

Review of compliance

Wakefield Hospice Company Wakefield Hospice	
Region:	Yorkshire & Humberside
Location address:	Aberford Road Wakefield West Yorkshire WF1 4TS
Type of service:	Hospice services
Date of Publication:	December 2011
Overview of the service:	Wakefield Hospice is a purpose-built specialist palliative care unit that opened in 1990 providing 8 single en-suite bedrooms and 2 four bed ward areas, a Day Care Unit for 16 patients, bereavement support and education. Over the years the Day Care Unit has developed into a Drop-In Centre providing therapies, information and care for patients, carers and bereaved families. The hospice also runs a

	programme providing support to people who have survived cancer.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Wakefield 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 21 November 2011, talked to staff and talked to people who use services.

What people told us

During the visit we spoke to two people using the service and two relatives. They told us they were very happy with the care and support they received at the hospice. People told us they were involved in decisions about their care and treatment and one person said they felt they were "part of the team". They said the staff were "wonderful" and nothing was too much trouble. People told us there were enough staff to meet their needs and said that when they used the call bell staff answered quickly. People said the food was very good and said alternatives were always available if they didn't want the meals on the menu.

What we found about the standards we reviewed and how well Wakefield 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

There are suitable systems in place to make sure people using the service are respected and involved in decisions about their care and treatment.

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

There are suitable systems in place to make sure people's care and welfare needs are identified and met.

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

human rights

There are suitable systems in place to make sure people using the service are protected from abuse or the risk of abuse.

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

There are suitable systems in place to make sure that staff are properly supported and trained to meet the needs of people using the service.

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

There are suitable systems in place to assess and monitor the quality of the service provided and to take account of the views of people using the service.

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 involved in decisions about their care and treatment. They said all the staff listened to them, took notice of what they said and respected their privacy and dignity.

Other evidence

In most cases people are referred to the hospice by health care professionals. The nurse in charge explained that information about people's needs is provided when they are referred. When people come into the hospice a comprehensive assessment of their needs is carried out, usually by a doctor and a nurse, and this information is used to develop a plan of care. The nurse in charge explained that the assessment is based on what the person is experiencing and the care plans are developing in response to people's needs as they perceive them. The initial assessment looks at all aspects of the persons care needs, health, personal, social, psychological and spiritual. When people are being admitted to one of the ward areas the initial assessment is carried out in the doctors' office to protect people's confidentiality. The office is big enough to allow a bed to be wheeled in if necessary.

People using the service and/or their representatives are involved in making decisions about their care and treatment and we saw evidence of this in the records we looked at.

When there is uncertainty about people's capacity to make decisions a mental capacity assessment is carried out.

The staff we spoke to had a good understanding of the importance of recognising and respecting people's individuality. They were able to give examples of how they promote people's privacy and dignity. For example, one of the staff explained that sometimes men feel more comfortable having a male care worker to help them with personal care and similarly women are always asked if they would prefer help with personal care from a female care worker.

The hospice has 8 single en-suite rooms and two four bed bays. Each bay has its own toilet and shower room, this means the hospice is able to promote people's privacy and dignity by providing single sex accommodation.

The hospice has a chapel and employs two Chaplains. The manager told us the majority of people using the service are of the Christian faith, however, the hospice has links with other faith groups in the community and is able to arrange for religious/spiritual support for people of other faiths should this be required.

Our judgement

There are suitable systems in place to make sure people using the service are respected and involved in decisions about their care and treatment.

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 happy with the care and support they received. They said all the staff were attentive and caring and responded quickly to their needs.

Other evidence

As stated in outcome 1 people's needs are assessed when they start using the service and the information obtained during the assessment process is used to develop an individualised plan of care. The assessment covers all aspects of people's health, personal, social and spiritual needs.

In addition to the care plans a number of risk assessments are carried out for areas of potential risk, such as pressure sores, nutrition, falls, pain and moving and handling. When people are identified as being at risk a plan is put in place to address this risk. Nutritional support is provided by a dietician from the local NHS trust. People's weights are monitored if there is an identified clinical need for example, if the medication they are receiving needs to be adjusted to take account of their weight.

There is a designated lead nurse for tissue viability and if necessary additional support is provided by the community tissue viability nurses from the local NHS trust.

People using the service receive care and treatment from a multi disciplinary team consisting of medical and nursing staff, physiotherapists, occupational therapists, complimentary therapists, social workers and health care assistants. Pharmacy services are provided by the local NHS trust.

People using the service have one set of records that are used by all the disciplines involved in providing their care. This means that everyone involved in providing care and treatment has access to all the information about each person's individual needs and treatment plan. During the visit we looked at two people's records and found them well organised and up to date.

There is a multi disciplinary handover meeting every day where people's needs are reviewed. In addition there is a full meeting of the multi disciplinary team (MDT) once a week where the care and treatment of everyone on the in-patient unit is reviewed. When people are being discharged there is a formal discharge planning meeting and people using the service and/or their representatives are invited to attend.

When people are receiving end of life care the hospice uses the Liverpool Care Pathway (LCP) which is a nationally recognised integrated care pathway for end of life care. The LCP is designed to help make sure that people's wishes are taken into account and that they receive the best quality care in the final days and hours of life.

Our judgement

There are suitable systems in place to make sure people's care and welfare needs are identified and met.

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 told us they felt safe at the hospice because they are treated as individuals and listened to.

Other evidence

The staff we talked to during the visit showed a good understanding of how to detect signs of abuse and were able to tell us how they would report any concerns they might have within the organisation. Staff confirmed that training on the protection of vulnerable adults and children and the Mental Capacity Act was included in their induction.

The social work team have the lead role for safeguarding within the service. The manager told us they are currently reviewing their safeguarding policies and procedures and are working with the local authority on this to make sure their policies reflect current best practice.

There are systems in place in relation to the assessment of people's capacity to make decisions and we saw documentation relating to this in the care records we looked at.

There was one occasion in the past year when it was necessary to use the Deprivation of Liberty Safeguards. The manager informed the Care Quality Commission about this at the time.

Our judgement

There are suitable systems in place to make sure people using the service are protected from abuse or the risk of abuse.

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 told us all the staff were attentive and caring and responded quickly to their needs.

Other evidence

The manager told us that staff were required to have two written references and a CRB (Criminal Records Bureau) check before they start work. The staff we spoke to confirmed this. Volunteers who work in the hospice are required to have a CRB check before they start.

When new staff start work they undergo a formal induction training programme. This includes mandatory training such as fire safety, moving and handling and safeguarding as well as training specific to the needs of people using the service. Staff told us their induction was very detailed and included spending time in all the departments so that they had a good understanding of how the whole service worked. They said they were supported by colleagues during their induction programme.

Following on from induction training there is an ongoing programme of mandatory training, clinical staff have 3 training days a year and non clinical staff have two. The topics covered on these days include infection control, conflict resolution, safeguarding, blood transfusion (nursing and medical staff) moving and handling and fire safety. We looked at a selection of training records and they showed staff were up to date with the required training. All the health care assistants have a National Vocational Qualification (NVQ) in health and social care and the majority also have an NVQ in infection control. All the housekeeping staff have an NVQ in infection control.

There is a separate induction and mandatory training programme for volunteers; this includes moving and handling and infection control.

The staff we spoke to told us they were supported in developing their skills and knowledge and had access to mandatory and specialist training.

There is a staff support policy which is currently being reviewed by the Staff Forum group. External supervision is provided for the Chaplin, Social Workers and Bereavement Services Facilitator. Clinical supervision is available for nursing staff but the manager told us this is generally not taken up. Every week there is a reflective meeting for clinical staff, this is facilitated by one of the social workers and is an opportunity for staff to reflect on things that have happened over the past week and/or discuss any concerns they might have. Staff told us they found this beneficial. They said they are well supported by colleagues and there is always someone to talk to if they need to. In addition, staff told us they have access to the Chaplin and are encouraged to use the services of the complimentary therapists for a nominal donation.

There is an annual appraisal programme for all staff and each head of department is responsible for making sure this takes place. The manager told us Wakefield hospice works with the regional Hospice Education Network and this helps them to access staff training, particularly for non clinical staff. For example, it has enabled them to provide training to catering staff on nutrition and well being.

Our judgement

There are suitable systems in place to make sure that staff are properly supported and trained to meet the needs of people using the service.

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 did not make any comment about this outcome.

Other evidence

Wakefield hospice has established systems in place for monitoring the quality of the services provided. There is an internal auditing system which includes 6 monthly audits of people's care records, medication and infection control. The hospice has a Clinical Governance Group which meets four times a year and reviews reports on key performance indicators for example pressure sores, infection rates, nutrition and the records relating to mental capacity assessments. The service is also subject to external audits, for example by local universities to make sure it provides a suitable training environment for medical and nursing students.

The management team are in the process of carrying out a self assessment of the service in relation to the Essential Standards of Quality and Safety so that they can identify any potential non compliance and take action to address this.

Patient satisfaction surveys are given to people using the in-patient service when they are discharged and the results are analysed at six monthly intervals. We saw a copy of the findings of the most recent surveys, (January to June 2011), 18 people (72%) returned surveys and overall the results showed a high level of satisfaction with the service. For example, 14 people confirmed they were aware of how to make a complaint and 15 said they had been given a leaflet with information about the service. The hospice has implemented the regional Do Not Attempt Cardio Pulmonary

Resuscitation (DNACPR) policy which advocates discussions with people around end of life care and resuscitation. The survey results showed an increase in the number of people who had been involved in such discussions while in the hospice. All of the people (14) who had been involved in these discussions said they fully understood them.

The results of the survey are made available to people in the hospice and are published on the website.

The manager told us they are looking at other ways of getting feedback from people for example by using a hand held device which will allow them to sit with people and record their responses while they are in the service.

The service has a user/carer representative who works as a volunteer in the hospice and is a member of the Clinical Governance group. The management team also try to involve people using the service when they are developing or planning special projects, for example the survivorship programme.

The manager told us that she receives the national safety alerts and if they are relevant to the service she makes sure the appropriate person is notified and action is taken.

There is a system in place to make sure all accidents and/or incidents are recorded and investigated and to make sure action is taken to reduce the risk of recurrence.

Our judgement

There are suitable systems in place to assess and monitor the quality of the service provided and to take account of the views of people using the service.

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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