

Inspection Report 2008/2009

Wigan and Leigh Hospice

Kildare Street, Hindley, Wigan, Lancashire WN2 3HZ

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

The hospice is a purpose built building with all care facilities situated on the ground floor. There are adequate parking facilities that meet the needs of the service users, there is access to local transport, including bus routes.

The hospice operates 12 inpatient beds comprising of selection of single rooms and one four bedded bay. There is a day care centre that has up to 15 places; the opening times are 10.00am to 3.00pm.

This inspection took place on May 27th 2008, and was announced.

Main findings

The hospice is clean and well maintained, visual inspection found good standards of cleanliness. There are eight single bedrooms and a four bedded bay. Currently facilities are in the process of incorporating two additional single bedrooms, a new relative room, counseling room and conservatory due for completion in July 2008. The inpatient bed occupancy will not increase due to the additional bedrooms, but will offer a wider choice for patients.

The hospice is providing care that meets the needs of patients and relatives with a majority of National Minimum Standards met. There are governance systems in place and active risk management ensures patients, carers and staff are provided with safe amenities.

There is a specialist educational team who deliver a broad spectrum of palliative care courses to all grades of clinical and social care staff within the Wigan borough. The hospice provides a holistic care approach for patients and relatives; care is delivered by a dedicated team including;

doctors with specialist training in palliative care; specialist trained nurses, physiotherapy and occupational therapy staff; counseling services and alternative therapies. There is a community palliative care nurse specialist team employed by the hospice who provide out reach care to the community.

Patients have access to a wide variety of information and support, there is a good reference area situated in reception. Patients are invited to participate in a patient survey and provide feedback on the quality of care they receive.

The inspection identified some areas that will require addressing, in particular the hospice will need to ensure, when appropriate, that patients and carers are actively engaged in decisions relating to resuscitation and emergency care.

Registration Categories

This registration is granted within the following categories only

| Description | Service Category |
|--------------------|------------------|
| Hospice for Adults | H(A) |

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

| Condition | Assessment |
|---------------------------|------------|
| Total number of places 12 | Met |

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment’s own data and inspectors’ observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

| | |
|---------------------|---|
| Standard met | Achieving the required levels of performance in all aspects of the standard |
| Standard almost met | Not achieving the required levels of performance in some aspects |

| | |
|------------------|---|
| | of the standard |
| Standard not met | Significant action is needed to achieve the required levels of performance |
| Not inspected | This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection. |

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

| | |
|----|---|
| C | Core Standards |
| A | Acute Hospitals |
| M | Mental Health Establishments |
| H | Hospices |
| MC | Maternity Hospitals |
| TP | Termination of Pregnancy Establishments |
| P | Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation |
| PD | Private Doctors |

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

| Number | Standard Topic | Assessment |
|--------|---|---------------|
| C13 | Child Protection Procedures | Not inspected |
| C18 | Condition and Maintenance of Equipment and Supplies | Not inspected |
| C20 | Risk Management Policy | Not inspected |

| Number | Standard Topic | Assessment |
|--------|--|---------------|
| C22 | Medicines Management | Not inspected |
| C23 | Ordering and Storage of Medicines | Not inspected |
| C24 | Controlled Drugs | Not inspected |
| C25 | Infection Control | Not inspected |
| C26 | Medical Devices and Decontamination | Not inspected |
| H6 | Infection control | Not inspected |
| H8 | Responsibility for pharmaceutical services | Not inspected |
| H9 | Ordering, storage, use and disposal of medicines | Not inspected |
| H10 | Administration of medicines | Not inspected |
| H11 | Self administration of medicines | Not inspected |
| H12 | Storage and supply of medical gases | Not inspected |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|-----------------|------------|
| | | | No requirements | |

Clinical and cost effectiveness

| Number | Standard | Assessment |
|--------|---|---------------------|
| C3 | Management of Patient Conditions | Not inspected |
| C4 | Monitoring Quality | Standard almost met |
| H1 | Arrangements for care in hospices | Not inspected |
| H2 | Palliative care expertise and training for multi-professional teams | Not inspected |
| H3 | Assessment of patient's and carer's needs | Not inspected |
| H4 | Delivery of palliative care | Not inspected |
| H13 | Assessment and care of children | Not inspected |
| H14 | Qualifications and training for staff caring for children | Not inspected |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|--|------------------------------|
| 1 | C4 | 17 (1) | <p>Findings: Nine inpatient records have been reviewed as part of the records audit. This is not a representational number for the population of the hospice. There is no action plan to address areas of non-compliance from this patient documentation audit.</p> <p>Action Required: The registered person must ensure that there is a patient documentation audit system in place that represents the local population of the hospice and as a result of audit, actions and outcomes are recorded. This will ensure patients are assured that monitoring of the quality of treatment and care takes place.</p> | August 31 st 2008 |

Governance

| Number | Standard | Assessment |
|--------|---|---------------|
| C7 | Policies and Procedures | Not inspected |
| C8 | Role and Responsibilities of the Registered Manager | Not inspected |
| C9 | Human Resources Policies and Procedures | Not inspected |
| C10 | Practising Privileges | Not inspected |
| C11 | Compliance with Professional Codes of Conduct | Not inspected |
| C12 | Health Care Workers and Blood Borne Viruses | Not inspected |
| C16 | Worker's Concerns | Not inspected |
| C28 | Contracts | Not inspected |
| C29 | Records Management | Not inspected |
| C30 | Completion of Health Records | Not inspected |
| C31 | Information Management | Not inspected |
| C32 | Research | Not inspected |
| H5 | Records of care | Not inspected |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|-----------------|------------|
| | | | No requirements | |

Patient focus

| Number | Standard | Assessment |
|--------|---|------------------|
| C1 | Information for Patients | Standard met |
| C2 | Patient Centred Care | Not inspected |
| C5 | Care of the Dying | Not inspected |
| C14 | Complaints Process | Not inspected |
| C15 | Information for Patients about Complaints | Not inspected |
| C19 | Catering Services for Patients | Not inspected |
| C27 | Resuscitation | Not inspected |
| H7 | Resuscitation | Standard not met |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|--|------------------------------|
| 2 | H7 | 35 (1,2) | <p>Findings: There was no evidence in patient records that clinical staff have discussed resuscitation issues with patients and carers. There is no evidence to support that decisions are recorded and disseminated to all hospice staff.</p> <p>Action Required: The registered person must ensure that the resuscitation policy is adhered to in relation to actively discussing resuscitation issues with patients and carers. Records of decisions must be recorded in line with national guidance. This will ensure patients are given informed choice and staff are fully aware of patients wishes.</p> | August 31 st 2008 |
| 3 | H7 | 35 (1,2) | <p>Findings: The resuscitation procedures do not describe the process for initiating the basic life support procedures (BLS). There are no flow charts to support staff in delivering BLS as outlined by national guidance from the Resuscitation Council UK.</p> <p>Action Required: The registered person must ensure staff have access to procedures that outline national guidance from the Resuscitation Council UK. This will ensure staff are able to access instruction, updates in specific clinical procedures, and provide appropriate emergency care.</p> | July 31 st 2008 |

Accessible and responsive care

| Number | Standard Topic | Assessment |
|--------|-----------------|---------------|
| C6 | Patient's Views | Not inspected |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|-----------------|------------|
| | | | No requirements | |

Care environment and amenities

| Number | Standard Topic | Assessment |
|--------|----------------------------------|---------------|
| C17 | Health Care Premises | Standard Met |
| C21 | Health and Safety Measures | Standard Met |
| H15 | Environment for care of children | Not inspected |

| No | Standard | Regulation | Requirement | Time scale |
|----|----------|------------|-----------------|------------|
| | | | No requirements | |

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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