

Review of compliance

<p>St Nicholas Hospice (Suffolk) St Nicholas Hospice</p>	
Region:	East
Location address:	Hardwick Lane Bury St Edmunds Suffolk IP33 2QY
Type of service:	Hospice services
Date of Publication:	April 2012
Overview of the service:	<p>St Nicholas Hospice Care is a registered charity governed by a Board of Trustees. We regulate two of the services, Sylvan Ward and The Community Hospice Team. The service covers West Suffolk and Thetford. Sylvan ward has twelve beds registered. The ward offers 24 hour nursing care until people return home. This hospice also provides care at the end of peoples lives when it is not possible for effective</p>

	care to be provided at home. The Community Hospice Team support 320 people in the community.
--	--

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Nicholas Hospice was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with twelve people who use services. We met with people during our visit and telephoned people by arrangement to seek their feedback. The response we received was overwhelmingly positive. Everyone spoke highly of the individual treatment and respect they were afforded throughout all their contact with various aspects of the hospice service.

One person told us, "I am treated as an individual. I'm not spoken down to. I'm able to ask lots of questions".

Another person told us, "What is extraordinary is that my nurse knows exactly the right thing to say. She knows me as an individual".

People did have influence on how the service was run. A typical statement was: "They assessed what the patients wanted to get from the hospice by asking us as a group what we would like in terms of services and provisions".

During a visit to the hospice people who use the service confirmed that their care was well planned and supported by the experts in the multidisciplinary team. People stated that they felt their care met their individual needs in both the hospice and when they were at home.

One person told us that the care was seamless "When we met to review my medication everyone was very good. I did not need to go over everything again. The doctors, everyone was up to date with the situation".

Another person told us that the Community Hospice Team "Were instrumental in getting me out of hospital and back home as soon as was possible. They sorted out all my new

disability issues and knew just where to get all the equipment from. I felt very supported".

All the people that were spoken with during a visit to the hospice and through telephone contact confirmed that the staff were wonderful, knowledgeable, caring and considerate. They behaved in a professional way and nothing was ever too much trouble.

One person told us, "My nurse is excellent she is highly trained and good at her job. She has a good manner about her".

Another person told us, "They seem to know so much. They are always quick to put you on to the right person to solve a problem".

What we found about the standards we reviewed and how well St Nicholas Hospice was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome. 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.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider is compliant with this standard. People were cared for, or supported by suitably qualified, skilled and experienced staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. The provider has an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with twelve people who use services. We met with people during our visit and telephoned people by arrangement to seek their feedback. The response we received was overwhelmingly positive. Everyone spoke highly of the individual treatment and respect they were afforded throughout all their contact with various aspects of the hospice service.

One person told us, "I am treated as an individual. I'm not spoken down to. I'm able to ask lots of questions".

Another person told us, "What is extraordinary is that my nurse knows exactly the right thing to say. She knows me as an individual".

People did have influence on how the service was run. A typical statement was: "They assessed what the patients wanted to get from the hospice by asking us as a group what we would like in terms of services and provisions".

Other evidence

We looked around most of the hospice and found that the environment was light, fresh, clean, and spacious. There were appropriate facilities that enabled people to receive

care and support in a therapeutic environment. This ensured privacy was possible whilst having access to a multidisciplinary team and associated medical equipment.

During a tour of the hospice, it was observed that in most of the public areas there was information regarding treatments available, support service that could be arranged, information about conditions and other services.

There is a multi-faith room that is accessible to all people who use the service and their families. The service also had a chaplain available.

We saw evidence from a survey of the 'User Advisory Group' that was completed in May 2011. The hospice was seeking the views of people who use the service by asking the question, 'what services the hospice should develop over the next five years?' This demonstrated that the service was actively involving people in future developments.

In addition we saw a copy of the Patient and Family Satisfaction Surveys 2010 – 2011. This survey was developed through the 'service users forum' and was collated by an independent facilitator. The survey findings were in the majority positive, but did give some constructive feedback for future development. The survey showed how and what action was taken as a result. Future surveys were being developed based upon best practice found in other hospices. This evidence demonstrated people were involved in influencing how the service was run.

Our judgement

The provider is compliant with this outcome. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During a visit to the hospice people who use the service confirmed that their care was well planned and supported by the experts in the multidisciplinary team. People stated that they felt their care met their individual needs in both the hospice and when they were at home.

One person told us that the care was seamless "When we met to review my medication everyone was very good. I did not need to go over everything again. The doctors, everyone was up to date with the situation".

Another person told us that the Community Hospice Team "Were instrumental in getting me out of hospital and back home as soon as was possible. They sorted out all my new disability issues and knew just where to get all the equipment from. I felt very supported".

Other evidence

We met relatives in the hospice who told us that they felt supported by hospice staff. One relative told us they were able to continue to care and give treatment to their relative as they did at home. They were also encouraged to show new nursing staff how to offer treatment as part of advocating for their relative therefore ensuring continuity of care.

Another relative we spoke with told us that they felt they were working together with the community hospice nurse and this enabled their relative to die at home. They went on

to tell us that after their relatives death the hospice was still there for them and the family. "I cannot speak highly enough of the hospice. It is a fantastic peaceful place that I feel I belong. The whole experience could not have been made better".

We looked at the care planning process and found that plans developed by the Community Hospice Team were then used and transferred with people as they used Sylvan ward at the hospice. A nurse explained that the care plan was developed with the person and with their family if appropriate. The person receiving care then kept the file and could access this at any time so they were aware of their plan. A record of care and support was completed based upon the daily living domains such as mobility, hygiene and eating. The person completing the record was the person who provided the support, but this was overseen by a registered nurse.

The plan in place had also been informed by assessments completed. These depended upon the needs of the individual, but we typically saw bed rail assessments, manual handling assessments, pressure area prevention based upon waterlow assessments and mouth care assessments.

All aspects of the care and support plans we saw were up to date and completed in detail by all disciplines within the hospice that had relevance to the person. Plans also included a section for family/carers. Genograms were in use to better understand relationships that surrounded the person using the service. There were also sections on patient experience that went into detail about people's individual understanding of the situation, their expectations and future plans. There were advanced care planning processes in place with spiritual care notes that supported individual wishes and preferences. Therefore, we were able to establish that people were getting appropriate care to meet their individual needs.

We spoke with a nurse in the Community Hospice Team. They had a good understanding of diversity, culture and individuality. We were told that the team had a good understanding of issues of consent and were keenly aware of the need to develop trusting relationships in order to support people in their own homes. The nurse said that they always point out that people can choose not to have their service and can change their mind at any time.

Our judgement

The provider is compliant with this outcome. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Of the people that were spoken with during the visit to the hospice, they all confirmed that they felt very safe in the hospice and that staff were approachable to discuss any of their concerns.

Other evidence

We met and spoke with a member of staff that was the lead on protection from abuse matters within the hospice. Their knowledge and experience of policy, procedure and local systems in operation with regard to protecting people who use the services led us to feel confident that such matters would be dealt with appropriately. We were told by the same person, and records confirmed, that safeguarding vulnerable adults and children from abuse was a mandatory training session for all who work at the hospice.

We spoke with staff and asked them about their knowledge, understanding and training received with regard to safeguarding adults and children from abuse. We were pleased to find that staff had a good understanding of types of possible abuse and knew their role in alerting and who that should be in order to safeguard people who use these services.

Our judgement

The provider is compliant with this outcome. 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.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

All the people that were spoken with during a visit to the hospice and through telephone contact confirmed that the staff were wonderful, knowledgeable, caring and considerate. They behaved in a professional way and nothing was ever too much trouble.

One person told us, "My nurse is excellent she is highly trained and good at her job. She has a good manner about her".

Another person told us, "They seem to know so much. They are always quick to put you on to the right person to solve a problem".

Other evidence

The staff we spoke with during our visit were knowledgeable, polite and efficient. Staff told us that they were appropriately trained and supported to do their job. Staff spoke of the different types of support they received that included monthly clinical supervision and team support through meetings.

We were told by staff that they were given vouchers to access counselling should they need it. We were sent more information that showed all staff were offered six confidential counselling sessions a year with qualified counsellors.

We were sent evidence of the mandatory and statutory training delivered to staff at the hospice. This included training such as manual handling, health and safety, food

hygiene, first aid, equality and diversity and fire training.

There were mandatory and statutory training sessions set out for clinical staff with the frequency of retraining indicated. These included; blood transfusions, resuscitation, medical gas safety, and safe use of insulin and medicines management competencies. Clinical staff were currently undergoing a review of their medicines management competencies as a response of the service identifying missing medicine. This retraining was put in place to try to ensure the incident did not reoccur. We also found the hospice had implemented the changeover to T34 syringe drivers as per the national alert and nurses had received training.

In addition we were sent information and evidence to show that St Nicholas Hospice was a continuing developing establishment. Examples of evidence included; assessment competencies that described the behaviour and skill needed by staff, The Community Nursing Team learning day agenda and the report written at the end of a piece of work with care homes that was introducing and enhancing end of life care in residential care homes.

Our judgement

The provider is compliant with this standard. People were cared for, or supported by suitably qualified, skilled and experienced staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People confirmed that the hospice looked after all their needs and that there was always someone who could help them.

A comment on the patient and family survey for 2010 – 2011 said ": I couldn't improve it. I've never met such kind people in my life".

Other evidence

St Nicholas Hospice use the Times Best Companies Staff Satisfaction Survey each year to find out what staff think about the organisation and the management thereof. The feedback the hospice received at the time of our visit was, "On behalf of Best Companies, I'd like to congratulate you on achieving position 67 on The Sunday Times Best Not-For-Profit Organisations list 2012. You should be truly proud that your employees and colleagues recognise you as one of the Best Organisations to Work For".

At the end of 2011 the hospice was introducing the changeover to T34 syringe drivers, however this did not go according to plan and there were problems in the changeover. One of the ways that this provider has demonstrated that they look at incidences to improve practice was to openly send us information about the problems that occurred and their analysis as to why this happened and how to ensure it did not occur again by planning out what should have happened. We were assured that through the process patient care was not affected.

We were also sent evidence of the current work of the Quality and Audit Committee.

The committee has clear frames of reference and we were shown the structure and how this feeds into the service provided. The work of the committee was varied but included; a monthly hand hygiene audit to encourage appropriate hand washing with the facilities provided and an audit completed on meeting nutritional need. As a result of this audit different adapted cutlery was purchased. An audit of falls was analysed in detail and the findings showed that people were more likely to fall whilst going to or returning from the toilet. Therefore staff could be more aware and vigilant to prevent falls and injury occurring.

The Quality and Audit Committee was one of six committees that fed into the Clinical Management Group that in turn reported to both the User Advisory Group and the Clinical governance Committee who in turn reported to The Trustees. This organisational structure demonstrates clear lines of responsibility, involvement of people who use services and allow the trustees to have working knowledge of the hospice.

Our judgement

The provider is compliant with this outcome. The provider has an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA