

Review of compliance

St Clare West Essex Hospice Care Trust
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Region:	East
Location address:	St Clare Hospice Centre Hastingwood Road Hastingwood Essex CM17 9JX
Type of service:	Hospice services
Date of Publication:	September 2011
Overview of the service:	St Clare's Hospice serves the population of West Essex and East Hertfordshire and provides management of problems associated with a life limiting disease and palliative care. It has a short stay eight bedded in patient unit for assessment, symptom management and terminal care. Therapeutic day services including complimentary therapies and clinical interventions are

	also provided for up to 12 outpatients a day.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Clare West Essex Hospice Care Trust was not meeting one or more essential standards. Improvements are needed.

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 16 March 2011, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We met with people who were attending day services, as well as a person who was an in patient together with their relatives and another person with previous experience of the in patient unit. We received no negative comments about people's experience of the service. People with whom we spoke with were very happy with the services provided by St Clare West Essex Hospice. One person told us "There is a warm and friendly ambience as you walk in the door and it never stops". Another person told us "It is a wonderful place; it feels like home, you will never find a better place."

Everybody told us that they were fully consulted about their care and treatment. People attending day services and who had previously received in patient treatment told us continuity of care was good and supportive.

People spoke highly of the meals provided and told us they were always given choices. They praised the chef and kitchen staff and said that meals were always well presented and appetising.

People knew how to raise any concerns and were given the opportunity to provide feedback on the level of service received.

Everyone with whom we spoke with told us that the staff at the hospice were very helpful and kind and knowledgeable about their needs and "Nothing was ever too much trouble." They said the environment was pleasant, restful and clean.

What we found about the standards we reviewed and how well St Clare West Essex Hospice Care Trust 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

We have a minor concern with this essential outcome and improvements are required.

People who use the service are given reliable, accessible information about the nature of services available to them and are given opportunities to influence or be involved in how the service is run.

The service must ensure that care practices balance safety and effectiveness with maintaining the dignity of the person who uses the service.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

We have a minor concern with this essential outcome and improvements are required.

People who use the service may not always be fully protected to ensure they have understanding or the capacity to consent to their treatment.

People who use the service may not be fully involved in the clinical decision in relation to CPR resuscitation.

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

We have a minor concern with this essential outcome and improvements are required.

Although it was clear to us that people benefit from a range of services to meet their care needs opportunities for some diversion and stimulating therapies were not consistent for all people using the service.

Proper steps are not taken to ensure people being readmitted have all their needs re assessed that would ensure appropriate care and support.

Outcome 06: People should get safe and coordinated care when they move between different services

Overall we found St Clare's Hospice was meeting this essential standard.

People using the service benefit from safe and co-ordinated care that seeks advice and input from other professionals to ensure their support and wellbeing.

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

Overall we found St Clare's Hospice was meeting this essential standard.

Management and staff at all levels have the knowledge and systems in place to ensure people are protected from abuse.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Overall we found St Clare's Hospice was meeting this essential standard.

People who use the service benefit from an environment that is safe, clean and comfortable.

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

We have a minor concern with this essential outcome and improvements are required. The service recruitment policy and practices need to be reviewed and updated to ensure new staff recruited are safe and fit to do their job.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Overall we found St Clare's Hospice was meeting this essential standard.

There are systems in place to ensure staffing levels are sufficient to meet people's assessed needs.

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

Overall we found St Clare's Hospice was meeting this essential standard.

People using the service benefit from having their care delivered by staff that are skilled, experienced and supported in their role.

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

Overall we found St Clare's Hospice was meeting this essential standard.

People who use the service benefit from safe quality care, treatment and support that is regularly monitored and people are regularly consulted about their views regarding service provision.

An annual agenda for action would ensure planned and continued service improvement.

Outcome 17: People should have their complaints listened to and acted on properly

Overall we found St Clare's Hospice was meeting this essential standard.

The service has appropriate means to enable people to make comments or complaints. These are welcomed by the hospice and used effectively to understand and correct any shortfalls in quality of service provision.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

We have a minor concern with this essential outcome and improvements are required. People who use the service can not be confident that their personal care records are always accurate with up to date information and regularly reviewed which would help to ensure safe and appropriate care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke with told us that they were very happy with the services provided by St Clare West Essex Hospice and they felt involved in the decisions regarding their care and treatment.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010.

We found the general atmosphere of the hospice to be relaxed and friendly. We observed staff to be respectful in their approach to people using the service and support was provided with sensitivity.

All in patient accommodation is provided in individual rooms with en-suite facilities. We saw staff to knock and wait before entering bedrooms.

Each room has it's own outside secluded patio area which ensured privacy. We were told that the hospice has an open visiting policy and facilities were available for family to stay.

The manager told us that the hospice runs a user involvement forum. The forum

attended by hospice users, carers and families is held quarterly and is intended for people to be actively involved in the development of the hospice care services. The agenda includes service suggestions and we were told the most recent outcomes from the forum is the development of the hospice bereavement support service and the revamp and update of the general information leaflet with input from the forum.

The bereavement service supports patients and those close to them with pre-bereavement care and follow up bereavement support to carers and relatives of patients who are known to St Clare Hospice and/or the MacMillan Nurses.

We saw information leaflets containing hospice and individual service information and contact details available for every service provided by the hospice and freely displayed in the main reception area.

Comment cards are placed around in patient and out patient services with a comment box for posting also freely accessible in the main reception area.

People who use the service, and their representatives, have the opportunity to comment on the care and treatment they receive through patient questionnaires provided following any care episode delivered by the hospice. Results provided for the period September 2010 to March 2011 indicated that all respondents were made to feel welcome on arrival were treated as an individual and with respect, had the opportunity to ask questions and always received truthful and knowledgeable answers, staff were always willing to listen and the team responded effectively to their, and their families, needs.

During our visit we saw a situation managed in a way that did not promote or maintain a person's dignity and privacy in that their condition was being monitored by nurses through a listening device. We were told by staff that as there was not enough staff to supervise the patient continually and their relative was on route, the listening device is usual practice for safety. Staff told us that listening device's are usually used, particularly at night and this had not been raised as a concern before. During our discussion with the ward manager and hospice manager about privacy, dignity and people's rights the ward manager and the hospice manager told us that the listening device was used in instances of reducing risk. If there is an issue of risk then this should be assessed and alternative and appropriate measures such as one to one nursing should be put into place to reduce that risk, meet all assessed needs and uphold people's dignity.

Our judgement

We have a minor concern with this essential outcome and improvements are required.

People who use the service are given reliable, accessible information about the nature of services available to them and are given opportunities to influence or be involved in how the service is run.

The service must ensure that care practices balance safety and effectiveness with maintaining the dignity of the person who uses the service.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome area.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010.

The provider has a written consent policy which includes issues relating to incapacity and advance statement. The policy provides guidance to staff on the arrangements in place for people, or their representatives where necessary, to be involved in giving or withholding consent in relation to the provision of care, treatment and support and takes into account the Mental Capacity Act.

Prior to our visit, the manager completed a self assessment with regard to this outcome. The manager advised that an internal audit identified that improvements were required in relation to the lack of recorded evidence in individual care notes of advanced decisions, lasting power of attorney or best interest decisions, assessment of capacity and any actions taken to protect and support the patient appropriately when they may lack capacity to give consent. The provider has provided us with an action plan to address this issue through staff training by October 2011.

The manager told us that as far as possible people are involved in making decisions about their care. Staff told us that people are encouraged to participate in the decisions and choices related to their care. The communication records in the care records we looked at contained information of the discussions held between staff and patients and relatives where relevant in relation to care pathway and treatment and service options.

We noted a Do Not Attempt Resuscitation (DNAR) decision record sheet in the care records we looked at that related to cardiopulmonary resuscitation (CPR). The decision records did not include any recorded evidence of involvement with the patient or their next of kin in the decision making process and section 5 'Reason why patient was not involved in decision' was left blank. Although it is lawful to withhold CPR on the basis that it would not be in the individual's best interests and prolonging life is not always beneficial the patients informed views and inclusion in this area is of paramount importance and should be sought.

Our judgement

We have a minor concern with this essential outcome and improvements are required.

People who use the service may not always be fully protected to ensure they have understanding or the capacity to consent to their treatment.

People who use the service may not be fully involved in the clinical decision in relation to CPR resuscitation.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke with all told us that that they were very happy with the care they had received either as an in patient for treatment or respite care, or receiving day care services. They all felt they had been part of their care planning process and were able to express or decide how they would like their care to be delivered.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

We found that the staff working at the hospice have the appropriate skills and expertise to ensure care is delivered to people safely and effectively. Staff have access to training pertinent to the needs of people using the service and are provided with ongoing support from managers and the wider clinical team.

Staff with whom we spoke with all felt that people received good care. One staff member said "People are comfortable and peaceful here and relatives are supported. Together they are reconciled to the situation and we tailor their care accordingly." Another staff member told us "We ensure we take over the caring role and allow the carers to return to their role of spouse, child or sibling."

People are usually admitted to St Clare hospice for symptom control and pain management.

The care records we looked at showed that a comprehensive holistic assessment of people's physical, psychological, social, spiritual and cultural needs was undertaken with the patient on admission. However we found that in cases where people had been readmitted new assessments were not undertaken and the old paperwork was continued with amendments. In one case we noted a holistic assessment was last undertaken in August 2010. Not only does this not ensure that all people's needs are fully reviewed in light of changing needs and stage of condition at the time of re admission but ad hoc amendments in paperwork may lead to confusion for staff and some inconsistency in the delivery of care.

The care records we looked at also showed that not all assessed needs were linked to a plan of care and the recording of a review of a needs assessment in line with changing needs was not consistent.

For example an assessment of goals, hopes and wishes for one person stated that they just wanted 'to be able to eat properly'. There was no evidence within a plan of care of how this person was to be supported to meet this person's goal. We noted for another person that a mobility assessment stated 'independent', however the daily communication records indicated that this person was 'unsteady' and required 'supervision'. Please see Outcome 21 Records.

Staff with whom we spoke with told us that they would always ask people how they would like to be cared for but this is not always written up.

During our visit we observed a comprehensive staff handover at change of shift where there was an appropriate transfer of information from nurses on the early shift to those commencing the late shift. Detailed information was given verbally in relation to people's symptoms, personal care, current emotional state and any changes to a person's condition. The doctor also provided good feedback to staff about people's clinical problems and explained reasons for symptoms and how they should be managed for the best possible outcomes for the patient. Staff to whom we spoke with told us that it is usual for an extensive handover; they told us that people's needs change very quickly and good communication skills are required to keep staff informed; staff tended to rely on their own notes for any change's to care.

There are a range of supportive and/or therapeutic groups/sessions run from the Day Therapy Unit such as creative writing, arts and crafts, quiz and massage and aromatherapy which help to provide stimulation and diversion and promote wellbeing. The physiotherapist and occupational therapist run group sessions which provide clinical support with specific problems such as breathlessness and Brighter Living group for fatigue and anxiety management.

Staff told us that they felt there was a contrast between the experience of day therapy and in patient services in relation to diversion and stimulation and the provision of therapies to promote wellbeing. One staff member told us that "access to therapies needs to change from a linear process to a circular process." Staff spoken with felt complimentary therapy on the unit was important for holistic care and needed to be offered in a structured way, but at the moment it was a bit hit and miss with a heavy reliance on volunteers. Another staff member told us "Although the in patient rooms are very comfortable, people are very isolated particularly as we no longer have dining facilities for people to eat together if they wished." Staff were unclear as to why the dining facilities for people were no longer available.

The social work service supports people with discharge planning and financial support. The social worker links people with various groups within the community. The hospice provides support to carers and all family members including children and adolescents through various groups and workshops such as there for you support group, carers group, carer's monthly drop-in, talking to children workshop and pamper day for patients and carers.

The hospice also provides a 24 hour telephone advice service seven days a week and staff with whom we spoke told us that the team provides specialist advice and information and psychological support to palliative care patients and their families in the community. The registered nurses on the in patient unit provide the advice, with support where required from the doctor and senior nurses on call. The hospice also provides an equipment loan service.

Our judgement

We have a minor concern with this essential outcome and improvements are required.

Although it was clear to us that people benefit from a range of services to meet their care needs opportunities for some diversion and stimulating therapies were not consistent for all people using the service.

Proper steps are not taken to ensure people being readmitted have all their needs re assessed that would ensure appropriate care and support.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

People told us that they felt well supported by all staff including the Macmillan nurse's and community support teams, Day therapy team and supportive groups. They said there was good communication between the hospice and their consultants and the hospital palliative care teams.

Other evidence

The provider declared full compliance with this outcome at the time of their transition registration application in May 2010. No concerns were identified by our review carried out at that time.

St Clare Hospice has a full multi professional team across all care settings; inpatient, outpatient, day therapy and community since the transfer of Macmillan nurses from West Essex Community Health Service's to St Clare. The manager told us that this recent development has provided the additional essential element of hospice care needed to ensure coordinated care, hospice care to people in their own homes and in some instances reduce unnecessary admissions to hospital.

The manager and staff could show that the hospice works collaboratively across health and social care providers. The hospice staff have robust working partnerships with GPs, district nurses, social workers and social care workers and attend regular multidisciplinary team meetings internally and externally where appropriate to help inform care needs of people. People's care files include reviews by external providers and show transfer documentation to and from hospital palliative care teams.

St Clare hospice provides care for people with a terminal or life limiting illness and staff have strong links with the Alzheimer's and Motor Neurone Disease Societies. The team have working relationships with the neuro specialist nurses to support those patients with motor neurone disease, multiple sclerosis and Parkinson's disease.

We were advised by the manager that the hospice is actively involved in joint working with gold standards framework, dying matters (National Council for Palliative Care) and Marie Curie, ensuring a planned approach to and continuing to improve palliative care of patients nearing the end of their life.

The hospice bereavement service works collaboratively with healthcare professionals to provide a co-ordinated coherent service for patients and their families.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

People using the service benefit from safe and co-ordinated care that seeks advice and input from other professionals to ensure their support and wellbeing.

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 to whom we spoke with told us that they felt safe and would feel comfortable to speak with any member of staff about any matters that may be of concern to them.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

The hospice has a Safeguarding of Vulnerable Adult's (SOVA) policy and procedure which clearly sets out lines of responsibility, reporting procedures and staff training requirements. St Clare hospice employs a social worker and as part of their role takes the lead in safeguarding and facilitates staff annual awareness training. A recent safeguarding incident was managed appropriately with positive outcomes for the person involved.

Staff with whom we spoke with demonstrated a good understanding of how they would identify possible safeguarding concerns. Staff were aware of the reporting process and confirmed that they had access to a policy and information to enable them to identify and raise a concern if necessary.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

Management and staff at all levels have the knowledge and systems in place to ensure

people are protected from abuse.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People to whom we spoke with told us that the hospice was clean and comfortable.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

During our visit we found a welcoming environment suited to the service's activities and the diverse needs of people using the service. We saw that patients were accommodated in single rooms. Patient's rooms had recently been refurbished to a good standard and provided a clean and comfortable environment. Each room had a nurse call system with an emergency alarm, private telephone, television and sound system, recliner chair, profiling bed, en-suite wet room facilities, under floor heating and air conditioning. All rooms have a disabled access to private patio and garden areas.

The grounds are pleasant and well maintained and there is a large free car park. There is a suitable level of security through a security entry phone and CCTV to external parts and main entrance of the building.

The provider told us that there are systems and processes in place for ensuring that the hospice environment and services that enable it to function are maintained. Recently a standby electric generator had been installed to minimise any risks to patients and staff from potential power cuts.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

People who use the service benefit from an environment that is safe, clean and comfortable.

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

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome area.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

As part of this review we requested a self assessment from the provider for this outcome. The provider declared compliance and provided information to demonstrate how they were meeting this outcome.

The hospice provided their recruitment and selection policy that reflects equal opportunities and covers elements of the recruitment process including application requirements including employment history; interview selection, process and assessment, selection and appointment. The policy states that appointment of new staff is subject to two references of suitability, a clear enhanced Criminal Records Bureau check and information in relation to their physical and mental health that may be relevant to their ability to work in this field and evidence of qualifications and professional membership if appropriate.

We noted that the policy was written in 2006 and had not been reviewed. The policy does not include reference to the Independent Safeguarding Authority (ISA) and appropriate checks to be undertaken with this organisation in regard to safe recruitment practice. This check should be undertaken in addition to the processes described in the

policy to help to ensure that potential new staff are suitable for the role.

Our judgement

We have a minor concern with this essential outcome and improvements are required. The service recruitment policy and practices need to be reviewed and updated to ensure new staff recruited are safe and fit to do their job.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

Everyone with whom we spoke with told us that all staff at the hospice were kind, caring and knowledgeable.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

Prior to our visit the provider told us that the service is compliant with this outcome area and they have systems in place to ensure and monitor that there are sufficient staff to meet the needs of the people who use the service. The manager advised us that there is an annual general review of staff skill mix, staffing levels and patients needs in clinical areas. The next general review is planned before September 2011 and will be undertaken by an external specialist to ensure all clinical areas have adequate skill mix and numbers of staff to deliver a comprehensive service and meet all the assessed needs of the patients.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

There are systems in place to ensure staffing levels are sufficient to meet people's assessed needs.

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

We did not speak with people about this outcome area.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

All staff with whom we spoke with were able to outline their individual role and responsibilities. They all felt supported and confirmed that they received regular supervision in a form suited and of their own choice. This may be individually or in small groups with either an internal or external supervisor. The ward manager told us that staff supervision processes were complimented by the weekly reflection group which provides peer support and enables staff to critically analyse situations encountered within their working practice. All staff spoke positively about the reflection group and told us that the sessions provide opportunity to share good practice and look at areas which could be improved.

Staff told us that there is an open door management policy and a senior clinical staff member is on call 24 hours a day for advice and support.

The development of staff is supported through an annual performance management review where additional training needs are identified based on the needs of people using the service.

Many of the nursing staff are educated to degree level in palliative care, are National Vocational Qualification (NVQ) assessors and clinical supervisors. This enables them to support the more junior staff as well as mentor student nurses, qualified nurses and

junior doctors on training placements at the hospice.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

People using the service benefit from having their care delivered by staff that are skilled, experienced and supported in their role.

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

We did not speak with people about this outcome area.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

The manager told us that quality monitoring is strategically covered by various groups, forums and committees within the organisation such as clinical governance, medication, risk management and staff training. All outcomes from quality monitoring are reported throughout governance systems to senior management team and trustees. The trustees scrutinise and question reports in detail.

Feedback and comments are actively sought from patients and families. We were told that the comment cards were reviewed quarterly and fed back to the risk management group to produce an annual summary.

The manager told us that further development in the quality assurance process is required, however, to identify, from the annual summaries, the service's strengths and weaknesses to inform an agenda for the actions required to improve the experiences of people using the service and ensure planned and continued service improvement.

The providers self assessment in this outcome area identified training for staff on

incident assessment and benefits of root cause analysis would provide a greater awareness and openness in reviewing challenges and incidents to ensure the level of care provided is continually improved.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

People who use the service benefit from safe quality care, treatment and support that is regularly monitored and people are regularly consulted about their views regarding service provision.

An annual agenda for action would ensure planned and continued service improvement.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People told us that they did not have any complaints, staff were helpful and supportive and if there was an issue they would like to raise they would feel comfortable doing so.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010.

The hospice has a well established procedure for recording, investigating and following up on complaints.

Staff are aware of the hospice complaints procedure and their part in it. Complaints were seen as a means of reviewing and improving staff and service performance and outcomes for people using the service.

People using the hospice services have access to information that informs them on how to raise a complaint.

Our judgement

Overall we found St Clare's Hospice was meeting this essential standard.

The service has appropriate means to enable people to make comments or complaints. These are welcomed by the hospice and used effectively to understand and correct any shortfalls in quality of service provision.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- * Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- * Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people about this outcome area.

Other evidence

The provider declared full compliance with this outcome at the time of their registration application in May 2010. No concerns were identified by our review carried out at that time.

We found that the hospice had procedures in place for the assessment and planning of the delivery of patient care. However we found that not all care records provided an accurate record with current and appropriate information in relation to the care and support provided to people this was because not all assessed needs were linked to a plan of care and support and review of needs assessments was not consistent with people's changing needs.

Our judgement

We have a minor concern with this essential outcome and improvements are required. People who use the service can not be confident that their personal care records are always accurate with up to date information and regularly reviewed which would help to ensure safe and appropriate care.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns: The service recruitment policy and practices need to be reviewed and updated to ensure new staff recruited are safe and fit to do their job.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: People who use the service benefit from safe quality care, treatment and support that is regularly monitored and people are regularly consulted about their views regarding service provision.</p> <p>An annual agenda for action would ensure planned and continued service improvement.cc</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People who use the service are given reliable, accessible information about the nature of services available to them and are given opportunities to influence or be involved in how the service is run. The service must ensure that care practices balance safety and effectiveness with maintaining the dignity of the person who uses the service.</p>	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: People who use the service may not always be fully protected to ensure they have understanding or the capacity to consent to their treatment. People who use the service may not be fully involved in the clinical decision in relation to CPR</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Although it was clear to us that people benefit from a range of services to meet their care</p>	

	<p>needs opportunities for some diversion and stimulating therapies were not consistent for all people using the service.</p> <p>Proper steps are not taken to ensure people being readmitted have all their needs re assessed that would ensure appropriate care and support.</p>	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: People who use the service can not be confident that their personal care records are always accurate with up to date information and regularly reviewed which would help to ensure safe and appropriate care.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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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