

Hospice**PROVIDER VISIT REPORT**

Report of unannounced visit, submitted by the Provider Visitor in compliance with Regulation 26 (Chapter 3)/ Regulation 23 (Chapter 3) of the Private and Voluntary Healthcare (England) Regulations 2001/ 2006

Name of Hospice: St Clare	Telephone No: 01279 773702
Address of Hospice: St Clare Hospice Trust Hastingwood Road Hastingwood Essex CM17 9JX	
Category of Registration:	INH
Name and Job Title of Visiting Provider: John Scott - Trustee Phil Quincey - Trustee	
Date of This Visit: 27 July 2010 Date of Last Visit: 19 February 2010	

GENERAL INFORMATION UPDATE:

<i>Has there been any change to:</i>	
Premises since the last inspection?	No - but the Hospice has been successful in securing a Government Grant from the DOH in the sum of £494,420 to enable the refurbishment of the Inpatient unit. It is planned for works to start in September 2010.
Trustees or Managers?	Trustees yes, Tony Clarke resigned as a Trustee with effect from 7 June 2010 and three new Trustees have been appointed. Mark Jones and Phil Quincey as from 22 February 2010 and Debbie Bodhanya as from 7 June 2010. There have been no -management changes .

Staff numbers/		
	<u>Staff Numbers</u>	<u>18 Nov 2008</u> <u>9 June 2009</u> <u>18 Feb 2010</u> <u>27 July 2010</u>
	<u>Clinical</u>	<u>30</u> <u>30</u> <u>34</u> <u>37</u>
	<u>Non-clinical</u>	<u>49</u> <u>52</u> <u>52</u> <u>49</u>
	<u>Total</u>	

Statement of purpose?	no
No. of inpatient deaths reported to the Commission: since last inspection	51 Deaths were reported to the CQC in the period between 20 February 2010 and 22 July 2010.
Any other notifiable issues reported to the Commission?	No other notifiable issues arose.
GENERAL UPDATE CONT. If Yes to any of the above, please describe:	

COMPLAINTS:

Overview of the management of complaints in the hospice based on interviews with staff responsible for responding to complaints and examination of the record-

We examined the complaints register and interviewed senior staff in three of the areas where complaints had been received. The Hospice has a well published complaints procedure "Have your say". In the six months under review 14 Complaints were received. All were dealt with or are being dealt with satisfactorily in accordance with Hospice Policies. 11 complaints have been upheld, 2 have been dismissed and one is still in process. The complaints were related to the following areas of the Hospice operations: 6 Trading/shops, 5 Clinical, 2 Volunteers and 1 Fundraising.

Summary of complaints received in the last six months –

Complaints: Written	9	Complaints: Verbal	5
Complaints Pending an Outcome	1 in the Volunteer area which has only recently been received.		
Untoward incidents -	There were no untoward incidents.		

QUALITY IMPROVEMENT; Interview with clinical lead(s) –As the Director of Patient Care was on leave at the time of our inspection we interviewed the IPU Manager.	
How is quality improvement managed within the hospice?-	<p>Clinical: As evidenced in previous provider reports, the Hospice management has a robust clinical structure with clear processes for gathering information. Tapping into alerts and similar information emanating from Help the Hospices and other national clinical networks and for disseminating that information appropriately within the Hospice through the line management structure.</p> <p>Clinical Governance and Risk Management Committees examine reported incidents, complaints, risk management issues, health alerts from national bodies etc and oversee the manner in which such information is processed and implemented within the Hospice.</p> <p>Non Clinical: The Hospice has in place a robust structure of Governance Committees on which Trustees take a lead and which report to the main board on a regular basis. Governance Committees cover all of the Hospice's activities and their structure and effectiveness is reviewed from time to time.</p>
Is there a programme of clinical audit and what topics have been covered?	There is a clinical audit programme agreed by the Hospice directors and overseen by the Clinical Governance Committee at Trustee level. We were disappointed to find the agreed programme has not been achieved. This has been recognised by Managers, and staff recently attended further training sessions run by the Medical Director. Managers intend to use the partial shutdown of the IPU during the refurbishment works to take this matter forward.
How are reports disseminated?	The agreed process provides for the results of audits both clinical and non clinical to be first discussed with those concerned before conclusions and recommended changes in procedures are disseminated through regular education sessions, notice boards, intranet and various team meetings etc.
What changes/improvements have been implemented in services over the past six months following audit?	None.
Are there any concerns about the training and experience of staff (e.g. any shortages/recruitment difficulties)	No real concerns, but some incidents of long term sickness (none work related) have had an effect on staff morale in our relatively small teams.
Do staff feel there is enough equipment / access to specialised equipment / facilities to enable them to care for the patients safely?	Generally staff are satisfied that there is enough equipment/access to specialist equipment and advice to enable them to care for their patients safely. We were told about recent occasions when such processes had been successfully used in patient care. Understandably they are looking forward to the refurbishment of the IPU later this year.

PREMISES AND EQUIPMENT

Overview of the condition of the hospice premises:-	The Hospice premises are clean, bright and in good decorative order. They provide a warm, welcoming yet tranquil and comfortable environment for patients, carers and staff.
Decorative Order	Excellent, the hospice appears well maintained and cared for.

Safe and secure environment for patients	Patients that we spoke to in both the IPU and Day Therapy spoke of the warmth of welcome and professional caring nature of staff which gives them a great deal of comfort and feeling of safety.
Health and safety and fire requirements in place-record of alarm testing and fire practice	Fire Alarm systems and emergency lighting are independently checked once each year with weekly tests carried out by hospice staff. Fire extinguishers are also checked independently once each year. Fire drills are carried out twice a year. Satisfactory records, which were made available for our inspection, are maintained to record all of these checks.
Corridors clear of storage and equipment	The corridors were generally clear of storage and equipment. One access to the IPU had some boxes stacked neatly to one side which it was explained to us were awaiting collection. A clear pathway had been maintained. We expressed concern about the amount of equipment stored in part of the IPU restricting access to one of the bedrooms.
Facilities and access to the building and services for the disabled	The building is compliant with the disability discrimination Act. Automatic doors, ramps and wide corridors with a lift to the first floor makes it easily accessible to disabled people.
Fit for purpose	This is a purpose built Hospice which we believe to be fully fit for purpose.
Any other comments	One of the Hospice Doctors expressed concerns about the length of time patients who were ready to go home were having to wait for arrangements to be made by outside agencies. Two patients had been waiting more than two weeks at the time of our visit and were in effect blocking our beds and preventing other admissions. She complained about the complexity and time consuming nature of the discharge paperwork and the processes in use by the PCT and social care, which she felt contributed to the delay.

SUMMARY OF STAFF INTERVIEWS: Staff included nursing, medical, finance, fundraising, trading, administrative and facilities management staff for unit. 10 Staff interviewed

Knowledge of statement of purpose	We were impressed that all the members of staff that we interviewed were able to demonstrate a clear understanding of the statement of purpose and of the part they played in delivering the service. They were also able to demonstrate how the work they did interacted with that of colleagues elsewhere in the hospice to produce a joined up whole!
Knowledge of relevant policies and procedures	All were aware of hospice policies and procedures that applied to their particular work areas. They told us that all hospice policies were freely available to them via the intranet "Sharepoint". This was also used as a means of keeping staff up to date with what was going on within the Hospice generally, future plans and staff meetings etc.
Awareness of risk issues, clinical and non-clinical	All demonstrated a clear understanding of risk management and the processes they were required to follow. In particular their knowledge of Health and safety issues and processes was impressive.
Awareness of complaints and suggestions procedures	The hospice has a well publicised complaints procedure which is advertised through a leaflet entitled "Have your Say" All staff were aware of the procedure and the action they personally had to take if they received a complaint. Regular Team meetings take place where Managers feed back news about matters in the Hospice and staff can express their own ideas and suggestions. Wider staff meetings are also held generally led by the Chief Executive. Complaints are seen as positive contribution to the work of the hospice offering a chance to review processes and procedures and therefore create a learning experience.
Contribution to quality of patient care	All staff recognised that their role was to support the delivery of quality services to patients. They felt there was a general understanding and acceptance of each other's role in the process.
Opportunities for professional development and support systems	Staff appraisal is an integral part of hospice procedures. Through this process it is possible to address strengths and weaknesses and areas where further training would be of benefit. Staff are encouraged to use their skills in the best interest of the hospice and therefore patient care. Professional development is an essential part of this process both in clinical and non-clinical areas.

SUMMARY VOLUNTEERS INTERVIEWS:-

Volunteers had been well covered in the previous three provider reports therefore no volunteers were interviewed on this visit. However as usual volunteers are well in evidence across the Hospice and were clearly happy in the work they were doing.

Knowledge of statement of purpose	
Knowledge of relevant policies and procedures	
Awareness of risk issues, clinical and non-clinical	
Awareness of complaints and suggestions procedures	
Contribution to quality of patient care	
Opportunities for professional development and support systems	

SUMMARY OF PATIENT INTERVIEWS- 2 inpatients

Information available, e.g. patient guide	One patient fully understood what the hospice was all about and what to expect on admission. The other had been admitted to hospital, passed unconscious and was transferred to the Hospice in that condition. She referred to it as swapping one bed for another but was content the transfer had taken place. She felt more comfortable in the hospice and that the standard of care was more personal and better.
Involvement in planning care	Both patients expressed surprise and satisfaction at the amount of time Hospice doctors spent with them discussing their care and likely outcomes. They felt that nothing was too much trouble. They were equally enthusiastic at the standards of nursing and social care.
Accessibility of staff	Nursing/care staff readily available and quick to respond to patient requests.
Awareness and sensitivity of staff to any particular needs	Patients felt staff to be generally kind and caring, aware of their particular needs and the sensitivities of the patients themselves and their carers/relatives.
Maintenance of privacy and dignity	All patient bedrooms are self-contained single rooms so privacy, dignity and confidentiality are ensured in discussions, treatments and personal care. In addition there are treatment rooms and private interview rooms available.

Range of activities available	A wide range of services, complementary therapies and creative activities are available within the Hospice for those patients able and wishing to participate.
Catering/environment/ facilities in general	The Hospice has its own professionally equipped kitchen and catering staff which enables the provision of fresh cooked meals to meet patients requirements. Patients were appreciative that the Head Chef personally came to their rooms to discuss their dietary needs and preferences,
Any other comments	Both patients were highly complimentary about the Hospice, its staff and the range of services offered, as well as the kind and caring manner in which those services are delivered.

SUMMARY OF /FAMILY/CARERS INTERVIEWS- 1-in patient's wife.

Information available, e.g. patient guide	A good range of written material is available about the hospice and the services it offers. Staff are available to provide further information or discuss concerns/worries.
Involvement in planning care	Supported her husband's views on the availability of Hospice doctors and their willingness to spend time discussing treatment, worries and concerns. Compared and contrasted this with her experience of her husband's care in two large specialist hospitals which in her opinion was not as good.
Accessibility of staff	Staff are easily accessible if she wishes to see them.
Awareness and sensitivity of staff to any particular needs	She felt confident that staff understand the particular needs of her husband and she felt respected and looked after as well.
Maintenance of privacy and dignity	No difficulty with this, private rooms are available for confidential discussions.
Range of activities available	She felt most needs are catered for.
Catering/environment/ facilities in general	She was impressed with the catering facilities and the standard of food provided. She said she has special dietary needs and felt confident St Clare could and would meet them.
Any other comments	She felt the hospice was easily accessible by road and public transport. Liked the open visiting arrangements and the free car parking.

SUMMARY OF DAY CARE PATIENT INTERVIEWS 1 day care patient

Information available, e.g. patient guide	Introduced to the Hospice by her Macmillan Nurse. Provided with information on what to expect but was still terrified of facing her first visit. Now been coming for 11 weeks and looks forward to it.
Involvement in planning care – provision of medication/nursing care	An initial assessment meeting takes place at which a care plan and goals are agreed with the patient. This is then revisited over the period of attendance to pick up on changes and to ensure the goals are being met. The process is overseen by a Multi-disciplinary Team, whose meetings the patient does not attend but where her views are represented by staff.
Accessibility of staff	Staff easily accessible.
Awareness and sensitivity of staff to any particular needs	Patient felt great confidence in the staff, their awareness of her particular needs and their willingness to discuss issues, fears and worries with her.
Maintenance of privacy and dignity	Day therapy operates in a communal setting but private treatment rooms and interview rooms are available for use when necessary.
Range of activities available - Alternative therapies	Therapeutic and creative activities are available including arts and crafts, music and drama workshops in addition to a wide range of complementary therapies.
Catering/environment/ facilities in general	Patient was very content with the standard and range of the meals provided for her from the in-house kitchen.
Transport – waiting etc	This patient comes to the hospice with her son, who also collects her at the end of each session. Where patients are in need of transport, volunteer drivers are used. Each Driver contacts his passengers the day before their session to agree a pick up time with them.
Discharge	On discharge from day therapy a meeting takes place with the patient to assess the benefit they have achieved and to discuss future plans. Written reports are sent to the agency that made the referral, the GP and community nurses who are able to re-refer the patient if they believe it to be necessary.
Enough capacity-any comments	The day therapy unit is limited to a maximum capacity of twelve patients a day.

Conclusions.

We wish to express our thanks to those staff, patients and relatives who were kind enough to make time to see us on this unannounced provider visit. We were impressed by their knowledge, and grateful for their willingness to share their thoughts and experiences with us. It was certainly beneficial to us as trustees in helping us to understand the daily operations of the Hospice. From our perspective we formed the opinion that the Hospice is well run and found no issues that were not already known to Hospice Managers and Trustees through the Governance Arrangements. All members of staff that we interviewed are proud of the work they are doing and keen to provide quality services to our patients. Our discussions with patients and their carers, showed us a high level of satisfaction with the services provided by St. Clare.

John Scott – Trustee.

Phil Quincey – Trustee.

