

**Hospice****PROVIDER VISIT REPORT**

Report of unannounced visit, submitted by the Provider Visitor in compliance with Regulation 26 (Chapter 3)/ Regulation 23 (Chapter 3) of the Private and Voluntary Healthcare (England) Regulations 2001/ 2006

<b>Name of Hospice:</b> St Clare	<b>Telephone No:</b> 01279 773702
<b>Address of Hospice:</b> St Clare Hospice Trust Hastingwood Road Hastingwood Essex CM17 9JX	
<b>Category of Registration:</b>	INH
<b>Name and Job Title of Visiting Provider:</b> Phil Quincey - Trustee Debbie Bodhanya - Trustee	
<b>Date of This Visit: 30 March 2011</b>  <b>Date of Last Visit: 27 July 2010</b>	

## GENERAL INFORMATION UPDATE:

<b><i>Has there been any changes since the last inspection to:</i></b>																									
Premises?	<p>The eight patient rooms in the Inpatient Unit have been totally refurbished, to create a modern therapeutic environment for provision of palliative care. Improvements were made to en-suite bathrooms, floor levels, lighting, ventilation, and furniture to maximise patients' independence and accommodate the complex needs of a wide range of palliative care patients and families.</p> <p>Very positive feedback from staff and patients about these changes to the rooms. It was commented that the lighting system is a little complex and that the speakers look like cameras, but generally the feedback was very good.</p> <p>A standby electric generator has been installed, to mitigate the risks inherent in power cuts.</p>																								
Trustees or Managers?	<p>Trustees: Julie Kendall appointed 25 August 2010; Mark Jones resigned 18 January 2011; Brian Moore appointed 17 February 2011</p> <p>Managers: Richard Cowie left the post of Chief Executive Officer on 28 February 2011. The Trustees have appointed Tanya Curry, Director of Patient Care, to stand in as interim Chief Exec. Sue Upton Director Fundraising resigned in December 2010</p>																								
Staff numbers/	<table border="1"> <thead> <tr> <th></th> <th>18 Nov 2008</th> <th>9 June 2009</th> <th>18 Feb 2010</th> <th>27 July 2010</th> <th>30 Mar 2011</th> </tr> </thead> <tbody> <tr> <td>Clinical</td> <td>30</td> <td>30</td> <td>34</td> <td>37</td> <td>39</td> </tr> <tr> <td>Non-clinical</td> <td>49</td> <td>52</td> <td>52</td> <td>49</td> <td>52</td> </tr> <tr> <td>Total</td> <td>79</td> <td>82</td> <td>86</td> <td>86</td> <td>81</td> </tr> </tbody> </table>		18 Nov 2008	9 June 2009	18 Feb 2010	27 July 2010	30 Mar 2011	Clinical	30	30	34	37	39	Non-clinical	49	52	52	49	52	Total	79	82	86	86	81
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Total	79	82	86	86	81																				
Statement of purpose?	No changes																								
No. of inpatient deaths reported to the Commission: since last inspection	A total of 71 deaths were reported since the last inspection																								
Any other notifiable issues reported to the Commission?	No																								

**COMPLAINTS:****Overview of the management of complaints in the hospice based on interviews with staff responsible for responding to complaints and examination of the record-**

The Hospice has a well-established procedure for recording, investigating and following up on complaints. We examined the complaint register and found that 20 had been received in the period since the last inspection, of which only one was outstanding, being under further investigation at the time of our visit. One complaint was impossible to investigate because it had been made anonymously.

**Summary of complaints received in the last six months –**

<b>Complaints: Written</b>	8	<b>Complaints: Verbal</b>	12
<b>Complaints Pending an Outcome</b>	1, which was still under investigation at the time of this inspection.		
Untoward incidents -	None during the period since last inspection.		

<b>QUALITY IMPROVEMENT Interview with clinical lead(s) –</b>	
<b>How is quality improvement managed within the hospice?-</b>	<p>Hospice management review alerts from national bodies for issues relevant to the Hospice, discuss with appropriate Trustee committee before implementing within the Hospice via line management.</p> <p>Clinical Governance and Risk Management Committees regularly review complaints, incidents, national alerts and trends for opportunities for improvement in services. Any agreed changes are then implemented via line management within the Hospice.</p> <p>Clinical team meetings review significant events and complaints.</p> <p>Other Trustee committees perform the same function for non-clinical areas.</p> <p>The full Trustee Board receives regular reports of the activity of sub-committees.</p>
<b>Is there a programme of clinical audit and what topics have been covered?-</b>	<p>Yes – the Trustee’s Clinical Governance Committee oversee the audit programme carried out by clinical staff. The partial closure of the In-Patient Unit for refurbishment enabled staff to carry out 21 audits in various areas including: Holistic notes; Pain assessment; demographic data; recording of advice line calls.</p> <p>Opportunities for improvement are also discussed at the fortnightly Group Reflection sessions.</p>
<b>How are reports disseminated?</b>	<p>Audit reports are presented to the clinical team, discussed and any necessary changes agreed before being disseminated through training sessions, team meetings and the Hospice intranet.</p>
<b>What changes/improvements have been implemented in services over the past six months following audit?</b>	<p>Refurbishment of patient rooms; transfer of MacMillan community nurses to Hospice from local PCT</p>
<b>Are there any concerns about the training and experience of staff (e.g. any shortages/recruitment difficulties)</b>	<p>No concerns stated re staffing levels, indeed, less call being made on bank staff than ever before. If bank staff are not used for a considerable time, care should be taken that they still have necessary accreditation and clearance (eg CRB)</p> <p>Comments were made about the recognition of training once it has been achieved and career development pathways within the clinical areas.</p> <p>It was alleged there is insufficient physiotherapy and OT capacity to meet all potential needs.</p>
<b>Do staff feel there is enough equipment / access to specialised equipment / facilities to enable them to care for the patients safely?</b>	<p>Generally staff are satisfied there is sufficient equipment to enable proper care for patients.</p> <p>Problems with jacuzzi bath? Bed pans/bottles being stored in toilet. Shortage of meeting/work rooms at times</p>

**PREMISES AND EQUIPMENT**

<b>Overview of the condition of the hospice premises:-</b>	<p>The Hospice is well maintained and in good repair and decorative order. It presents a clean, bright welcome to all visitors and provides a safe, calm and comfortable environment for patients, their carers and families, especially so since the IPU refurbishment.</p> <p>Kitchens were inspected and found very clean, tidy and orderly. Staff very knowledgeable about patient nutritional needs and current legislation around staff development.</p>
<b>Decorative Order</b>	Good
<b>Safe and secure environment for patients</b>	The Hospice has a robust access procedure, designed to safeguard patients' security, which is diligently applied by Reception staff, despite the need for it not always being understood by visitors.
<b>Health and safety and fire requirements in place-record of alarm testing and fire practice</b>	<p>Fire Alarm systems and emergency lighting are independently checked once each year with weekly tests carried out by hospice staff. Fire extinguishers are checked independently once each year. Fire drills are carried out twice a year. The new standby generator is being tested weekly and run for the period of time recommended by the manufacturer; quality of power generated is also tested. Satisfactory records are maintained to record all of these checks.</p> <p>The author has personal experience of intruder alarms working effectively, three days after the inspection visit !</p>
<b>Corridors clear of storage and equipment</b>	Yes
<b>Facilities and access to the building and services for the disabled</b>	The building is compliant with the disability discrimination Act. Automatic doors, ramps and wide corridors with a lift to the first floor makes it easily accessible to disabled people.
<b>Fit for purpose</b>	The Trustees are of the opinion that the premises are fit for purpose
<b>Staff lockers- Staff information</b>	Lockers are available and in use on the day of inspection.
<b>Any other comments</b>	None

**SUMMARY OF STAFF INTERVIEWS: 8 staff interviewed including management, nursing, day therapy, admin, facilities and catering.**

<b>Knowledge of statement of purpose</b>	Interviews showed that, by their actions, all staff understand the purpose of the Hospice and the part they play in delivering services aligned with the purpose. In other words, they live the purpose rather than merely being able to recite it.
<b>Knowledge of relevant policies and procedures</b>	Staff interviewed were aware of policies affecting their work and where they can be found.
<b>Awareness of risk issues, clinical and non-clinical</b>	Staff are aware of risk issues and the need for effective management of risks, especially those concerning patient well-being and confidentiality. Ongoing training is provided in risk assessment and mitigation.
<b>Awareness of complaints and suggestions procedures</b>	Staff are aware of the Hospice complaint procedure and their part in it. Complaints are seen as a means of reviewing and improving performance.
<b>Contribution to quality of patient care</b>	All staff interviewed showed a commitment to delivering quality services to patients, be they inpatient or day therapy.
<b>Opportunities for professional development and support systems</b>	Training needs and/or opportunities are identified during annual appraisals and staff are encouraged to pursue professional development, subject to usual budgetary constraints. Concerns were expressed regarding available ways to reward and/or recognise commitment to and success in continued personal development.

**SUMMARY VOLUNTEER INTERVIEWS:-**

Knowledge of statement of purpose	Purpose of the Hospice, and the need to safeguard patients, was at the forefront of their thinking.
Knowledge of relevant policies and procedures	Definitely – especially procedures intended to safeguard patients.
Awareness of risk issues, clinical and non-clinical	Yes – by virtue of reference to procedures intended to reduce risks
Awareness of complaints and suggestions procedures	Yes
Contribution to quality of patient care	Aware of contribution, even though removed from direct patient contact

**SUMMARY OF PATIENT INTERVIEWS- 2 inpatients**

Information available eg. patient guide	One was previously aware of the Hospice through MacMillan community nurses, though not detail of the services available; pleasantly surprised by the quality of facilities and warmth of welcome. The other was familiar with the Hospice through having previously attended Day Therapy, which he described as both useful and enjoyable.
Involvement in planning care	One involved in how, where and when, though not what care, since this was presented by his hospital specialist as a necessity.
Accessibility of staff	Both patients commented that staff were readily available, friendly and had time for them.
Awareness and sensitivity of staff to any particular needs	Both patients said staff were kind and caring, noting their particular requests
Maintenance of privacy and dignity	Plainly evident in both cases.
Range of activities available	Various services, therapies and activities are available within the Hospice for those patients able and wishing to participate. All refurbished in-patient rooms have audio-visual facilities.
<b>Catering/environment/ facilities in general</b>	Both patients expressed satisfaction with the choice of food available, that it was fresh and hot and the appropriate quantity. It was noted that on the evening before the inspection, the chef had prepared individual, different meals for all eight inpatients.
<b>Any other comments</b>	Rooms refurbished to a very high standard, though the lighting controls are somewhat confusing and the speakers can be mistaken for cameras. A shelf above the sink in the en-suite bathroom would be helpful for those wearing glasses.

**SUMMARY OF /FAMILY/CARERS INTERVIEWS - [None available for interview during the inspection](#)**

<b>Information available, eg patient guide</b>	
<b>Involvement in planning care</b>	
<b>Accessibility of staff</b>	
<b>Awareness and sensitivity of staff to any particular needs</b>	
<b>Maintenance of privacy and dignity</b>	
<b>Range of activities available</b>	
<b>Catering/environment/ facilities in general</b>	
<b>Any other comments</b>	

SUMMARY OF DAY CARE PATIENT INTERVIEWS [None available for interview during the inspection](#)

<b>Information available, e.g. patient guide</b>	
<b>Involvement in planning care – provision of medication/nursing care</b>	
<b>Accessibility of staff</b>	
<b>Awareness and sensitivity of staff to any particular needs</b>	
<b>Maintenance of privacy and dignity</b>	
<b>Range of activities available - Alternative therapies</b>	
<b>Catering/environment/ facilities in general</b>	
<b>Transport – waiting etc</b>	
<b>Discharge</b>	
<b>Enough capacity-any comments</b>	

We are grateful to all staff who gave freely of their time and energy during this unannounced visit and thank them for sharing their experiences and thoughts with us. It is clear from those interviews that staff are committed to providing the proper care and respect for the people using the Hospice and are, in other words, “living the statement of purpose”.

We are also grateful to the patients who spared us their valuable time and gave us their frank assessment of the premises and service provided.

We conclude that the Hospice is well run by managers and staff who are committed to giving the best to patients. We found no issues that were not already known to Managers and Trustees through existing governance processes.

P A Quincey, Trustee

D Bodhanya, Trustee