "If I don't want to be disturbed I tell the staff and hang a sign on the door. They respect my wishes." We saw that where patients were in three bed bays, curtains were used to ensure their privacy from each other. This showed us that staff respected people's right to privacy and dignity.

Staff told us that all care was individualised for each patient. We were told "No two patients are the same. No two patients respond the same to symptom control. We have to see each patient and treat holistically and respond to their needs. Of course this is always

done during discussions with them and then agreeing with them the best way forward."

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 were protected from the risks of inadequate nutrition and dehydration.

People told us the food was very good at the hospice. One person said "The food is very good, whatever I want I get at whatever time." Another person said "I eat small portions as that is all I can manage, and that's what they give me. It's very good."

The manager told us that the hospice had started a food and nutrition group. This was started six months ago led by one of the consultants with a particular interest in the subject. Meetings were held every month and attended by a variety of staff. We saw the minutes for the past three months. Various topics were discussed which included portion size photographs; evening meal times; and a nutritional screening tool.

All food was freshly prepared and cooked at the hospice. Menus were available for patients and volunteers checked people's preferences for each meal. The manager had highlighted that there would be a 14 hour gap between supper and breakfast. Hot drinks and biscuits were offered during the evening to supplement the diet. Staff also told us that if people were hungry they could ensure people received sandwiches; toast; jelly and ice cream; soup and bread. People that we spoke with confirmed food was available at night if they were hungry.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

All the people we spoke with were happy with the standards of cleanliness in the hospice. One person told us "The staff are always in the room emptying bins and cleaning." Another person said "This is the cleanest place I've stayed in and I've been in a few since I've been ill."

We spoke to three of the housekeeping team. They told us they worked as a team, supported one another and were proud of the cleanliness of the hospice. We spent time observing the staff as they worked. We saw them use personal protective equipment (PPE), for example gloves and aprons. The staff were knowledgeable about their role and responsibility to maintain high standards. This ensured that people were protected from the risk of staff spreading infections.

There were systems in place to ensure appropriate standards of cleanliness were maintained. We saw that the housekeeping team kept records of cleaning. For example it detailed those places that were cleaned daily and then weekly. We also saw procedures were in place for the replacement of curtains in the patient rooms. We saw that staff had signed when each activity had been completed.

We saw that the service received an annual audit by the local NHS Trust. This checked the systems and procedures that were in place to control the spread of infection. This had last been completed in November 2012. We saw the provider had completed an action plan to comply with shortfalls identified. The manager told us all actions had now been completed and a new audit was due to take place.

We saw the laundry which had clearly defined areas for clean and dirty laundry. The room was clean and tidy with no clutter visible. We were told the hospice clean all staff uniforms. This ensured they minimised the risk of infection as staff did not wear uniforms outside of the hospice.

We saw in the rooms we looked in that sinks had taps that could be operated by the

elbow. There were also paper towels and liquid soap available, and clear signs for the correct way to wash hands. This meant that people were enabled to wash their hands using the current best practice method.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We looked at the files for four members of staff to see if appropriate checks had been carried out prior to them starting work at Princess Alice.

We saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents that confirmed home addresses. These also showed that people were eligible to work in the UK.

All four files had completed application forms. These detailed people's work experience, qualifications and the reason why the person had left their previous employment.

The application forms also recorded people's employment history. We saw that there were no gaps recorded in the files we looked at.

Contact details for references were recorded on the application forms. We saw that written references had been obtained and were stored in the files. This showed the provider had checked that people were of good character.

There was a record in the files that staff had an up to date enhanced criminal record check carried out. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

The files contained details of people's training and experience. The four files we checked showed that staff had the necessary experience to support the people who lived here.

The provider may like to note that a full employment history was required but the current form only asks for five year history. This would ensure that all applicants would give a full history. The files we sampled all had a full history as some had a curriculum vitae attached and another only had a short work history.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. It was available to all people who used the service in a booklet.

We asked people if they knew how to make a complaint. Most said they knew. Those that told us they did not know said they would speak to the person in charge. One person told us "I would soon find out, it's probably in the booklet. There is no reason to make a complaint as the service is absolutely fantastic."

We saw that people who used the service were encouraged to complete comment forms regularly. The manager reviewed the information regularly and produced an action plan should shortfalls be identified.

We spoke to staff about their actions should they receive a complaint. One staff member told us they would try to resolve a small issue but they would always report the concern to a senior person. Another person told us "I would speak to the team leader and she could take the concern further if necessary. We give all patients a comment form when they have been here for three days to give us feedback. This allows them to tell us if we are getting things wrong." All staff were aware of the complaints process, who to report to and how to let the people know what they would do with their concern. This showed us that the staff knew how the complaints process worked, and that it was their responsibility to bring the complaints process to the attention of the person who made a complaint.

We looked at the complaints and comments policy. It detailed timescales for responding to complaints and actions to be taken. We reviewed the complaints records and saw that the hospice had received 15 complaints this year. It should be noted that some of the complaints related to the retail outlets external to the hospice. We saw that each complaint had been dealt with as per the procedures. The response letters we saw gave a detailed explanation of what the investigation had found. This showed us that the provider responded appropriately to complaints.

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.

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