

Review of compliance

<p>St Leonard's Hospice York St Leonard's Hospice</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>185 Tadcaster Road York North Yorkshire YO24 1GL</p>
<p>Type of service:</p>	<p>Hospice services</p>
<p>Date of Publication:</p>	<p>November 2011</p>
<p>Overview of the service:</p>	<p>St Leonard's Hospice is a registered charity. It provides In-patient, Day Care and a Hospice@Home Service for people with life-threatening illnesses - often, though not always, cancer. The service can accommodate 20 adults in the In Patient Unit. Information about the service and how it operates can be obtained by contacting the service. No direct charge is made to people using these services.</p>

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

Our current overall judgement

St Leonard's 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 19 October 2011, checked the provider's records, 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

During this visit we looked at care provided on the In-Patient Unit. We did not visit the area where Day Care is provided.

People we talked with spoke highly of the care and support they received at St Leonard's Hospice. One person commented "I've been really well looked after." Whilst another told us "Care is all that you need", with their relative adding "I can't fault the care. Anything we need - then we get it straight away." A third person said "The care is excellent. I'm so impressed."

We did not receive any negative comments about the care, the staff group or indeed how the service was being run.

People told us about the excellent meals that were served to them, and the snacks and extra drinks that were available at any time, day or night. One person said it was like a hotel and another told us how they had been offered toast and soup in the night when they couldn't sleep, which had been very welcome.

People pointed out to us the well maintained gardens, rural outlook and also wildlife seen from their rooms. This means the outside environment was having a positive impact on their day to day lives.

What we found about the standards we reviewed and how well St Leonard's 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

People are included, wherever possible, in decisions about their choice of care and support, and people's privacy and dignity rights are respected.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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

People receive safe, effective care, which meets their needs.

Overall, we found that St Leonard's Hospice was meeting this essential standard

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

People are protected from abuse and the risk of abuse and their human rights are respected and upheld.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Care staff receive the training and support necessary to enable them to care for people in an effective and safe manner.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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

People receiving care and support at St Leonard's Hospice receive safe quality care because the service effectively assesses and monitors that care delivery to ensure it is appropriate.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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

People told us they were consulted about the care and support they receive. One person said "They always give you a choice. They say do you want to get up yet? Do you want to stay in bed a bit longer? I get given choices all the time." Another person said they were properly consulted about their treatment options and what these meant for them.

People also told us their privacy and dignity needs were always respected. One person said that staff didn't enter their room if there was the engaged sign on the door. They said staff knocked on the door and waited to be invited in. They added that screens were used in the bathroom to increase the privacy there.

One person told us that they had been staying at the hospice when a person in the same room as them had died. They told us they were so reassured by the staff response. And with the dignified and respectful way staff cared for the individual following their death. They said they felt comforted to know that this type of care would be given to them, when their time comes.

We observed the way staff interacted with people who were staying there. We saw this was consistently done in a sensitive and respectful manner. Staff spoke quietly to

people about personal matters and people weren't rushed to respond or to make decisions.

Whilst we did not witness any care being provided we did listen to the way two care workers talked to an individual before changing their position in bed. We heard them telling the person what they were going to do, before they carried out the manoeuvre. Then they gently talked them through what they were doing. This helps to make sure people are included and informed about the support they are receiving.

Other evidence

A visitor told us they were impressed with the way staff spoke and interacted with their relative. They said staff always showed them great respect. And they said they had seen, during their visits, how staff had responded to other people staying there. They said these interactions were always totally respectful and conversations with people were held quietly, in order to protect their privacy and dignity.

We observed that people's care records were written in a way that emphasised the need for people to be kept informed and consulted about the type of care or treatment they were to receive. This ensures people are included in these decisions.

The first pages of people's care records encourage individuals to 'score' their main symptoms, like fatigue or pain. This review, which is done three times each week helps to show that people are properly consulted about how they are feeling and whether aspects of their treatment and care need to be reviewed.

We saw that the service provides written information for patients and their visitors to read. This information stresses the importance of working in partnership with the individual staying there, to ensure they are involved and included in decision-making about their care and treatment options.

Our judgement

People are included, wherever possible, in decisions about their choice of care and support, and people's privacy and dignity rights are respected.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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

People told us they were very satisfied with the care and support they received. They made comments like "They really have looked after me." And "We can't fault the care." Another added "The care is excellent. If I want my painkillers I just ask and they bring them straight away."

People told us of the care planning that was in progress, which would enable them to return home. They added that this planning was very thorough, and the service would make sure everything was in place before they went home.

Other evidence

A visitor told us "The care is absolutely brilliant. You really can't fault it". They added that if you need anything then they (the staff) bring it straightaway. They commented that their relative was much more rested and relaxed than they had been whilst at home and at the local hospital.

People are admitted to the hospice following a referral from another healthcare professional, like their GP, Macmillan Nurse or hospital doctor. Information about people's care needs are shared between these professionals and senior clinical staff at the hospice. This ensures that an admission is appropriate and timely.

People we spoke with said they didn't know much about the hospice before they were admitted, but said that care staff were expecting them when they arrived, and their care and support needs were discussed with them and their relatives. One visitor told us

their relative's plans of care were written whilst they were present, and in consultation with them. They said they weren't asked to sign any records but were asked if they agreed with what had been written down.

We found that the person's records didn't contain any signatures from that individual, or their representative. Getting consent is seen as good practice as it helps to show that they had given consent for the care to be provided.

However the registered manager sent us new documentation, following the visit, which has been introduced at the hospice in the last few weeks. These new records require a signature of consent for care, from individuals or their relatives. If a signature cannot be obtained then care staff must record the reason for this. This new process will help to demonstrate that people's consent to receive care and support is being actively sought.

We looked at care records for three people. We saw that these were written in a way that emphasised the need to work alongside the individuals, to include them in decisions about their treatment and care in order to promote their independence and self worth. We saw too that these had been amended as people's care needs had changed.

Assessments of risk are completed with care plans in place, where increased risk is identified, stating how the service is minimising the risk of harm to that individual. We saw detailed daily records describing the support provided and we saw care staff reading and writing in these records.

We saw that meetings are held each week where people's care and well-being are discussed. The people present at these meetings include healthcare staff and other professionals like the social worker and chaplain. This is so that people's emotional and spiritual needs can be discussed, as well as their physical care and support needs.

However the care records we looked at did place a greater emphasis on meeting people's physical needs. We spoke with one person in the multi-disciplinary team who thought that people's spiritual needs were being well met by the service, but we found the records didn't evidence this very well.

Our judgement

People receive safe, effective care, which meets their needs.

Overall, we found that St Leonard's Hospice was meeting this essential standard

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

People we spoke with didn't really comment about this outcome. They did however tell us they felt safe staying at the hospice and trusted the people they came into contact with there. All those we spoke with said they would tell either another member of staff or their family if someone working there had been unkind to them.

Other evidence

We observed that people who use the service are supported by staff who are committed to ensuring individuals are included and consulted about the care they receive. This helps to make sure their human rights are promoted and upheld.

A number of people work in a variety of roles at the hospice, as volunteers. The provider confirmed that all of these people have police checks completed before starting to volunteer at the hospice to check they are not barred from working with vulnerable people because of a previous incident. These checks contribute to keeping people safe from harm. We did not see these checks, though the provider offered to show us.

Some people receiving care at the hospice like to use bedrails to help them to more easily change their position when in bed. However the service recognises the use of bedrails as a form of restraint and an assessment of risk is carried out before using them. This helps to ensure that when necessary, bedrails are the most appropriate means of keeping people safe from harm. One visitor told us they were asked about the use of bedrails to keep their relative safe, though they didn't sign their agreement.

Similarly their care records stated that the individual had agreed to the use of bedrails, but no written consent was obtained. Obtaining written consent is the best way of evidencing that people have consented to the use of this type of restraint. We didn't see any evidence of written consent in the records we looked at.

Staff spoken with told us they had received training in abuse awareness and training records supported this.

We spoke with two members of staff and described an imaginary safeguarding incident that could happen in any care setting. Both were very clear that people cannot be mistreated in this manner. Both said they would report the incident immediately to the person in charge. One person when asked said that they would report the incident even if the person asked them not to tell anyone. This is good practice as it shows that staff know they cannot keep secrets in these circumstances.

The service has a clear process of reporting any allegations to a member of a senior clinical team, one of whom is always on-call, who then reports to the registered manager. We spoke with a member of the senior team and the registered manager who were very clear about their own roles in protecting people and keeping them safe. This is in line with their service policy.

However whilst the senior clinical person stated their immediate priority was to make sure the alleged abuser is prevented from having any contact with the people staying there, the priority for the nurse in charge was to report the incident to a more senior person.

The registered person could consider at what point in the reporting process should an individual accused of mistreating people, be stopped from having any further contact with the people staying there. This would minimise the risk of further harm.

The registered person could also consider displaying the contact details for the local authority, who take the lead in investigating safeguarding concerns. This would more easily enable staff to report a safeguarding concern themselves, if they felt unable, for whatever reason, to speak with senior staff at the service.

Our judgement

People are protected from abuse and the risk of abuse and their human rights are respected and upheld.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People spoke very positively about the staff working at St Leonard's Hospice. They made comments like "The staff certainly know what they're doing. I think there's enough of them. There's always someone around." Another told us "I'm positive they know what they're doing. They're wonderful."

One person said they thought a hospice could be a depressing place. But that wasn't the case at all. They added "Everyone's really upbeat and cheerful. There's lots of laughter. It's really nice."

Other evidence

We observed that the staffing levels are good, with enough nurses and care workers to deliver care safely and appropriately. We observed one person being given some painkilling tablets and this task was completed in a safe and unhurried manner.

We also observed that care staff spoke with people in a kind and sensitive manner and the written care records helped to demonstrate that people's health and personal care needs were properly considered and managed.

We spoke with a care worker who told us they were provided with a lot of training to enable them to carry out their work. They said the organisation was very supportive in ensuring essential updating training was provided in a timely way. We saw evidence of this person's training, which confirmed what they had told us, and the provider also showed us the service's training schedule, which showed the wide range of training provided for staff.

A registered nurse also confirmed that they received appropriate training, both locally and in attending external events. These help to ensure their practice is kept up to date. The service also provides the opportunity for staff to meet quarterly, so that new learned knowledge can be more formally shared with colleagues.

Staff that we spoke with told us they enjoyed their work. They said they worked well as a team, and supported each other as necessary. We saw that staff received annual appraisals, where their work and personal development were discussed. Staff told us that support systems were generally informal, with staff saying that they could speak with colleagues or senior staff at any time and could access more formal counselling, should they request this.

One member of staff told us the service holds regular reflective practice meetings where staff can share their thoughts in a 'safe' environment. St Leonard's Hospice has two care teams, each led by a Senior Staff Nurse. There are also two Sisters and one Senior Sister, who have responsibility for the running of the In-Patient Unit. Staff told us that each team hold regular meetings. The staffing rota is planned in such a way to facilitate the maximum attendance of the team members at their meeting.

Staff spoken with told us that the informal and 'as required' support and supervision sessions currently in place are appropriate for their needs. The registered manager also told us of some of the other systems in place to ensure staff receive adequate support and supervision, when they need it. The registered person needs to be satisfied that the current way of providing support is suitable and appropriate for all the staff team.

Our judgement

Care staff receive the training and support necessary to enable them to care for people in an effective and safe manner.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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 we spoke with didn't comment about how the service was being monitored. One person said they had seen that there was information written about the service, (the service user guide), but hadn't looked at it.

Other evidence

We looked at some of the quality monitoring processes in place during the visit and the service also sent us some more records to demonstrate their compliance with this outcome.

Because care staff enable and support people to make decisions and remain in control of their lives as far as possible, this means that people are able to comment on their care and influence how the service is being run.

The service has a number of staff groups which look at different aspects of how the service is running. These include areas like health and safety, infection control and catering. These meet regularly to monitor these specific areas. We were provided with minutes from some of these meetings, which showed that action plans were drawn up when change was needed and re-looked at to check the actions had been met.

We have seen evidence of medication audits and also checks of care planning records to ensure the required information is always completed. We again saw that action plans are drawn up where shortfalls are identified, and these audits are then re-looked at to make sure the improvements have been maintained. Other checks around care

practices are also completed to ensure consistent safe care is always provided.

We saw a range of assessments in place to manage the risk of harm to minimise that risk for the people who stay there and those who work there and who visit the service.

The registered manager has liaised appropriately with the commission and has notified us promptly, as she is required to do, about specific incidents which happen at the service.

The commission has received one complaint about the service in the past year and we asked the provider to look into this. The service provided us with comprehensive information in response to this complaint and we were satisfied that the complaint was taken seriously and responded to appropriately and in a timely way.

Our judgement

People receiving care and support at St Leonard's Hospice receive safe quality care because the service effectively assesses and monitors that care delivery to ensure it is appropriate.

Overall, we found that St Leonard's Hospice was meeting this essential standard.

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

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