

# Review of compliance

Kirkwood Hospice Kirkwood Hospice	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	21 Albany Road Dalton Huddersfield West Yorkshire HD5 9UY
<b>Type of service:</b>	Hospice services
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	Kirkwood Hospice has a 16 bed in-patient unit, provides day care and drop-in services in the Support & Therapy Centre, emotional support and counselling in the Family Care Centre and its team of Clinical Nurse Specialists in the Community Palliative Care Team provide advice and support to patients in their own homes and Care Homes. A 24 hour advice line is also

	available for doctors, nurses and other healthcare professionals.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Kirkwood 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 1 December 2011, talked to staff and talked to people who use services.

### What people told us

People told us they were involved in discussions and decisions about the care and treatment options available to them. They said they were treated as individuals and all the staff respected their privacy and dignity. People told us the staff were caring, attentive, and friendly and could not do enough for them. They said staff paid attention to the small details which may seem trivial to other people but were important to their comfort and well being. People said the food was very good and staff went out of their way to find food to tempt them when they didn't have much of an appetite.

### What we found about the standards we reviewed and how well Kirkwood 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 discussions and decisions about their care and treatment. They said they were treated as individuals and all the staff treated them with respect and dignity. They said staff paid attention to the small details which may seem trivial to other people but were important to their comfort and well being.

##### Other evidence

People are referred to the hospice by health care professionals who provide information about their needs. In November 2010 the service started to use an electronic patient record system that is used, widely by community health care professionals such as GPs. This is helping to make it easier for everyone involved in the persons care to share information in a timely way.

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. Nursing staff explained that the assessment is based on what the person is experiencing. The initial assessment looks at all aspects of the persons care needs, health, personal, social, psychological and spiritual.

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 and respecting their privacy and dignity.

The manager gave us a copy of the report compiled following interviews with 14 people using the service and/or their carers between January and June 2011. The report included a selection of comments made by people, one person said the staff were "very informative and sensitive to both patient and his family"; another said staff were "very thorough re the discussions about his care, free to voice his opinion".

The accommodation on the in-patient unit consists of four single rooms and three four bedded bays. The service has submitted a planning application to upgrade the in-patient facilities. The proposed new unit will have nine single en-suite rooms, a three bedded bay and a four bedded bay. The decision not to provide all the accommodation in single rooms was based on feedback from people using the service. Assuming their planning application is successful work is scheduled to start next June and will take approximately one year. During that time the service is planning to relocate to a ward at Huddersfield Royal Infirmary.

The service has a Chapel where Christian services are held. In addition there is a room known as the Quiet Space which is available for people using the service, their families/carers, staff and volunteers. This is a place for reflection and/or prayer and has some holy books, a prayer mat and a compass. There is full time Chaplain/ Spiritual Coordinator and a team volunteers who offer support to people of any faith or no faith.

### **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 very happy with the care and support they received. They said they were involved in discussions about the care and treatment options available to them.

##### Other evidence

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. A carer's assessment is also done at the time of admission to make sure the people's carers/families are offered appropriate support.

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. People's weights are monitored if there is a clinical need, for example if the medication they are taking needs to be adjusted to take account of their weight. The service does not have a dietician but can access this service from the local NHS trust if necessary. The service has a lead nurse, "champion", for nutrition and hydration. The people we spoke to said the food was very good. People who were interviewed about their experiences of the service between January and June 2011 also commented favourably about the meals. One person they didn't have much of an appetite but staff went out of their way to "give me little bits of food to tempt me", another said the meals and presentation were excellent.

People using the service receive care and treatment from a multi disciplinary team consisting of medical and nursing staff, physiotherapists, occupational and complimentary therapists, social workers, nursing assistants, counsellors and artists. The service obtains medication supplies from a local pharmacy and a pharmacist from Calderdale and Huddersfield NHS Foundation Trust visits the service daily. This role includes providing advice, overseeing the disposal of some medicines and taking part in checks (audits) of the medication management systems.

People using the in-patient service have two sets of records. One contains the multi disciplinary team notes and the other contains the nursing notes. The nursing notes include the care plans to address people's individual needs, for example pain management. One person told us how they were being helped to develop distraction techniques to help them manage their pain when they went home.

There is a full meeting of the multi disciplinary team (MDT) once a week. The care and treatment of everyone on the in-patient unit is reviewed. The care and treatment of people using the day hospice are reviewed if there is any cause for concern. The nurse in charge of the day therapy unit told us that people using that part of the service have a formal care plan review every 3 months and/or in response to any significant change in their condition or circumstances.

People's wishes with regard to end of life care are discussed and when people do not want active intervention, such as Cardio Pulmonary Resuscitation this is recorded. We saw evidence of this in the records we looked at.

When people are receiving end of life care the service uses the Liverpool Care Pathway (LCP) which is a nationally recognised integrated care pathway. 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. The use of the LCP is audited as part of the programme of annual audits.

### **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

The people we spoke to when we visited did not make any comments about this outcome. However, people who were interviewed by the service about their experiences between January and June 2011 said they felt very safe at the hospice.

##### Other evidence

There are policies and procedures in place to make sure people are protected from abuse and the risk of abuse.

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 and/or to outside agencies. Staff confirmed that training on the protection of vulnerable adults and children was included in their induction training and updated as part of their mandatory training.

There are systems in place in relation to the Mental Capacity Act and Deprivation of Liberty safeguards. One of the nursing staff told us that she is the "champion" for the Mental Capacity Act and shares this role with one of the social workers. This involves helping with training, providing support to colleagues and auditing the records relating to capacity and best interests decisions.

##### 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 the staff were caring, attentive and could not do enough for them.

##### Other evidence

All new staff and volunteers have a formal induction and have a mentor to support them. New staff are not included in the staff numbers for the first four weeks and spend time in all the different departments so they have an understanding of how the whole service works.

Following on from induction there is a programme of mandatory training. Staff working in clinical roles have 2 days mandatory training every year and staff in non clinical roles have 1 day. Topics covered on the training programme for clinical staff between July and December 2011 include equality and diversity, the Mental Capacity Act, bereavement, conflict resolution, a stress workshop in addition to mandatory training such as fire safety, safeguarding and communication skills. The training programme is based on a training needs analysis.

The service is making some changes to the way they do mandatory training next year, most subjects will be covered by staff completing workbooks but there will still be practical training sessions for subjects like moving and handling.

There is also a mandatory training programme for volunteers. Essential training for volunteers includes moving and handling, infection control, communication and handling difficult situations.

There is a system in place for annual staff appraisals and the staff we spoke to confirmed they have an appraisal every year and a review mid year. Next year the service is making changes to the way appraisals are carried out; they are introducing a competency framework for staff with six core competencies for each grade of staff.

There are two medical consultants, one is employed by the hospice and has two appraisals, as well as regular supervision/support meetings with the registered manager. The visiting consultant is employed and appraised by Calderdale and Huddersfield NHS Foundation Trust.

The service has a clinical supervision policy and external supervision is supported and taken up by some staff, for example the bereavement counsellors. Staff are encouraged and supported to reflect on their practice and group reflections are held every month to facilitate this. The staff we spoke to told us they found this helpful and said they could also have 1 to 1 supervision if that was their preference. They said it was a very supportive working environment and they felt they could talk to any member of the team if they needed to.

### **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 comments about this outcome.

##### Other evidence

There is an annual audit programme covering all aspects of service. The plan identifies what the audit will look at, the reason it is being done, the person responsible, when and how it will be done and how it relates to the Essential Standards of Quality and Safety. The service has a quality and governance group which meets every month and reviews the audits findings and progress on any action plans which are in place to deal with shortfalls.

Kirkwood has produced a Quality Account for 2010/2011 in which it looks back at the work done over the past year and sets out it's priorities for improvements to the service for the next year. This is made available to people using the service.

The service has a user forum called "What do you think" which has been running for two years, meetings take place 3 times a year. The manager told us this generally well attended; there were 10 people at the last meeting. The forum contributed to the plans for the redesign of the in-patient unit. The notes of the last meeting are available on the provider's website.

The service provides questionnaires and comment cards for people using the service to share their views. The manager told us the response rate to questionnaires has historically been poor. Since January 2011 the service has been trying to collect

information from people in a different way, based on interviews with people using the service, their families and carers while they are using the service. They call this "real time" feedback.

A group of volunteers have been trained to interview people and the information is then uploaded onto a computer where it is analysed and available to view within minutes. The results are collated and reported on every month. The management team told us this had enabled them to be more responsive to people's comments/suggestions and get more detailed feedback on what they do well and what they could improve.

The service gave us a copy of the report on the interviews carried out between January and June 2011. During that time 14 people using the in-patient and day care services were interviewed and the results showed a high level of satisfaction. Copies of the report are shared with people using the service and staff.

The same computer programme is also being used to audit other aspects of the service for example, care records and infection control. The management team showed us an example of how they are using "real time" information to make improvements. An audit of care records in June 2011 showed a 75% compliance rate, the audit identified specific areas of non compliance and these were discussed with staff. The audit was repeated every month with each month showing an improvement and the results for November 2011 showed the records were 98% compliant with the required standard.

There is a system in place for making sure appropriate action is taken in response to national safety alerts and the registered manager has overall responsibility for monitoring this.

The service is introducing a new system for recording and monitoring accidents and incidents across the entire organisation, including the retail section. This will help them to identify areas where they need to take action or improve staff awareness. They are also working on the development of a root cause analysis tool to be used in the event of falls.

### **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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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