

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

## St Giles Hospice - Walsall

Goscote House, Goscote Lane, Walsall, WS3  
1SJ

Tel: 01922602540

Date of Inspection: 06 November 2013

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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

**Requirements relating to workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	St Giles Hospice Trustees
Registered Manager	Mrs. Katie Sue Burbridge
Overview of the service	St Giles Hospice - Walsall provides specialist hospice care to people who are too ill to be cared for at home or require respite care; people who require support with symptom control and people who are in the final stages of life.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## 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 announced 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 6 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out this inspection to check on the care and welfare of people who used this service.

We spoke with the registered manager, a clinician, the clinical nurse lead and two further members of staff.

As part of the inspection, we spoke with two people who used the service and one family member of someone who used the service.

One person who used the service told us: "It is calm and peaceful. Staff are attentive. They come when I need them".

We found that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

We found that the care and welfare needs of people who used the service were being met.

We saw that there were safeguarding procedures in place at the service. The provider told us how the staff were trained to identify signs of abuse and how they dealt with it appropriately.

We found there were recruitment checks in place to ensure people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We found that the provider had an effective system to regularly assess and monitor the quality of service that people received.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We completed a tour of the hospice and found that there was a 'sacred space' room for people to practice their particular religious faith. We found feet washing facilities to meet people's religious needs. We saw a notice board which informed people when the chaplain was available to them. We found that people's diverse religious and cultural needs were catered for. We found on the notice board a list of religious leads available to people and updates on different religious festivals.

One person who used the service told us: "I have been asked what my religious beliefs are".

We saw that there were bathrooms and toilets with disabled access and signs in Braille on toilet doors to enable people of all abilities to access communal facilities.

We were told that people who spoke a language other than English could access interpreter services on request. This meant that people's diversity, values and human rights were respected.

We found there were rooms available for people to have private discussions. We saw there were rooms available to enable family members to stay overnight. There was a quiet room containing books and toys for people and their families to make use of. This meant that people were supported to maintain their independence and community involvement.

We spoke with staff about how they supported people who used the service to promote their independence, privacy and dignity. One member of staff told us: "We explain what we are doing and discuss things with people. We ensure people's confidentiality".

Another member of staff told us: "We take time to get to know people and their families.

We seek permission from people at every stage of their care".

We saw that care plan documentation was person centred. This meant that people would be more involved in their care and treatment planning to identify their individual needs and objectives and ensure their needs were met.

We saw that people's wishes and preferences, goals and objectives had been recorded. We saw evidence that people's feedback had been documented as part of the daily reviews held. This meant that people were involved in decisions made about the care and treatment they received.

We were told and saw that people and their families were given a questionnaire to complete four days into their stay at the hospice and when discharged from the service.

We saw that people had signed consent forms when they started using the service to give permission to share information. We saw that people were able to complete a section which identified which information they did not want to be shared with others. This meant that people expressed their views and were involved in making decisions about their care and treatment.

We were told and saw that people using the service and their families received a patient information leaflet. This provided information to people on service facilities and guidance on how to make complaints and signposting to other local services. This meant that people who used the service were given appropriate information and support regarding their care and treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the care and treatment plans for three people. We found that they contained detailed information on people's treatment, care, social and emotional needs. People we spoke with told us they were involved in decisions made about the care and treatment they received.

One person who used the service told us: "Everything has been explained to me. I know what to expect. I don't feel anxious about the care here". They told us they were involved in reviews about their care and support needs.

A relative told us: "It is brilliant. When you press the buzzer staff are there. [My relative] gets what they need. Staff are attentive. [My relative] loved it there. It was so quiet. I would advise anyone to go there".

We read a thank you card which said: "Thank you for the care and attention you provided for X during their illness. The staff were kind, considerate, informative and comforting".

The care and treatment plans we looked at had risk assessments that related to specific and identified risks to people's safety. The risk assessments contained details of actions to be taken by staff to minimise risks. We were told that risk assessments were reviewed when people's needs changed. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that all of the care and treatment plans we looked at had been reviewed several times daily. This meant that people's care and treatment was planned in a way that ensured people's safety and welfare.

We found that the care and treatment plans contained detailed pre-admission assessments and referral information. We found that detailed nursing assessments had been completed for people to identify their individual care and treatment needs.

Where people had been discharged from the hospice, we found detailed care plans had been completed. We saw an example where support was given to help someone to

understand the equipment they needed at home to support their independence and safety.

We saw that people's care and treatment reflected relevant research and guidance. We saw one example where a person required a tube feeding regime to enable a safe discharge from the hospice. We found guidance in the person's care plan which outlined measures needed to keep the person safe. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual needs.

One person who used the service told us: "I am very happy with the service from top to bottom. The staff are all great. They couldn't do enough for me. They went out of their way. I thought they were brilliant. I was given good information".

We spoke with one member of staff who told us: "I love it here. We have time to give good care".

The care and treatment plans we saw confirmed that people were registered with a GP and had access to external healthcare professionals as necessary. We saw that people had access to a range of complimentary therapies, occupational therapy and physiotherapy services during their stay at the hospice. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We saw that procedures were in place so that any incidents, allegations of abuse or any type of neglect were responded to appropriately by staff. We found that the provider responded appropriately to any allegations or concerns about possible abuse.

The registered manager told us that they had identified an increase in the number of people coming to the service with pressure ulcer needs. We had received safeguarding notifications from the provider for every person where pressure ulcers were identified on admission. We saw that the provider had acted appropriately in notifying external agencies.

We saw that the provider had put in measures to manage the risks to people. This included putting in place pressure ulcer prevention skin assessments and wound treatment booklets to document changes to people's wounds. The provider told us they had created a root cause analysis document to identify the cause of pressure sores to reduce the future risks to individuals. This meant that 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.

The provider told us that the staff had the knowledge which enabled them to recognise and respond to situations appropriately. We were told that staff had training in safeguarding which was updated every year. All of the staff we spoke with confirmed that they had received training in safeguarding. We looked at the training matrix which confirmed this.

One member of staff told us: "If I had any safeguarding concerns I would report them to my manager. I get safeguarding training every year".

The provider had safeguarding policies and procedures for all staff to adhere to and they told us that these were discussed in team meetings and training and in the employee handbook. We looked at the employee handbook which confirmed this.

## 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.

Appropriate checks were undertaken before staff began work.

### Reasons for our judgement

We looked at three staff records on the day of our inspection. We saw evidence that checks had been made to ensure people recruited were of good character.

Providers must ensure that staff are suitable to work with vulnerable adults. One check used to be called the criminal records bureau check (CRB) and was changed to the disclosure and barring service (DBS) check. In all records we looked at we saw that staff had a clear, enhanced DBS check with a date within the last three years.

All of the staff files we looked at contained two references for each member of staff. The provider had consistently ensured that people recruited were of good character. This meant that appropriate checks were undertaken before staff began work.

We were told that health checks had been routinely completed for staff before they started work. This was confirmed in the staff files we looked. This meant that staff were fit for their role.

We completed a spot check on the provider's computer system on staff registered with the Nursing and Midwifery Council (NMC). We found that two nurses NMC registrations had expired. It was unclear from the system whether the staff had up-to-date nursing registrations. We cross referenced this on the NMC website and found that those two members of staff were registered appropriately. The expiry dates on the system implied that the nurses were not registered and therefore not legally able to undertake nurse duties. We could not be confident that the provider's system for updating staff registration details was up-to-date. The registered manager told us that they would investigate this as a matter of priority.

The registered manager contacted us the day after the inspection and told us they had reviewed why some of the NMC records were not up-to-date on the system. They told us the staff member and a second staff member had subsequently been trained on this specific task and written procedures had been updated. The registered manager sent us records which confirmed all staff members NMC registrations were up-to-date.

The registered manager told us an alert had been set up on the system to ensure that registration expiry dates would not be missed in the future. The registered manager told us they had access and the ability to interrogate the system at any time. We were told that the registered manager's personal assistant had been trained on the system and their role had been changed to include checking the system on a monthly basis.

We found relevant qualifications for staff in the files we looked at and training certificates for the courses they had attended. All of the staff we spoke with said they had received the necessary training to support people confidently in their role.

We saw that each member of staff received a 'training and competence passport' relevant to their roles. These passports include a checklist of mandatory training that staff needed to complete, recommended reading, self-assessments and a continuous professional development log for staff to complete.

One member of staff told us: "I have to complete mandatory training and specific nurse training. I also have a mentoring role and support other members of staff". This meant that people were cared for, or supported by suitably qualified and skilled staff.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw there were systems in place to assess and monitor the quality of care, support and treatment provided to people.

We saw that questionnaires were completed regularly by people who used the service and their families. This meant that the service regularly consulted with people to improve service quality. This meant there were opportunities for people to give their feedback about the service and influence the way it was delivered.

We received a quarterly quality report from the service. This told us how the service was performing against essential standards of care. We found that appropriate action was taken to improve service quality. We read some of the comments from people who used the service and their families.

One comment read: "We would like to say a big thank you for being so kind and patient and looking after X so well. The hospice is a beautiful place with beautiful caring people in it".

Another comment read: "Having the support of St Giles was invaluable for [my relative] as it came at a time when [they] needed it most. You do an excellent job that makes all the difference for families in need".

Another comment read: "I personally would like to say how fantastic you all are you gave [my relative] [their] dignity back and self-esteem".

We saw that regular audits were completed to monitor the quality of the service provided. These audits included; health records; ward monitoring; discharge planning; pressure ulcers; medication management and infection prevention and control. Appropriate action plans were devised if any concerns had been identified. 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.

We saw evidence of a complaints policy to enable positive outcomes for people who used the service. We saw that a log of complaints and concerns had been put in place by the provider. We saw from the policy that complaints were acknowledged in writing. This meant that the provider took account of complaints and comments to improve the service.

The registered manager told us and we saw records to confirm that accidents and incidents were clearly documented and logged. We were told and saw that information on accidents and incidents was analysed with appropriate actions taken. There was evidence from discussions with the registered manager that learning from incidents and investigations took place and appropriate changes were implemented.

## 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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