

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

## St Elizabeth Hospice

565 Foxhall Road, Ipswich, IP3 8LX

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Date of Inspection: 18 December 2012

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard

## Details about this location

Registered Provider	St Elizabeth Hospice (Suffolk)
Registered Manager	Mrs. Verity Kay Jolly
Overview of the service	St Elizabeth Hospice is located on the outskirts of Ipswich and is owned and operated by a local charity. It provides palliative and end of life care for adults and young people aged 14 years and above. There are eighteen inpatient beds, a day therapy unit and a hospice at home service.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Personal care Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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The service had clear policies and procedures in place to meet the needs of the people who used the service.

We spoke with four people who used the service and they told us that staff always asked permission or consent before they performed any part of their care or treatment. One person told us, "They explain everything, sometimes twice." Another person told us, "The staff are very kind and make me feel comfortable." Another person told us, "The nurse tells me what is happening and answers my questions."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. In all the records seen during our visit we saw clear evidence of the input from the multidisciplinary team. For example, nurses, physiotherapist, occupational therapist, dietician, support staff and medical staff.

The service had appropriate policies, procedures and staff practices in place to safeguard all the people, including young people from the age of 14 years and their families who used the service. There was sufficient qualified, skilled and experienced staff to meet the people's needs for the 24 hour period.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The director of patient services (DOPS) told us that the service had evidence based policies and procedures in place to support all the staff practices in obtaining written, verbal and informed consent. These policies were located on an electronic database which was accessible to all staff.

During our visit we spoke with staff who confirmed that appropriate policies and procedures were in place and followed. They told us that they felt confident when asking people for their consent and confirmed that full explanations were given prior to the commencement of any procedure, care or treatment.

We spoke with four people who used the service and they told us that staff always asked permission before they performed any part of their care or treatment. One person told us, "They explain everything, sometimes twice."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The DOPS also told us that staff training in the Mental Capacity Act and Deprivation of Liberty had been introduced for all staff. We were also told that issues relating to mental health and symptoms of dementia were being reviewed, so that all people who received care at the service would receive it from well informed staff. This assured us that staff were well informed about consent management for the person who did not always have capacity to make appropriate decisions.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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

During our visit we reviewed four people's care records. The records were located in two areas. One of the records was located at the bedside, this contained observation charts, food and fluid charts and medicines records. The second record was held electronically. The screens that enabled access to these records were located in an office that was accessible to all staff. The electronic records contained personal details, admission assessment, risk assessments, medical information, care plans, investigation results and end of life wishes. We noted that the Liverpool Care Pathway was used when appropriate.

In all the records we reviewed clear evidence was seen of the input from the multidisciplinary team. For example, nurses, physiotherapist, occupational therapist, dietician, support staff and medical staff.

We spoke with four people who used the service and they told us that they were well looked after. One person told us, "The staff are very kind and make me feel comfortable." Another person told us, "The nurse tells me what is happening and answers my questions."

The DOPS told us that the electronic records were introduced in April 2012 and were still being developed to meet the needs of the service and the people that they cared for. We were told that an audit process had not been established for the electronic records. However, key performance indicators were in place for the patient's experience and advanced care planning.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate, nutrition and dehydration.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs.

During our visit to the service we reviewed four people's care records. Care plans were well documented on individual people's nutrition and hydration needs, supported by appropriate risk assessments. We noted that care was planned for people with intake problems for example, difficulties with swallowing, taste, and individual preferences.

During our visit we spoke with the head chef who told us that they tried to meet the needs of all the people who used the service. This included religious or cultural needs as well as specific dietary needs, for example diabetes and food allergies. We noted that dieticians and speech and language therapists (SALTs) gave advice and guidance when and where required.

People were provided with a choice of suitable and nutritious food and drink. The service provided food and drink to all the people who used the service. There was a dining area with servery where people could eat should they wish to. For the people who stayed in the inpatient area, food and drinks were provided from the inpatient kitchenette by catering staff. There were detailed menus for snacks, breakfast, lunch and dinner. The menus were located in a booklet and work on a five week rolling programme. However, we were told that alternative food would be available should individual needs change. There were clear lines of communication between nursing staff, catering staff and people who used the service and their families.

We spoke with four people who used the service and their families. They told us that the food was excellent. One person told us, "The food is always hot and nicely presented." Another person told us, "If I don't want what is on the menus they try to tempt me with something else."

The DOPS told us that satisfaction surveys were completed by the people who used the service. The recent survey reported that all food offered received positive comments. 60% of respondents stated that the menu choice was excellent and 70% stated that the food was excellent.



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

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## **Our judgement**

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The provider was meeting this standard.

People who used 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.

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## **Reasons for our judgement**

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

The provider had policies and procedures in place to ensure that all people who used the service were safeguarded against the risk of abuse. The policies included action to be taken by staff should any form of abuse be observed or reported. It contained contact details for the local adult safeguarding boards for Suffolk. The policies also included practices to following when managing issues that related to young people over the age of 14 years. The DOPS told us that a staff member from the family support team took a lead role in the management of safeguarding for this age group and was available to support staff and guide practices when required. Staff that were spoken with confirmed that they had read the policies and that they would refer to them should they need to report any safeguarding issues.

There was appropriate safeguarding training in place for all staff. Confirmation was given by the DOPS that all staff had completed adult safeguarding training on a rolling programme during the past year. This meant that staff were aware of their responsibilities in the management of abuse.

The DOPS told us that staff training in conflict management, Mental Capacity Act, Deprivation of Liberty and challenging behaviour had been introduced for all staff. We were told that issues relating to mental health and symptoms of dementia were being reviewed, so that all people who received care at the service would receive it from well informed staff.

We spoke with four people who used the service and three visitors. They all told us that they felt safe and secure in the service.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet the people's needs.

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### Reasons for our judgement

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The DOPS confirmed that staffing levels were based on the needs of the service and the people who were cared for. They looked at the inpatient area work load and people's dependency and individual needs for each day and each shift, before deciding on what staffing numbers and skill mix were required. The DOPS told us that there were three shifts that covered the 24 hour period, with the average day shift having eight staff on an early shift, six on a late shift and three on the night shift. Appropriate ratio levels of registered nurses and health care assistants were in place. We saw records that confirmed that the correct numbers of staff were working on each shift as required.

An on call process was in place for after hour's services for example evenings, night time and weekends. Appropriate medical, nursing and support staff were rostered and records seen during the visit supported this practice.

To ensure that staff were suitably qualified and skilled, confirmation was given by the DOPS that supervision sessions that related to individual professional needs were in place. To support individual supervision sessions, team meetings, multidisciplinary team meetings and appropriate ad-hoc meetings were held on a regular basis. Staff spoken with were able to confirm that they had regular supervision, support and training.

An annual appraisals process was in place to confirm to both the managers and staff that suitably qualified and experienced staff were employed to meet the needs of the people who used the service.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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