

## St Joseph's Hospice Association

# St Joseph's Hospice

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service in July 2016 when five breaches of legal requirements were found. We found a breach in regulation regarding the safe management of medicines and we took enforcement action in respect of this breach. We served the provider with a statutory Warning Notice regarding medicines not being managed safely. We found a breach of regulation as the service had not followed agreed protocols for reporting an allegation of abuse to the local authority and to us the CQC (Care Quality Commission); poor care planning and monitoring of care; a lack of an effective system and process for dealing with complaints; assuring the safe management of the service. We asked the provider to take action to address these concerns.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 25 & 26 October 2016 to check that they had they now met legal requirements. This report only covers our findings in relation to the specific area / breach of regulation. This covered three questions we normally asked of services; whether they are 'safe', 'responsive' and 'well led.' The question 'was the service effective' and 'was the service caring' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Joseph's Hospice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There has been a change of manager since the last inspection. A new manager was in post and they have applied for the position of registered manager for St Joseph's Hospice. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

St Joseph's Hospice is run by St Joseph's Hospice Association which is a registered charity and company which also runs a number of hospices overseas.

The hospice has accommodation and facilities for 29 people across Liverpool, Sefton and West Lancashire. There are three units; St Francis House with eight ground floor rooms and 10 single rooms on the first floor; San Jose building has 11 ground floors single rooms.

St Joseph's Hospice provides care and support people with progressive, degenerative conditions and for people with brain injury and terminal illness. The hospice also provides end of life care and support to families of terminally ill patients. The service is supported by a local consultant in palliative medicine, other consultants who specialise in psychiatry and elderly medicine and local GPs with an interest in palliative care.

At our last inspection in July 2016 we had found the home in breach of regulations relating to the safe administration of medicines. This was because medicines were poorly managed and medicine practices at that time put people at risk. At this inspection we found people were protected against the risks associated

with medicines. We saw improvements around gaps in recording of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); medicines that required refrigeration; the practice for staff to 'share' medicines belonging to one person with another had ceased; clear directions for the application of creams and appropriate records for the use of thickening agents for drinks to aid swallowing were in place. This breach had been met.

At the last inspection we had concerns that the service was not following agreed local authority protocols for reporting allegations of abuse with the local authority or with us the CQC. At this inspection our findings showed staff were aware of the safeguarding protocol to follow and on-going training was provided around the safeguarding of adults (protecting people from abuse). This breach had been met.

At the previous inspection we found the system for recording and responding to complaints was not effective. No complaints have been received by members of the public since our last inspection however we saw how concerns such as medicine or other untoward incident were recorded, investigated and lessons learned with the staff. Staff were aware of their role in reporting and acting on complaints and the manager informed us they were introducing a complaint log sheet to improve the overall recording of concerns and complaints. This breach had been met.

In respect of care planning and monitoring people's care needs, we found at the last inspection a lack of care documentation to support people's care and wellbeing and poor monitoring of people's care. We found at this inspection people's care needs were recorded in a plan of care and care monitoring records such as diet, fluid and positioning charts were completed to provide an evaluation of care needs. This breach has been met.

We were concerned that the systems and process in place to monitor and develop the service were not effective at the last inspection. At this inspection we found the overall management of the hospice had improved. A clinical governance framework was in place to improve the quality of the service and ensuring good standards of care.

Systems and processes, including audits (checks) had been developed to help assure and monitor the service. In respect of medicine management the shortfalls we identified during the inspection had not however been picked up by the current auditing system. These arrangements therefore need to be more robust to assess, monitor and improve the quality and safety and records of treatment.

The CEO (Chief Executive Officer) and manager appreciated that although a significant number of improvements have been made, work remains in progress in particular around the management of medicines, that all the changes being made across the service need time to embed and consideration needs to be applied to the future development of the service.

You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

We found that action had been taken to ensure medicines were managed safely to meet legal requirements.

We found actions had been taken to ensure the service followed agreed protocols for reporting allegations of abuse to the local authority. Staff were aware of the safeguarding protocol to follow and on-going training was provided around the safeguarding of adults (protecting people from abuse).

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive

People had a plan of care that reflected individual care needs. People's plan of care was updated as their needs changed.

Care monitoring records such as diet, fluid and positioning charts were completed to provide an evaluation of care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

There was no registered manager in post. A new manager has been appointed and they have submitted an application for registration as a new manager.

Systems and processes were in place to assure and monitor the service.

These arrangements however need to be more robust to assess, monitor and improve the quality and safety and records of treatment for people in respect of their medicines.

We saw that the manager was providing an effective lead. Staff talked positively about the support they received from the manager.

We received good feedback from people, relatives and staff we spoke with regarding the leadership and management of the hospice.

# St Joseph's Hospice

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This focused inspection took place on 25 & 26 October 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and a pharmacy inspector to check that improvements to meet legal requirements identified after our comprehensive inspection on 26 & 27 July 2016 had been made. We inspected the service against three of the five questions we ask about services; is the service safe, is the service responsive and is the service well led, this is because the service was not meeting legal requirements in relation to these questions.

We looked at the notifications and other intelligence the Care Quality Commission had received about the hospice and contacted two commissioners of services to seek feedback about the hospice's service.

We spoke with four people who used the service regarding the care and support they received and four relatives to obtain their views. Additionally we spoke with the CEO (Chief Executive Officer) who was present for the inspection, eight staff and a visiting health professional. The manager was not on duty when we conducted the inspection so we spoke with them following our visit.

We reviewed a range of documents and records including; five care records for people who were receiving care at the hospice, eight medicine administration records (MARs), incident reports, complaints and a range of quality audits and management records.

# Is the service safe?

## Our findings

We previously visited this hospice in July 2016 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action in respect of the poor management of medicines. We served the provider with a statutory Warning Notice regarding medicines not being managed safely. We also found the service to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the service was not following agreed local authority protocols for reporting allegations of abuse with the local authority or with us the CQC.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met and we found improvements had been made to meet necessary requirements. These breaches had been met.

In respect of medicines, we looked at eight Medicines Administration Records (MARs) and spoke with the nurses responsible for medicines on each unit. Medicines were stored safely and securely, and access was restricted to authorised staff. Unwanted medicines were disposed of in accordance with waste regulations.

At our previous inspection we identified gaps in records of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). At this inspection we found there were appropriate arrangements in place for the management of controlled drugs. They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw they were completed correctly; we also saw evidence of regular balance checks.

During our last inspection, we found medicines requiring refrigeration had been stored outside of the recommended temperature range. We checked to see what improvements had been made and found maximum and minimum temperatures had been recorded daily. When a temperature had been recorded outside of the recommended range, staff had taken appropriate action and a new medicines fridge had been ordered.

We had previously found it was custom and practice for staff to 'share' medicines belonging to one person with another when they could not obtain a supply of medicines in a timely manner. During this inspection, staff and managers told us this practice no longer occurred. We found no evidence of medicines being shared inappropriately. Staff told us they still had difficulty obtaining medicines outside of normal working hours. We saw one example of a person who had been prescribed an antibiotic; however they had missed four doses because a supply had not been obtained from the community pharmacy in a timely manner. We discussed this with the unit manager who arranged for a member of staff to collect the prescription the same day.

We checked records for people who were prescribed fluid thickeners to aid swallowing and found these were being used safely and appropriate records were being maintained. In addition, we found guidance on

different consistencies and instructions how to use each thickener were included as part of people's care plans.

Two people were prescribed creams or topical medicines which were applied by care staff. We found clear directions were in place to support staff to apply these to the right area of the body. However, we checked topical application records and found they had not always been applied in accordance with the directions on the MAR. For example, one person should have had a dental gel applied three times daily. We saw this had only been applied once daily on seven occasions and twice daily on four occasions over a 12 day period in October 2016. We discussed this further with the staff and received assurance that the person's health was being monitored in respect of this treatment.

Following the last inspection we have seen robust procedures now being followed in accordance with agreed local authority protocols to make sure people who are receiving care and treatment at the hospice are protected from abuse. Changes made since the last inspection have showed that the current system and process for reporting allegations are known and followed by the staff. We the CQC have also been informed of events and incidents, such as an allegation of abuse which occurred at the service in accordance with our statutory notification requirements. Staff told us of their individual responsibilities for identifying and reporting abuse. They told us they were familiar with the hospice's safeguarding procedures and external agencies involvement when reporting and investigating an allegation of abuse. Safeguarding documentation was displayed for staff to follow should they wish to report a concern.

We asked people at the hospice if they felt safe. A person told us, "Always, the staff know what they are doing, I always feel safe in their hands."

We saw how accidents and incidents were recorded and these were being analysed for trends or patterns to minimise the risk of re-occurrence. Staff discussed with us a recent incident where a lack of recording had been identified for an aspect of clinical care and this had been discussed at a team meeting to help improve practice.



## Is the service responsive?

### Our findings

We previously visited this hospice in July 2016 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the service not ensuring care was planned effectively. People's care planning lacked sufficient detail at times to help ensure their care needs were being met. The service was also in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not operate an effective system for handling, recording and responding to complaints.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met and we found improvements had been made to meet necessary requirements. These breaches had been met.

At this inspection staff were providing care and treatment for 27 people. We looked at care records for five people. We saw people had a plan of care which identified their care needs and provided sufficient information for the staff to give people care, support and treatment in accordance with individual need. A nursing care plan provides direction on the type of care an individual may need following their needs assessment. Care plans covered areas such as, mobility, personal hygiene, pain management, skin integrity, constipation, assistance with personal care, psychological support, skin care, spiritual care and care plans for medical conditions that require clinical intervention. For example, an indwelling catheter, pressure ulcer, tracheostomy care or tube for enteral feeding. Enteral feeding refers to the delivery of a nutritionally balanced feed via a percutaneous endoscopic gastrostomy tube (PEG). The PEG is passed into a patient's stomach to provide a means of feeding when their oral intake is not adequate. A tracheostomy is 'is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help a person breathe'.

We saw in particular improvements around monitoring records to evidence the care given and safety checks undertaken. This helped to provide an ongoing evaluation of care needs. For example, recording of fluids, diet and output; positioning changes for people who had vulnerable skin; use of thickening agents in drinks for people who had difficulty swallowing; safety checks for people who had a tracheostomy or whose intake was delivered by an enteral tube; other checks of specialist equipment. These checks were undertaken in accordance with people's plan and the records seen were up to date. Staff told us these records helped them to monitor people's condition and to report on any changes.

Care documents were subject to review to ensure the information held was current and to reflect any change to the plan of care. We did however note that for one person receiving treatment for a pressure ulcer the wound documentation did not record the most recent wound dressings applied. The wound dressings had been recorded on a daily intervention chart. We brought this to the staff's attention and the wound care documentation, including body map of the affected site, was updated to reflect the current treatment plan and progress of the wound. We saw that the affected site was being dressed on a regular basis and staff were knowledgeable regarding the treatment plan.

We spoke with people at the hospice who told us they received very good care and treatment from the staff. They told us the staff involved them with their care and staff were responsive to their needs. A person told us, "I only have to ask for something and the staff make it happen. They are marvellous." A relative told us the care was very good and that if there was any change to their family member, they were notified straightaway. A visiting health professional informed us that the staff were knowledgeable regarding people's care needs and sought advice at the appropriate time.

A process of managing complaints was in place. The CEO and manager advised us that there had been no complaints raised by members of the public since our last inspection. Staff told us that concerns raised, such as a medicine incident or untoward incidents were now logged formally, investigated and lessons learned with the staff. We saw evidence of this on inspection. We were aware of a recent concern raised by a family member and the manager had informed us of the actions taken. We also saw evidence of medicine incidents which had been recorded and investigated. Following the inspection we spoke with the manager who advised us that individual logs were being introduced for complaints and concerns, as at present if a complaint or concern was received this is recorded in a concerns book or a complaints book. These books were available on each unit and staff told us they would record all complaints and concerns and immediately inform the manager. The manager appreciated that the service needed a more formal system for recording complaints and concerns; they informed us a complaint log sheet was being introduced for this purpose.

People and their relatives told us they were confident they could approach staff and make a complaint if they needed. A person said, "I have no worries at all, the care is wonderful."

## Is the service well-led?

### Our findings

We previously visited this hospice in July 2016 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the service not having a system in place to regularly assess and monitor the quality of the service.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met and we found a number of improvements had been made in respect of the governance.

The overall internal monitoring of medicines however remains a concern as the current medicine auditing system did not pick up on the shortfalls we identified during our inspection. Medicine monitoring included a medication drug error monitoring form which recorded the level of harm and outcome to the patient; an NHS England Occurrence report for reporting on the management and use of controlled drugs; a medicine management controlled drugs audit for care homes and the service's own medicine audits. These records provided a detailed over view of how medicines were being managed and actions taken to minimise the risk of re-occurrence for medicine errors.

We checked stock balances of medicines and found these were not always recorded correctly. A medication audit questionnaire had been completed on 3 October 2016 which stated all received medicines had been added to the running total on the MAR. However, we found balances were not always carried forward from one MAR or prescription chart to another and there was no clear system for recording the quantities of medicines received into the service. In addition, an audit carried out on 20 October 2016 had identified discrepancies in the stock balances of four people's medicines but no action had been taken to identify the cause. As we saw evidence of a person not receiving their medicine because the supply had not been obtained in a timely manner the provider should also review the arrangements for obtaining medicines supplies to ensure people receive their medicines in a timely manner.

This was a breach of Regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in post. A new manager has been appointed and they have submitted an application for registration as a new manager. Their application is being processed by us the CQC. Feedback regarding the new manager was positive.

The governance structure for St Joseph's Hospice was clearly defined. Seven members form the Board of Trustees and they attend quarterly meetings and annual general meeting in December of each year. There were four sub committees – finance, overseas, clinical governance and retail. Report from each sub-committee present their findings in each meeting of the Board of Trustees. We were shown the Board of Trustees meeting schedule and also minutes of meetings held. We were provided with an example of a trustee working with staff in respect of the referral criteria for admission to the hospice and also the

development of admissions policy for the service.

At this inspection we were able to evidence the service had a more consistent approach to assessing, monitoring and mitigate risks relating to the health, safety and welfare of people who use the services of the hospice. The systems, processes and audits had been expanded to capture a full picture of the hospice and to meet the challenges the service faced in 'moving forward'. It was evident that the introduction of these more robust measures had helped to improve all areas of practice.

We have been kept informed of measures taken to ensure compliance with CQC's regulations. This information has been submitted to us at regular intervals and along with close partnership working with us and other external agencies we have been assured by the measures taken. We also met with a number of trustees and the CEO following the inspection to gain an insight regarding the responsibility at board level, their input into the service and to discuss the improvement agenda. An external health professional commented on the culture of transparency within the service and the willingness to work with their partnership organisation.

The manager told us visual checks were an important part of monitoring standards and improving the service provision. Staff told us the manager was 'visible' around the home, taking part in the morning hand overs at the shift change and conducting morning meetings with the unit managers. Staff told us the manager was very approachable and always available. Their comments included, "(Manager) comes round and sees us on the units", "The changes made around the monitoring charts for patients are working well", "Positive changes all round", "I feel communication is very good", "(Manager) has an open door policy, you can see (manager) at any time." A staff member when discussing what is important for the people at the hospice they told us that, "The manager gets it, they understand." Another staff member told us they 'loved the work' at the hospice and all staff were trained to a high standard for end of life care.

The majority of staff we spoke with felt the overall management was good and that changes made were benefiting people and staff at the hospice. We found a positive culture when we conducted our inspection.

There have been a number of changes regarding the overall management of the hospice to assure the safe and effective delivery of care. This has included more robust auditing of clinical practice and a clinical and quality improvement agenda for safeguarding, compliance and safety, quality, service improvements and partnership working. This includes areas of practice, for example, CQC Action plan, clinical governance action plan, risk register, infection control report, drug error report and analysis, clinical audits, for example, falls, safeguarding reports, CQUIN data, analysis and action plans and SEA (significant events analysis) summary report to look at what went wrong and what went well to improve practice. 'The CQUIN scheme (NHS England) is intended to deliver clinical quality improvements and drive transformational change. These will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved'.

Findings from the audits and data sources were discussed at clinical governance sub-committee meetings. We saw minutes of meetings held with a newly formatted agenda which is intended to include new data sets for gathering more meaningful information around patient safety and safeguarding, patient care and quality, for example. The aim being to improve the quality of information captured to monitor clinical effectiveness. We saw that overall clinical governance placed emphasis on clinical areas for patient safety, safeguarding, risk management, regulation and compliance, service quality and partnership working. Day to practice, such as the 'weekly walk' by the CEO and manager to check on critical areas, which included locked medicine cabinets, correctly completed MAR charts and monitoring charts for evidencing care, was now on the agenda item as this was seen as an integral part of monitoring clinical practice. The unit

managers also met each morning (where possible with the manager) to discuss the units and any matters arising. The inclusion of all these areas of practice within the governance strategy has proved to be effective.

We talked with the CEO and manager regarding the on-going development of the service. The CEO and manager appreciated that although a significant number of improvements have been made, the changes made need time to embed and consideration needs to be applied to the future development of the service. They told us about some quality improvement initiatives and new approaches. Examples of these were, the 'weekly walks' to be recorded for auditing purposes; the use of complaint log sheets; monthly checks of controlled drugs by the accountable officer; the development of care audits; development of future staff training to support professional development and closer working with other hospices. Clinical key performance indicators had been introduced along with a clinical risk register. The clinical key performance indicators track local (hospice) data sets and areas of performance that are not monitored by other quality assurance tools. For example, CQUIN data. A clinical risk register identifies emerging risks, and the measures needed to mitigate risk and required actions. The clinical risk register working group headed by a trustee were working towards making this a 'live' document to be implemented across by the service by the end of the year. This showed the management team's commitment to drive forward improvement so as to provide high quality care and improve people's experience of care at the hospice.

We could see that work was in progress for improving the information recorded in people's care file. The emphasis being around more individualised care plans reflecting people's preferences, choices and wishes. A staff member told us about a documentation group which now meets to review care documentation and that this involves reviewing the quality of the records to ensure they are fit for purpose.

With regards to the development of staff training, staff told us they were keen to liaise with other hospices to support learning and share best practice. The CEO informed us that this was being considered as part of the developing clinical training methodology. Staff advised us they were supported by the manager and attended monthly meetings to gather and share information about the service. Staff told us had completed medicine training following the last inspection and as part of monitoring staff competencies, medicine competency checks had been completed for staff who administered medicines. Records seen confirmed this.

The manager had notified the CQC of events and incidents that occurred in the hospice in accordance with our statutory notification requirements.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The rating from the last inspection for St Joseph's Hospice was displayed for people to know how the service was performing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	With regards to the management of medicines the provider had not ensured the proper arrangements were in place to assess, monitor and improve the quality and safety of services and maintain accurate complete records of the treatment provided to people. Regulation 17(1) (2) (a) (b)
Treatment of disease, disorder or injury	