

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

## Great Oaks Dean Forest Hospice

Great Oaks, The Gorse, Coleford, GL16 8QE

Tel: 01594811910

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dean Forest Hospice
Registered Manager	Mrs. Jane Hamilton
Overview of the service	Great Oaks Dean Forest Hospice is a registered charity which provides care and support to people diagnosed with a life limiting illness in the Forest of Dean. Support is provided through day care and outpatient services based at the purpose built hospice and in people's homes through the 'Hospice at Home' and Outreach service. Transport to and from the hospice is provided for people who need assistance with this.
Type of service	Hospice services
Regulated activities	Transport services, triage and medical advice provided remotely 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 13 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with one person about how they had been asked for consent to the care they received from Great Oaks. They told us that staff always asked before giving care and said they felt in control of the service they received. They said, "Pretty much everything we have asked for has been done. They listened to what we wanted."

Our review demonstrated that the provider worked exceptionally well with other providers and agencies. This began at the 'outreach visit', which was the service's first contact with the person and continued throughout the person's care.

A person who used the service said, "They appear to be very much on the ball with hygiene and cleanliness." They told us that staff washed their hands before and after attending to them. The service had an infection control lead who had begun a whole service infection control audit and review of policies.

A mandatory training programme was in place and regular team training updates were held. Staff had access to specialist training and forums and told us they were well supported.

We found that without exception, all staff we spoke with were committed to ensuring the quality of the service and to putting people who used the service first. This was evidenced by the following comments: "The service can always be improved, none of us are complacent"... "It's a fantastic place to be and it's lovely to see our patients benefitting"... "It's very person orientated, it's about the whole person... it's their day".

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

### 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

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### 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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Consent was routinely sought by staff in relation to all aspects of people's care and treatment.

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### 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 spoke with one person who used the service about this outcome area. They said, "Pretty much everything we have asked for has been done. They listened to what we wanted." They also told us that staff always asked before giving care and said they felt in control. We reviewed six care records and observed a staff member carrying out an 'outreach' visit. This visit was the service's initial contact/s with the person following referral. We saw that the assessment process began with supporting the person to identify their key concerns. From this, specific areas where Great Oaks could provide care and support were identified and a support plan agreed. People had signed care review records to indicate that they had consented to them. We also saw that consent had been routinely sought in respect to emergency treatment, management of medicines, information sharing and use of photographs.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. All but one person the service recently supported had been able to consent to their care. Staff told us that when a person's capacity was in question they were referred for assessment. The two examples we discussed with staff included assessment by a palliative care consultant and by mental health services. In one of these examples a 'best interests' decision had been required and had involved the appropriate representatives. The provider may find it useful to note that in one record we saw that a person's representative had signed consent forms on behalf of their relative. We discussed this with staff who told us that the person had been present for all discussions and had capacity to consent to the care discussed. They had given verbal consent but had been physically unable to sign the documents. We saw that this had been recorded on one consent form, but had not been noted on others. We were assured that the relative had signed to witness that the person had given consent, rather than to actually give consent. This would not have been appropriate as they did not have the legal authority to do this.

During our discussions the registered manager demonstrated sound understanding of the requirements of the Mental Capacity Act 2005. Some staff were less clear about these requirements and had not received specific training in this. The registered manager told us that further to our inspection they planned to review staff training and documentation around mental capacity.

**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. The provider routinely worked with other providers and coordinated services to ensure that people's needs were met in a positive and joined-up way.

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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. Our review demonstrated that the provider worked exceptionally well with other providers and agencies. This began at the 'outreach visit', which was the service's first contact with the person and continued throughout the person's care. We observed that details of other agencies involved in supporting the person, including roles and contact numbers of individual support staff, were recorded for reference.

Following referral, information about each person's medical care and treatment was obtained from their GP. This was necessary as the GP was not always the referrer. Feedback was routinely given to the referrer about what support Great Oaks had agreed to provide. When people declined consent for emergency care to be provided to them, they were referred to their GP to discuss putting a Do Not Attempt Resuscitation (DNAR) agreement in place. When an agreement was in place a copy of the 'yellow form' had been obtained from the GP. The 'yellow form' was the agreed format for DNAR decisions recognised by emergency services.

We spoke with one person about how Great Oaks worked with other care providers, they said, "They talk to each other and try to work together". A staff member said. "They tie lots of strands together." Staff told us that when a change in someone's needs was identified they contacted the appropriate health or social care provider to discuss this. For example, a change to pain relieving medication was needed so Hospice at Home staff liaised with district nurses from Gloucestershire Care Services NHS Trust to arrange this. We saw evidence that joint meetings had been held with the person, Great Oaks staff and representatives/ allied health professionals from other providers. NHS and other specialist providers, including Clinical Nurse Specialist (CNS) Community Specialist Palliative Care nurses (formerly known as Macmillan nurses), also held clinics at the Day Hospice. These arrangements meant that people who used the service could access specialist and

hospice care in one place and the services they received were 'joined-up'.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment. A whole service audit had been started and infection control policies were due to be reviewed with reference to current guidance.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. An infection control lead had been identified for the service. They were not on duty during our inspection but we saw that they were in the process of reviewing the systems in place. Appropriate reference material and guidelines were being used to inform the review. This included identifying and completing appropriate audits. An audit of the use of hand gel had been completed and a more comprehensive audit of infection control practices was underway. Monitoring systems were in place to ensure that appropriate standards of cleanliness and hygiene were maintained in relation to the premises and equipment at the Day Hospice.

We saw that the provider's infection control policy included all appropriate information that staff might need to refer to. This was due to be reviewed to include any updates for 2013. All staff completed infection control training. This included information about sources of infection, hand hygiene, use of personal protective equipment (PPE) and management of body fluid spillages. The registered manager told us that staff carried spare PPE with them when attending people at home, in case supplies at the person's home had run out. We also saw that appropriate guidance had been sought by the provider to manage an infection that a person using the service had experienced.

The staff we spoke with demonstrated appropriate knowledge of the provider's policy. One staff member said, "Infection control is drummed into us." They told us that the provider was very clear about protecting people from the risk of infection as when staff were unwell they were not permitted to work. We observed that the premises were clean and well maintained. The bath had been cleaned after use and a notice attached to it to say it was clean and ready for use. A person who used the service said, "They appear to be very much on the ball with hygiene and cleanliness." They told us that staff washed their hands before and after attending to them.

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

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## **Our judgement**

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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. A mandatory training programme and regular team training were provided. Staff were supported to access specialist training where this met their learning needs and the needs of the service.

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## **Reasons for our judgement**

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Staff received appropriate professional development. One person told us that staff were competent and seemed confident in their roles which made them feel safe while being cared for. They commented, "I have found they are the right type of people, some are very good". New employees completed an 'induction to the service' day and this was followed-up with regular mandatory training. New staff members were orientated to the provider's different services where they worked alongside experienced staff members. Nursing and complementary therapy staff told us that they were able to meet their continual professional development (CPD) and/or the Nursing and Midwifery Council's post-registration education and practice (PREP) requirements.

Staff were able, from time to time, to obtain further relevant qualifications. One staff member we spoke with had almost completed a return to practice course which would enable them to re-register and practice as a qualified nurse. They told us they had been supported by Great Oaks as they had been given time to attend and complete the written elements of the course. Another member of staff told us that they could apply for the time and funding to attend relevant specialist courses.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. Staff told us that training was accessible and covered a broad spectrum of topics. An 'introduction to palliative care' course was run monthly in conjunction with two other hospice services within the county. A staff member told us that this was comprehensive and was useful for updating their knowledge. The provider was a member of the 3 Counties Cancer Research Network which meant that staff had ongoing access to a wide network of specialist providers and information. All of the staff we spoke with felt well-supported in their roles. They said, "It's a really positive place to work" and "It's a fantastic place to be".

Multidisciplinary team meetings were held weekly. Monthly clinical team meetings were attended by the palliative care consultant and were used to discuss ongoing or difficult to resolve problems. The service's clinical governance group met quarterly and had oversight

of clinical incidents, user group feedback and audit outcomes. Any issues were raised to the Board of Directors.

## 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

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### Our judgement

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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. Staff and people who used the service were integral to the provider's quality monitoring and improvement processes. Staff prioritised meeting the needs of people who used the service when delivering care.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A satisfaction survey had been undertaken in June 2013 and included responses from all groups. Feedback had been collated, responses had been provided to staff and service users and an action plan had been developed. Regular staff meetings were held and the staff we spoke with told us they were able to approach their manager with any concerns. Staff felt that the service was well led and told us that any issues were addressed quickly. A staff member said, "I absolutely love working here. It's a privilege and a pleasure. It's about the whole ethos and environment."

We spoke to one person who used the service who told us that the service was well run. They told us that they had not had to raise any concerns or complaints. The service user, 'Butty Advisory Group', had been running since April 2012. The group were consulted by the provider whenever a service user perspective was needed. For example, the registered manager told us about a new Saturday drop-in service that the group had been consulted on and would be involved in evaluating. This service was to be trialled with the aim of broadening accessibility of the service to people.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The service had grown significantly over the past year and we saw that a proactive approach had been taken to make sure that the service could meet the increased volume of referrals. The registered manager told us about changes the provider had made to the staffing structure following additional recruitment. This included bringing in a 'middle management' level to ensure that care provision and staff support remained "robust and underpinned". All of the staff we spoke with were clear about their role within the service and who they reported to. We found that without exception, all staff we spoke with were committed to ensuring the quality of the service and to putting people who used the

service first. This was evidenced by the following comments: "The service can always be improved, none of us are complacent"... It's a fantastic place to be and it's lovely to see our patients benefitting"... "It's very person orientated, it's about the whole person... it's their day".

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that a clear governance structure was in place and any incidents were reviewed by the registered manager. Any issues or questions arising from the review of incidents were taken to the appropriate groups or meetings. These included the Health and Safety Group, Clinical Governance Group and Heads of Department meetings. Where indicated any issues were escalated to the Board of Directors, who met quarterly. An annual report to the Board was produced by the registered manager and an external financial audit had been undertaken in 2013.

## 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

### 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)

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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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