

Review of compliance

St Margaret's Somerset Hospice St Margaret's Somerset Hospice - Taunton

Region:	South West
Location address:	St Margarets Hospice Heron Drive, Bishops Hull Taunton Somerset TA1 5HA
Type of service:	Hospice services Rehabilitation services Community healthcare service Diagnostic and/or screening service
Date of Publication:	November 2011
Overview of the service:	St Margaret's Somerset Hospice – Taunton provides a range of hospice services for adult patients with life-limiting illnesses or advanced progressive conditions. Services include

	<p>an inpatient unit with 16 overnight beds, a day hospice centre and community hospice services supporting people in their own homes. Most of the hospice services are funded from charitable donations although four of the inpatient beds are part funded by the primary care trust as continuing health care beds.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Margaret's Somerset Hospice - Taunton 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 and carried out a visit on 18 October 2011.

What people told us

All of the patients and relatives that we spoke with were complimentary about the services provided by the hospice. People told us "They treat you as a person, not a number in a bed" and "what a blessing it's been, I feel privileged and I can't thank them enough".

The atmosphere throughout the hospice was relaxed, calm and welcoming. Patients told us "The staff are all very kind and helpful" and "I feel at peace here". We also talked to several visitors during our inspection and they commented on how friendly and caring everyone was. One patient said "My family and friends visit me regularly and are always made very welcome".

People staying in the hospice inpatient unit said they had received comprehensive information packs prior to admission and the doctors and nurses had discussed and explained their treatment and care needs. One person said "The doctors are very caring. One came to see me with a nurse to explain what to expect before I was admitted". Several people told us "I have no complaints" and "I don't think they could do anything better".

We also talked to patients and relatives visiting the hospice day centre and they were very pleased with the services provided. We were told "I can't speak too highly about the staff and the volunteers".

What we found about the standards we reviewed and how well St Margaret's Somerset Hospice - Taunton 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

Patients understand the care and treatment choices available to them and can participate in decisions about their care. Patients have their privacy, dignity and independence respected.

Overall, we found that St Margaret's Somerset Hospice – Taunton was meeting this essential standard.

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

Patients experience effective, safe and appropriate care that meets their individual health and welfare needs.

Overall, we found that St Margaret's Somerset Hospice – Taunton was meeting this essential standard.

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

People are safeguarded against the risk of abuse through appropriate staff training and awareness as well as an open organisational culture within the hospice.

Overall, we found that St Margaret's Somerset Hospice – Taunton was meeting this essential standard.

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

Patient's health and welfare needs are met by competent and well motivated staff being supported through ongoing training and professional development.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

Patients receive safe quality care due to the hospice's effective systems for monitoring, assessing and improving services. These systems take into account feedback from patients, carers and staff.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

We spoke with six of the patients and some of their relatives in the inpatient unit and a further six people in the Sunflower day centre. Without exception they all spoke highly about the services provided by the hospice. People told us "They treat you as a person, not a number in a bed" "The doctor explained things very well when we discussed what was in my care plan" and "A1 doesn't cover it, I can't praise St Margaret's enough".

All of the inpatients we spoke with said they had received comprehensive information packs prior to admission and the doctors and nurses had fully discussed and explained their treatment and care needs. One person said "The doctors are very caring. One came to see me with a nurse to explain what to expect before I was admitted".

Throughout our inspection we observed the interactions between staff (clinical, ancillary and volunteer staff) and patients and they were all friendly, caring and respectful. The atmosphere throughout the hospice was relaxed and peaceful.

Other evidence

We looked at a selection of electronic patient records and they contained personalised care plans to meet each individual's health and welfare needs. They included records of discussions with patients and their families about end of life care, resuscitation wishes

and mental capacity considerations. We were told that these issues were discussed as part of the admission process.

In the inpatient area we saw a whiteboard containing meal preferences and other dietary information for each patient. This included various colour coded labels that identified any special needs such as a diabetic menu, whether the patient had any communication difficulties and when enteral tube feeding was necessary. There was also information for staff about key nutritional guidelines for different religious groups.

We walked around the hospice buildings and all areas were clean, tidy and in good decorative condition. In addition to the treatment areas we saw a range of other facilities for patients and their relatives. These included a large multi-faith cultural room, a quiet room for private conversations with patients and relatives, a discrete viewing room for relatives to pay their last respects, and a large well furnished en-suite bedroom for relatives that needed to stay overnight. Portable beds were also available for patients that wanted their partners to stay with them overnight.

Our judgement

Patients understand the care and treatment choices available to them and can participate in decisions about their care. Patients have their privacy, dignity and independence respected.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

Patients were complimentary about the treatment and care provided by the hospice. People told us "They always come quickly day or night when I press my call bell" and "I can't speak too highly about the staff and the volunteers". One person told us that their spouse had not been able to walk for over a month before being admitted to the hospice. With help and encouragement from the hospice physiotherapist they were now up and about walking again. They told us "what a blessing it's been, I feel privileged and I can't thank them enough".

The hospice had an electronic patient record system. We attended part of their weekly multi-disciplinary team (MDT) meeting and observed the discussion about individual patients including their history, daily updates and agreed MDT objectives for the coming week. Actions were recorded directly onto the patient's electronic record and were accessible to all professionals involved with the person's care, including the link social worker. We also spoke with two community palliative care nurses. They told us they attended monthly meetings at GP surgeries to discuss and prioritise the needs of terminally ill patients being cared for at home.

We observed staff in the hospice's central referral centre. They recorded details of referrals as they came in and then passed them to the on duty clinician for assessment and prioritisation. We were told that the community palliative care nurses took it in turn to cover this role. The nurse liaised with the patient or their representatives to agree the most appropriate hospice service for their needs. A traffic light system was used to indicate the priority status of each referral.

Other evidence

The staff we spoke with demonstrated a good knowledge and understanding of the treatment and care needs of the individual's in their care. They said they were kept up to date with any changes in patient's care through handover meetings between shifts and they read patients daily records.

The inpatient unit was on the ground floor and many of the bedrooms had patio doors opening onto external garden areas. We were told that external doors were fitted with silent alarms to alert care staff to people entering or leaving the building.

We observed that patients had lockable cupboards by their beds to store their own medication with the exception of controlled drugs. Controlled drugs were stored in a separate secure room. We looked in the treatment rooms where dressings, blood supplies, and portable oxygen cylinders were stored. The blood refrigerator was fitted with a temperature monitoring system and a warning alarm. Temperature records were sent to Musgrove Park Hospital on a weekly basis for checking. We were told that the hospice had a designated registered staff nurse responsible for the piped oxygen and cylinders.

Our judgement

Patients experience effective, safe and appropriate care that meets their individual health and welfare needs.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

The atmosphere throughout the hospice was relaxed, calm and welcoming. Patients told us "The staff are all very kind and helpful" "I feel at peace here" and "Everyone has been fantastic, I would not be afraid if I had to come back in". We also talked to several visitors during our inspection and they all commented on how friendly and caring everyone was. One patient said "My family and friends visit me regularly and are always made very welcome".

All of the interactions we observed between staff and patients were appropriate, respectful, friendly and caring.

Other evidence

We were told the hospice had a link social worker and they liaised closely with the local authority safeguarding team and the primary care trust about any concerns. The hospice had not experienced any allegations of abuse from within the service but had previously admitted people who had suffered abuse prior to being admitted to the hospice.

We were told that protection of vulnerable adults was included in staff induction training and was also a mandatory refresher training requirement for staff. Staff training records showed attendance at these training sessions and in our discussions with staff they demonstrated an understanding of the different types of abuse and what to do if they experienced signs of abuse.

Our judgement

People are safeguarded against the risk of abuse through appropriate staff training and awareness as well as an open organisational culture within the hospice.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

Patients we spoke with expressed confidence in the capabilities and knowledge of the staff at the hospice. We were told "The doctors and nurses are very good at explaining things to me" "The staff are excellent "and "I can't speak too highly about the care I have received".

We observed the staff and volunteers in the inpatient unit and in the day centre and they all carried out their roles in a friendly, efficient and confident manner. In our discussions with staff they demonstrated knowledge and experience in the care and support they were providing. The hospice management and senior clinicians were all very visible and all grades of staff appeared to respect and support each other.

Other evidence

We talked to the hospice management and to the staff in the training department and they explained the arrangements for supporting staff. All staff had an induction process to complete and then an appraisal at the end of a six month probationary period. Staff were then required to complete ongoing mandatory training modules at specified intervals. Subjects included training in end of life care at introductory, intermediary and advanced levels depending on the requirements of their role. Clinical staff undertook mental capacity act training every other year. The hospice also delivered an advance care planning course in end of life care to health and social care providers across the Somerset area.

We were told that all staff had an annual appraisal where training and development needs were discussed. Staff and volunteers also received regular supervision sessions

and the hospice was currently reviewing their clinical supervision guidelines. A working group had been set up to consider the best clinical supervision model in terms of ensuring professional competence and providing appropriate personal support and assistance.

We spoke with several staff members including a ward clerk, health care assistants, and nursing staff from the inpatient and community services. All confirmed they had completed an induction programme and were meeting their ongoing mandatory training requirements. In addition they participated in annual appraisals and were able to apply for continuing professional development opportunities. Most of the staff said they had received regular one to one supervision and felt well supported. However, some of the community staff support arrangements had been affected by staff changes but this was now being addressed. We looked at the staff training records and these showed that staff had received a range of appropriate training to support them with their work.

Our judgement

Patient's health and welfare needs are met by competent and well motivated staff being supported through ongoing training and professional development.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

Patients and their families were very complimentary about the hospice's services and told us that staff sought their views and that any suggestions were responded to positively. Several people told us "I have no complaints" and "I don't think they could do anything better". We were also told "Staff always respond if we have any queries". The only negative comment mentioned to us was a lack of television channels "There are only five terrestrial channels and the picture quality is not always good". We were told that the hospice was considering the introduction of digital television receivers to address this.

Other evidence

We looked at minutes of the hospice's clinical audit and education committee meetings. These showed that a comprehensive range of quality and risk management issues were discussed. The minutes recorded actions that were planned or already taken to address issues arising from their audit and risk management processes.

We were shown details of the hospices clinical audit programme. We looked at the details of a medicines reconciliation audit that had been undertaken by the pharmacist from Musgrove Park Hospital. This included some recommendations for improvements and plans for a follow up audit within six months to review progress.

The hospice had recently introduced a 'walk the floor' programme to assist with their internal monitoring of the Essential standards of quality and safety, published by the Care Quality Commission in March 2010. To date they had completed audits of

Outcomes 1, 4 and 5. The audits showed that they were generally meeting the standards but also identified some further areas for improvement.

We were told that the hospice sought people's views through patient surveys and ad hoc discussions with patients and carers. For example, we saw the results of a recent survey of carers to gain feedback about one of the hospice's new respite facilities. The feedback from the audit was very positive and the hospice had taken on board some suggestions for improving the service further. The introduction of monthly telephone surveys was being considered. The 'walk the floor' audits included discussions that had taken place with patients. One of the recommendations identified by the hospice was to obtain more regular patient feedback.

The hospice participated in an annual staff satisfaction survey conducted by an independent organisation on behalf of 29 hospices and 150 other UK charities. The results from the 2011 survey showed that the hospice achieved better staff satisfaction results than other hospices and charities for the majority of staff satisfaction questions.

Our judgement

Patients receive safe quality care due to the hospice's effective systems for monitoring, assessing and improving services. These systems take into account feedback from patients, carers and staff.

Overall, we found that St Margaret's Somerset Hospice – Taunton 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

Document purpose	Review of compliance report
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