

Review of compliance

Bolton Hospice Bolton Hospice	
Region:	North West
Location address:	Queens Park Street Bolton Greater Manchester BL1 4QT
Type of service:	Hospice services
Date of Publication:	November 2011
Overview of the service:	Bolton Hospice is a registered charity operating from purpose built premises close to Bolton town centre. The hospice overlooks a park, has gardens around it, and a large car park is available. The hospice has 14 inpatient beds, and all patients are accommodated in single rooms. Close family members are able to stay overnight if they feel it is necessary. Other services include a planned day

	therapy unit, outpatient's clinics, bereavement support and a hospice at home service.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bolton 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 15 November 2011, talked to staff and talked to people who use services.

What people told us

At the time of our visit there were 11 inpatients at Bolton Hospice. We spoke with three patients, and they all had friends or relatives present who spoke with us. Comments from patients included "The care here is five star" and "I can't find any faults at all. I wouldn't change a thing". One patient said "I feel that I can ask about anything if I am not sure. You could not get better treatment". Relatives commented about how friendly staff were and how they were made to feel very welcome. One relative told us that they had been able to stay overnight, which they appreciated.

What we found about the standards we reviewed and how well Bolton Hospice was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence were respected.

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

People experienced safe and appropriate care and support that met their identified needs.

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

Although staff had not received formal safeguarding training they were aware of the action to take if they suspected abuse was taking place. People were kept safe and protected from abuse.

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

People were cared for by staff that were appropriately trained and supported.

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

People benefited from a well managed service with systems in place to monitor the quality of service provided.

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

All the patients and relatives that we spoke with were positive about their experiences at Bolton Hospice. We were told "The staff can't do enough for you" and "I feel I can ask about anything if I am not sure. You could not get better treatment". One relative said "As soon as you come in the door the people on reception are happy and smiley". Another relative told us that they had been made to feel welcome in the hospice and they could stay overnight when they wanted to.

One patient said "I can't fault the care but I don't like the quilts on the bed. They are too small and they fall off". This person said that this affected their sleep and they woke up during the night due to being cold. We discussed this with the manager who said that in principle patients could have a double duvet instead of the single ones that were usually provided but they would need to risk assess each individual who requested one to ensure there would be no tripping hazard. The day after our visit the manager confirmed that this patient did not have restricted mobility and a larger duvet would not be a hazard. They were being given the choice of having their own bedding from home, or a double duvet that the hospice would purchase for them.

Other evidence

The manager and the staff we spoke with said that a training session on privacy, dignity

and compassion was included on the clinical staff induction training. We also saw evidence of regular educational training taking place with some topics relating to the dignity and respect of patients.

A patient satisfaction survey was completed annually. We saw that the results for this year's survey were in the process of being collated. The report for last year's survey, which was completed between June and September 2010, showed positive responses to questions relating to this outcome. 100% of respondents said that staff always made an effort to meet their individual needs and wishes, and 100% said they were always treated with respect.

All inpatients had a single room, and there were blinds for the windows in the door that could be closed for privacy. Each room also had a 'do not disturb' sign for the door. Staff said that these could be used to ensure privacy while they were carrying out care and treatment, but they were also for patients and relatives to use if they did not want staff to enter while visitors were there.

We examined a selection of patient's records. On admission an 'activities of daily living' form was completed for each patient. This form was to collect information about people's individual choices. Spirituality was also discussed with patients, and we saw that one patient, who said they were not religious, was offered and accepted the use of the prayer room. We saw an example of a patient who was at risk of developing pressure ulcers. This patient stipulated that they did not want a pressure relieving mattress as they found them uncomfortable. The discussion explaining the benefits and the different types of mattresses that were available was documented, along with the patient's wishes that were respected.

Patient's records also included a sketch of a family tree with notes about the relationships that patients had with different family members. This was completed on admission and it helped the staff to understand the family dynamics of each patient. It was noted in one person's records that they did not have contact with certain close family members, and they did not want them to be contacted now, or given any information regarding their condition. We did not see any records that indicated patients had given their permission for staff to update particular family members.

Our judgement

People were able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence were respected.

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

We were told by patients that "The care is exceptional" and "The care here is five star." One patient said "They have tried different things to help me and they seem to have got it right now". We were also told "I cannot find any faults at all. It is a great place. I wouldn't change a thing". Patients and their relatives told us that they received prompt attention, with one saying "I just need to press the call bell and someone comes straight away. You are not kept waiting".

Other evidence

In the patient's records that we examined we saw extensive use of risk assessments, including assessments to identify the risk of pressure ulcers, moving and handling and oral health. Care plans were included in the records for each patient, and these were individualised and regularly reviewed, in some cases on a daily basis. Records included coloured stickers so it was easy to identify where particular aspects of a person's care were noted. Examples included night reports being identified by an orange sticker, notes relating to food and drink identified by a yellow sticker, and any notes relating to social services being identified by a pink sticker.

The records that we saw were very clear and gave a full history of what had happened to the patient and what type of care they were receiving. The staff member who completed the records included their signature, designation, date and time in all cases so the chronological record of care was easy to follow. However, records did include abbreviations that were unlikely to be understood by patients should they have asked to see their notes.

We saw an example of a patient who had difficulty eating as their mouth was very sore. It was recorded that they did not want to start a pureed diet, but their nutrition and weight was being monitored. We saw in patient's records that the benefits and side effects of different medications had been explained to them. We also saw evidence that checks were conducted on Fentanyl patches every 12 hours to ensure they had not become detached from a patient's skin. Fentanyl skin patches are used to control chronic moderate and severe pain that cannot be controlled by the use of other medications.

The patient satisfaction survey results for 2010 (the survey results for 2011 were being collated at the time of our visit) showed that 93% of respondents stated staff involved in their care always explained what they were doing, with the remainder stating that they explained most of the time.

Our judgement

People experienced safe and appropriate care and support that met their identified needs.

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

We did not receive feedback from patients in relation to this outcome.

Other evidence

The manager told us that staff were trained in safeguarding children, and while safeguarding in general was covered during induction training for new staff they had identified that training was needed in the safeguarding of adults. We saw the new training work book that had just been approved to be used, and this included a section on safeguarding adults.

We spoke with three staff members during our visit. Although they had not yet completed training in safeguarding adults, they demonstrated that they knew what to do if they suspected someone was being abused. We were told that there was always someone available to discuss any concerns with and social workers were at the hospice on a regular basis.

We saw the files relating to two safeguarding referrals made to the local authority in the last year. These had been appropriately made at the correct time, and all relevant information was recorded.

Our judgement

Although staff had not received formal safeguarding training they were aware of the action to take if they suspected abuse was taking place. People were kept safe and protected from 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

We did not receive feedback from patients in relation to this outcome.

Other evidence

The staff that we spoke with said that they had a formal appraisal every year, and there was usually a review of their performance every six months. We also heard that staff were able to ask for a meeting with their line manager at any time. We saw that appraisals were monitored to ensure they were completed at the correct time. The hospice provided evidence that the majority of appraisals were up to date and they said that more had been completed but were not yet recorded as the paperwork had not been provided to the Human Resources officer.

Staff told us that they attended all the mandatory training courses, for example moving and handling and fire safety, but training sessions were also held on one afternoon every week at the hospice. One staff member told us that a lot of training was available, and another said that training events were well-advertised, and they were encouraged to attend training to broaden their knowledge.

The manager told us that they have started to use a new mandatory training workbook to ensure that all the correct training was being provided.

We saw the information that the hospice kept to monitor staff training. An electronic record was kept so it was easy to identify when training needed to be updated. We saw that as well as a full record of all staff being kept, information was included on each staff member's personnel record.

Our judgement

People were cared for by staff that were appropriately trained and supported.

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 receive feedback from patients in relation to this outcome.

Other evidence

We saw that a survey of inpatients and outpatients was completed each year. Action plans had been put in place to monitor improvements identified during the 2010 surveys. The completed questionnaires from the 2011 surveys were being collated at the time of our visit.

We saw evidence of detailed visits taking place by the provider every six months. During these visits the provider looked at all aspects of the hospice, including clinical areas and the standard of accommodation. They also spoke with a selection of staff and patients and checked records kept by the hospice. After their visit they wrote a report and identified any improvements that they felt could be made.

The hospice provided evidence of a calendar of audits being followed. A recent nutritional survey had identified that patients would prefer different water jugs. It was felt that the traditional jugs were too large, difficult to handle, and a full water jug could look daunting. Smaller thermal jugs had been purchased that patients were happier with, although volunteers at the hospice preferred the old jugs as they could previously easily identify how much water patients had consumed.

We saw that an audit newsletter and bulletin had been produced in order to inform staff about audit results, what improvements had been made following an audit, and what

further improvements could be made.

We had evidence that the accountable officer at the hospice has discussed the disposal of controlled drugs at the Local Intelligence Network meeting. Each organisation that handles controlled drugs, such as NHS trusts and independent hospitals, has to appoint an accountable officer. They attend Local Intelligence Network meetings, along with other accountable officers in the area and police controlled drug liaison officers, to share intelligence and good practice about controlled drugs. After discussion within the group the hospice had purchased denaturing kits, which were felt to be a much safer way of making controlled drugs irretrievable before their disposal.

Our judgement

People benefited from a well managed service with systems in place to monitor the quality of service provided.

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
Author	Care Quality Commission
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