

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Phyllis Tuckwell Hospice

Menin Way, Waverley Lane, Farnham, GU9 8BL

Tel: 01252729400

Date of Inspection: 27 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	The Phyllis Tuckwell Memorial Hospice Limited
Registered Manager	Mrs. Clodagh Sowton
Overview of the service	<p>Phyllis Tuckwell Hospice is located on the outskirts of Farnham and has been registered for the care of adults over eighteen years of age. The hospice provides accommodation for 18, including, two four bedded single sex bays and ten single rooms.</p> <p>The hospice provides specialist palliative care to patients who have cancer and those with motor neurone disease. There are day care, inpatient and community care services available.</p>
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Phyllis Tuckwell Hospice, looked at the personal care or treatment records of people who use the service, carried out a visit on 27 November 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

Patients and visiting relatives told us that they were very satisfied with treatment and care provided at the hospice. They told us staff were very good, friendly, polite and respectful. Comments we looked at showed the hospice provided sufficient information for people, one comment we saw said, plenty of leaflets-well presented and easy to read and understand.

Relatives told us that staff were very kind to their family member, they said " nothing is too much trouble for the staff, they are so kind to us" Another relative told us "the staff always treated their family member with the utmost dignity and respect" and " the care could not be bettered"

Patients spoken with told us they were involved in any and all decisions about their treatment and care. People commented they were always part of the discussion, staff always asked me what I thought. Others told us they liked attending the day hospice and enjoyed the recreational activities provided.

People spoken with told us they felt safe and they would speak to staff if they had concerns. One person said " I was given the choice of going to hospital or the hospice, no comparison really, the hospice is wonderful and I know I will get first class care, I am so lucky"

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. People expressed their views and were involved in making decisions about their care and treatment.

During our visit, we asked staff how they involved people in decisions about their treatment and care. They told us where possible treatment and care was discussed with people and their families. In the event that a person was unable to take part in a discussion their family members or representative would be involved. We observed and heard discussions take place during our visit. Staff undertook these discussions in a discreet and sensitive manner, giving time for people to respond and ask questions if they needed to. One person commented, I have difficulty speaking but I was given time.

We saw that copies of people's care plans were kept within their reach. We noted that the plans detailed people's personal care and they were individualised.

We also noted people had been provided with an information booklet, this detailed all of the services provided at the hospice and included the complaints procedure. In addition we saw a large number of leaflets through out the hospice. We also noted a suggestion box had been placed in the main reception area, for people to provide their views. People commented, yes very helpful. Gave us a good idea of what to expect and what services were available. We saw the hospice also considered the views of the people using the services, through a satisfaction survey. A copy of the most recent results was provided for us. We noted that people thought highly of the service provided by the hospice.

Throughout our visit we observed patients were able to make choices about how and when they received their care. We saw and heard staff providing care and treating people respectfully and ensuring their dignity was promoted and protected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We talked to staff about the people they cared for. From listening to staff and observing care it was clear they had a good understanding of people's needs. They informed us they had regular handover meetings during the day, and these meetings allowed them to discuss new admissions and the ongoing care of people in the hospice. They showed us the detailed information they were given about each person's care and treatment. They referred to people's care plans when discussing the care they provided.

We looked at paper care plans and electronic records for four people. We noted that whilst the paper records were limited in detail, they provided enough information about a person's care needs. We saw that there were risk assessments in place, such as moving and handling, skin care and risks related to falls. It was noted however that one of care plans stated the person required a moving and handling assessment, we were unable to find this assessment. This was discussed with the registered manager at the time. We also noted that one person had been put on an end of life care pathway in the early hours of 27 November 2012. The document had been signed by one of the nurses, but had not been signed by any doctors. We discussed this with the registered manager at the time. They explained that discussions about end of life care had been held between the person's family and Hospice staff the previous day. We saw electronic records to confirm what we had been told. The manager told us a review would be undertaken regarding the timing the documentation was completed.

We also looked at the electronic records held regarding people. We saw these were very detailed and had been reviewed daily. Staff spoken with informed us that care was reviewed regularly with members of the Multi Disciplinary Team (MDT), for example doctors, nurses and therapists. They said people and their families were also involved in these meetings where necessary. The records showed us that regular MDT meetings had taken place, during which patient progress had been discussed.

We noted that there were opportunities for recreational activity for patients as part of care needs. There were various groups, for example, writing and therapeutic groups available for inpatient and day patients to attend at the time of our visit. We spent some time in the day hospice and observed people taking part in a range of activities.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the providers safeguarding policy and procedure and the local authority multiagency safeguarding procedures. These documents were easily accessible by staff. During our visit we spoke individually with clinical, therapy staff and ancillary staff. All were aware of the provider's internal procedure for safeguarding people. They told us they had access to the local authority multi-agency procedures as required. We discussed scenarios with them in respect of various potential safeguarding issues. They were clear as to the procedure to be followed if they suspected or observed a person was being abused. Staff also referred to the provider's Whistle Blowing Procedures, they stated they would have the confidence to use this procedure if the need arose. We talked to staff about the (MCA) Mental Capacity Act 2005 and (DoLS) Deprivation of Liberty Safeguards. They told us they had undertaken training in these areas. We looked at training records and these confirmed what we had been told.

We saw that one of the management team had particular responsibility in leading on safeguarding issues and training. They told us they were responsible for safeguarding training, reviewing all of the incidents, accidents and concerns and reporting to the appropriate authorities for investigation as required.

We saw that incidents and accidents had been reported and recorded and referred to the appropriate agencies when necessary.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the recruitment records for eight of the staff employed, including nurses, counsellors, therapists and volunteers. We found that all of the files had the information required in respect of Schedule 3 of The Health and Social Care Act (Regulated Activities) Regulations 2010. For example records included a health declaration, a current Criminal Records check and previous employer references.

We saw completed application forms and records of staff interviews. The application form and record of interviews showed staffs' previous experience, qualifications and skills necessary for the role applied for.

We spoke with staff about the recruitment process, they informed us the process was rigorous and involved a face to face interview with a HR representative and one or more of the management team.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

During our visit, we met with one of the management team responsible for overseeing the quality assurance process in the hospice. We were shown details of the clinical audit plan for the hospice covering the period from January 2012 to October 2012. We saw that this covered a number of areas, for example, Liverpool Care pathway, admissions, health records, patient consent, infection control and safeguarding. Where issues had been identified these had been discussed with the individuals and fed back during the management meetings.

The registered manager informed us that some of trustees had recently carried out a visit to the hospice. They said the visit included trustees speaking with people, family members and staff in order to get their views on the quality of the service. We were told the report of the visit was in the process of being written and that it would be presented at the next board meeting.

In addition to this monitoring process, we saw that the provider had recently carried out a detailed patient survey dated 2012. The feedback included responses from inpatient and day hospice patients. We looked at the feedback provided by people and this showed overall that people had a high opinion about the care provided at the hospice. The manager told us the clinical governance committee would be responsible for reviewing the outcomes of the recent surveys and agreeing any subsequent action plans. We saw this was a work in progress.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We spoke with the registered manger and staff about how complaints about the hospice had been managed. We were informed that if people raised verbal concerns these would be addressed immediately. All staff spoken with had a good understanding of the complaints procedures and their role in the procedures.

On checking the patient information, we noted that there was guidance provided as to how to make a complaint and the process for this. We also observed the patient complaint leaflet on display and suggestion boxes and comments cards.

We found that leaflets called 'Have your say' had been placed in various locations through out the hospice. This document detailed the provider's complaints procedures, was clear and easy for the reader to understand. People and relatives spoken with told us they were aware of the procedures and were confident that if they raised concerns they would be dealt with quickly.

The registered manager informed us five complaints had been received in 2012. We looked at the documentation regarding these; four had been responded to in accordance with the provider's procedures and had been resolved. The fifth one had just been received at the hospice and was in the process of being addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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