

# Bury Hospice

## Quality Report

Rochdale Old Road

Bury

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Are services safe?

Are services well-led?

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Bury Hospice is registered charitable organisation providing hospice services, the service has 12 inpatient beds, however they were only commissioned for and so used eight beds. They also had a day hospice which people attended during the day only and were not admitted as inpatient.

We inspected this service as a response to concerns raised about the storage and administration of controlled drugs and medicines. We carried out an unannounced inspection on 27 February 2019. We did not rate this service at this inspection.

In order to respond specifically to the concerns raised to us we only looked at some aspects of the safe and well led domains. Specifically, we looked at the following key lines of enquiry; in 'safe' we looked at incident reporting, medicines management, records and assessing and responding to risk. In 'well-led' we looked at culture, governance and monitoring risk in relation to medicines management. Throughout the inspection, we took account of what people told us, what we found on inspection, and what staff told us.

During the inspection, we visited the inpatient ward and day hospice unit. We spoke with ten members of staff including registered nurses, health care assistants, medical staff and senior managers. We spoke with two patients. During our inspection, we reviewed all four sets of notes for inpatients (there were only four inpatients at the hospice at the time of inspection) and one patient record on the day hospice unit.

We found good practice in relation to medicines management:

- During our inspection we found that medicines, including controlled drugs and intravenous fluids were stored safely and in line with best practice guidance and organisational policy.
- There was a culture of safety and reducing risk to patients.
- Staff felt able to speak out if they felt something was wrong or could be improved.
- Managers supported staff to be open and honest, report incidents and put patient safety as a priority.

We found areas of practice that could be improved in relation to medicines management:

- There were gaps in some audit processes and in particular, there had not been a medicines management audit since March 2018.
- Patients records were not stored in a way that reduced the chances of unauthorised access. The records trolley could not be locked due to the malfunctioning of the lock.
- There was a lack of evidence of training and competency assessments for non-registered staff acting as second checker for controlled drugs.
- Room temperatures where medicines were stored were not monitored consistently.

### **Ellen Armistead**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Hospices for adults

### Rating Summary of each main service

- During our inspection we found that medicines, including controlled drugs and intravenous fluids were stored safely and in line with best practice guidance and organisational policy.
- There was a culture of safety, assessing and responding to patient risk.
- Staff felt able to speak out if they felt something was wrong or could be improved.
- Managers supported staff to be open and honest, report incidents and put patient safety as a priority.

However,

- There were gaps in some audit processes and in particular, there had not been a medicines management audit since March 2018.
- Patients records were not stored in a way that prevented possible unauthorised access. The records' trolley could not be locked due to a broken lock.
- There was a lack of evidence of training and competency assessments for non-registered staff acting as second checker for controlled drugs.
- Room temperatures where medicines were stored, were not monitored consistently.

# Summary of findings

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# Bury Hospice

**Services we looked at**

Hospices for adults.

# Summary of this inspection

## Background to Bury Hospice

We inspected this service in response to concerns raised about the storage and administration of controlled drugs and medicines. We carried out an unannounced inspection on 27 February 2019. We did not rate this service at this inspection. We looked at the following key lines of enquiry; in 'safe' we looked at incident reporting, medicines management, records and assessing and responding to risk. In 'well-led' we looked at culture, governance and monitoring risk in relation to medicines management. During our inspection we spoke with ten members of staff and two patients, we looked at five sets of patient records, they were four inpatients and one day centre patient records.

Bury Hospice is a registered charitable organisation in Bury, Greater Manchester providing hospice services. The hospice opened in 1991. The hospice primarily serves the communities of Bury and the surrounding areas.

The hospice has had a registered manager in post since 11 March 2013; they were registered to provide

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

The hospice provided inpatient care and was commissioned to provide eight inpatient beds and a day hospice service, which ran two days per week.

The hospice was funded predominantly by charitable fund raising and through a contribution from the local commissioning group.

## Our inspection team

Our inspection team comprised a CQC lead inspector, two other CQC inspectors, and a pharmacy inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspections for the North West.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

- NOT RATED

We found the following areas of good practice:

- During our inspection we found that medicines, including controlled drugs and intravenous fluids were stored safely and in line with best practice guidance and organisational policy.
- There was a culture of safety and assessing and responding to risk to patients.

However, we also found the following issues that the service provider needs to improve:

- There were gaps in some audit processes and in particular, there had not been a medicines management audit since March 2018.
- Patients records were not stored in a way that prevented possible unauthorised access. The records trolley could not be locked due to the malfunctioning of the lock.
- There was a lack of evidence of training and competency assessments for non registered staff acting as second checker for controlled drugs.
- Room temperatures where medicines were stored were not monitored consistently.

### Are services well-led?

- NOT RATED

We found the following areas of good practice:

- Staff felt able to speak out if they felt something was wrong or could be improved.
- Managers supported staff to be open and honest, report incidents and to put patient safety as a priority.
- The service had effective governance systems in place to ensure accountability and support the delivery of the service.
- There were effective processes in place to manage current and future risks, which were regularly reviewed.

However,

- There were some lapses in audit processes; there had not been a medicines management audit since March 2018.

# Hospices for adults

Safe

Well-led

## Are hospices for adults safe?

**We did not rate this domain during this inspection and we only looked at certain areas.**

### Mandatory training

- Not inspected

### Safeguarding

- Not inspected

### Cleanliness, infection control and hygiene

- Not inspected

### Environment and equipment

- Not inspected

### Assessing and responding to patient risk

- Records we looked at during inspection showed that risk assessments were completed upon admission and reviewed at suitable intervals during a patient's stay in the hospice. Care plans and risk reduction measures were implemented as appropriate where risks were identified. This included risks of falls, pressure ulcers, nutritional deficiency.
- Allergies were discussed with patients on admission and were noted in their records and on prescription charts.
- Patient risk was discussed at handovers and multidisciplinary meetings. We observed a nursing hand over during our inspection and found that patient risk was highlighted effectively.
- Nurse call bells and emergency call bells were available in areas where patients were left alone, such as toilets and changing areas. These alerted staff by a flashing light outside their room or the area they were in and an audible alarm signal was produced.
- There were two doctors on site in the hospice each day with a consultant on site twice a week. The consultant was available 'on-call' when not on site and could provide advice and support to the staff by telephone. The doctors worked to the local NHS hospital palliative care formulary and the North West regional palliative care formulary.

- We saw evidence in patients records that they had transfer of care documentation in their records to ensure hospice staff had up to date knowledge of the patient's condition and treatments from acute NHS providers and GPs.

### Nurse staffing

- Not inspected

### Medical staffing

- Not inspected

### Records

- Patient records were paper documents bound together into a folder. Folders were stored in a records trolley, however the lock on this trolley was broken. We were told that this was to be repaired.
- We looked at the records of all four patients that were being cared for as inpatients at the hospice at the time of our inspection. We also checked one record for a patient attending the day hospice service. We found that record keeping was of a good standard. Notes were comprehensive, complete and included all important information; there were no loose leaves.
- We found that staff of various disciplines recorded information into the patients' records. We found that information was recorded in a contemporaneous way and staff signed, dated and timed their entries and recorded their designation or role. This was in line with good practice.
- We found that notes were neat and legible and detailed the care the patient had received well.
- Prescription charts and records relating to medicines were of a good standard. We did not see any unauthorised omissions on the medicines charts we checked. The patient's allergy status was recorded on all medicines charts reviewed.
- Records showed that the hospice pharmacist attended weekly multidisciplinary team meetings and clinically reviewed all medicines records. During our inspection we found that all the medicines charts we checked had been reviewed by the pharmacist.



# Hospices for adults

- Syringe driver monitoring charts were in use and those checked on the inspection matched the prescription ordered by doctors.
- Variable dose prescriptions were recorded effectively and stated the dose that had been administered.
- We observed that paracetamol administration times were recorded on medicines administration charts to make it clear when they were given to ensure safe periods between doses was adhered to.

## Medicines

- Medicines were supplied by a local NHS hospital under a service level agreement. They were requisitioned and recorded in an organised and safe manner.
- Medicines were stored safely. Access to the clinical room where medicines were stored was possible by using a staff electronic ID fob which opened the room. Medicines were stored in lockable industry standard medicines cupboards. We saw these were locked appropriately during our inspection.
- Controlled drugs were stored separately in a cupboard which meet the recommended standards for controlled drugs storage. Keys for the controlled and other medicines cupboards were kept safe in the possession of the nurse in charge. This ensured that only authorised staff had access to the medicines.
- We found that medicines requiring cool storage were stored appropriately and that the medicines refrigerator was locked. We saw records that showed maximum and minimum temperatures were recorded daily and in range to ensure medicines were stored at the correct temperature. Staff knew what to do if the temperatures went out of range and indeed there was evidence that this had occurred recently and staff took the appropriate actions to ensure medicines remained safe to use.
- However, we found that ambient room temperatures in the clinical room where medicines were stored were not being monitored consistently. There was however an air conditioning unit in the room which meant there was a low risk that the room temperature would go outside the safe range.
- The service did not have an emergency resuscitation trolley. However, some emergency medicines were accessible; these were stored appropriately and were in date. The service had ready access to a defibrillator which was stored on the corridor within the inpatient area.
- We reviewed a sample of medicines including oral medicines, intravenous medicines, fluids and controlled drugs and found these to be stored appropriately and in date.
- Controlled drugs such as hospice stock medicines and patient's own medicines brought into the hospice with them were stored correctly and securely. We checked a sample of balances of various types of medicines including liquids and found all to be correct. The books used to record these medicines were completed fully. We also saw that the controlled drugs book showed evidence that two staff members had signed for controlled drugs. We saw correct recording of 'wasting' of controlled drugs, where the full contents of a vial was not prescribed and used.
- All orders of controlled drug stocks were signed by the hospice doctor. Weekly controlled drug balance checks were completed and recorded in record books and daily checks were recorded on a separate sheet; all were completed fully.
- Controlled Drugs for destruction were recorded and stored separately and securely. Those for destruction were witnessed by police or pharmacist in conjunction with a nurse or senior staff member.
- Patients own medicines including patient's own controlled drugs were stored appropriately. These were returned to patients or destroyed appropriately with effective records kept. Waste medicines were stored securely.
- Portable oxygen cylinders were seen to be full, in date and stored securely.
- We observed that medicines which when opened had a shortened expiry date, were written on as 'date opened' so that their new expiry dates could be identified. These were disposed of once the date was reached.
- Patient's own medicines were stored appropriately in secure lockers in patient's bedrooms. Keys were kept safely by the nurse in charge.
- Syringe driver pumps were stored in the clinical room; we saw that these had been serviced and maintained appropriately and were within their service dates. Battery checks were recorded appropriately on syringe driver administration charts for each day it was in use.
- FP10 prescription pads were stored securely and access to them was restricted to authorised staff only.

# Hospices for adults

- A recognised medicines administrations advice reference book was available to hand and was the current edition. Nurses used this book to gain advice with side effects, medicine doses and medicines interactions to ensure any risk is identified.
- Transdermal patch medicines application records were in use. This documented the date and site of application, a daily record to show the patch was still in place, and documentation that it had been removed and disposed of when appropriate.
- The service had a 'medicines management' policy in place, which had been reviewed regularly and was in date. The policy was in keeping with national best practice for medicines management.
- The controlled drugs authorised officer was the registered manager and this was clearly recorded in medicines management policy.
- The hospice had access to a pharmacist through a service level agreement with an external company. They attended the service weekly to support staff and ensure medicines were managed safely. A pharmacist was also available for advice on an 'on-call' basis outside of normal hours 24 hours a week, seven days a week.
- Patients using the day hospice service were asked to bring copies of their prescriptions in to ensure up to date knowledge of their medicines was known to the day hospice staff. If they did not have an up to date list hospice staff would contact the patient's GP or the hospital they were receiving treatment at for a list of current medicines.
- Discharge medicines were supplied by a local hospital and delivered to the hospice. All medicines were supplied with patient advice leaflets enclosed. Nurses counselled patients on the use of their medicines on the day of discharge.
- Patients we spoke with stated they were happy with the care received and did not report any dissatisfaction with the way their medicines were managed.
- The service had not completed a medicines management audit since March 2018.
- During the inspection we found that non-registered staff were sometimes acting as second checker for controlled drugs. Staff we spoke with stated they had received training on this. However, the service was unable to show evidence of this training and that the staff had been assessed as competent to perform this role.
- An incident reporting policy was in place, was in date and was accessible to staff. This was in keeping with best practice for incident reporting.
- We found that the staff we spoke with were aware of the process to report incidents and could describe the types of incidents that should be reported. They were able to provide examples of incidents that had occurred in the service recently, such as medicines management incidents.
- Incidents were graded in levels of harm caused by the incident to the patient. These were graded as follows; level one which was low harm, level two was low harm, level three was moderate harm, level four was severe harm and level five was death.
- There had been 17 medicines management incidents reported in the period March 2018 to January 2019. Of these 16 had been graded as level one (insignificant) and one was graded as level two (minor) incidents. Examples of these incidents were, documentation errors around controlled drugs, some medicines not documented correctly and other incorrect reconciliation of medicines.
- Medicines incidents were monitored for trends and themes. Managers used this information to target areas for improvement and offered awareness raising sessions and additional training. For example, the lead nurse had identified an issue with discrepancies in the measurement of liquid forms of controlled drugs. This was less than the acceptable margin of 10 percent; however as this had been reported on several occasions, a new practice of more accurate measuring and recording was introduced to reduce the chance of this reoccurring. Also, where lapses in knowledge were identified, educational sessions by doctors and pharmacists were implemented. There was evidence of performance management interventions taking place where this was deemed applicable.
- Incidents were discussed at team meetings and governance meetings and learning was posted on communication boards in staff areas.
- Action plans were produced and monitored and learning was shared by various means amongst staff. General team meetings were held every six weeks and minutes were recorded. Incidents were a standing agenda item and we saw evidence from the minutes that incidents and learning was shared.

## Incidents

# Hospices for adults

## Are hospices for adults well-led?

**We did not rate this domain during this inspection and we only looked at certain areas.**

### Leadership

- NOT INSPECTED

### Vision and strategy

- NOT INSPECTED

### Culture

- The hospice had a clear vision and set of values, with quality and sustainability as the top priority. The values were displayed on posters around the premises, which included; Choice of specialist services, respect and dignity, continuous learning and sustainability.
- Staff could contact managers whenever they felt the need to discuss clinical issues out of hours. There was also an on-call rota for managers, which all staff were aware of and could always contact a manager for advice. The hospice care team manager was visible and approachable to all members of staff and disseminated any communication efficiently.
- Staff told us they felt supported in their roles, that there was a strong focus on safety and they felt confident to raise concerns and report incidents. They believed there was a no blame culture. They also felt that the new clinical lead nurse had implemented many positive changes since arriving at the hospice and they anticipated the positive changes would continue.
- Staff were given time to complete mandatory training and additional training sessions were held when required. Staff were supported to attend if they were off duty.
- Staff were able to raise concerns safely and we saw evidence of a recent complaint made by a member of staff concerning a number of issues, which included inconsistencies in some processes. An immediate response was sent via email from the head of clinical services and the chief executive officer made contact by phone with the member of staff. The complaint had resulted in an impromptu staff meeting by the chief executive officer and issues were being addressed.
- As a result of a drop-in morale amongst nurses, due to a number of staff changes and new practices, senior

management reviewed the culture and recently started to implement a new 'Respect Campaign' with an emphasis towards staff that they should not only respect the patients, but themselves.

- The staff survey from June/July 2018 showed that 93% of staff agreed with the statement; 'I have not been bullied at work'. An increase from the 88% in 2017.
- Staff we spoke to told us they felt they were treated with fairness and respect and results of the staff survey showed 83% of paid and volunteer staff agreed with this.
- Staff felt positive and proud to work in the organisation, with 93% of staff agreeing with this statement on the staff survey.
- We saw a strong emphasis on the well-being of staff; for example, rotas had been changed to support staff suffering with ill health.
- We saw systems in place to support improvement and innovation work and, as a result of the staff survey, long service awards for volunteers and staff had been implemented.
- The most current staff survey had been conducted between 4 June 2018 and 13 July 2018, however at the time of inspection this had not yet been shared with staff. The staff survey used by the hospice was 'Bird Song' a survey recommended by Hospice UK. The results showed that more than 85% of staff enjoyed working at the hospice, with a 43% response rate from paid staff. A presentation for staff showing key findings had been produced and was about to be shared with staff. Some initiatives had already been implemented such as training for volunteers and new induction programmes.
- The survey, however, did show that only 57% of staff felt that communication between teams and departments was good.
- Daily huddles took place on the ward at the morning handover and in the afternoon, attended by the doctor and nurses. In addition to discussing each patient, doctors would share education on symptom management and any changes in patient medicines.
- The hospice care team manager held monthly staff meetings to share information from the senior managers meetings; however, these were not well attended and managers were considering how they could improve attendance levels.

# Hospices for adults

- Patients we spoke with were very happy with the care received and spoke very highly of the staff caring for them.

## Governance

- There had been a number of changes at senior management level and further changes were imminent; however, the management structure was effective and leaders were passionate about their responsibilities.
- There were seven board members and the hospice had recently recruited a new trustee. The chief executive officer was soon to step down from their position and return to the board bringing clinical knowledge. The board were also looking for a trustee with a legal background; this would bring the board to nine members.
- The hospice had recruited a local trust recommended by Hospice UK to install a new software system concentrating on incident and risk management modules. This would enable them to more effectively look at trends and help highlight immediate learning.
- The senior leadership team told us that their vision for the hospice was towards integrated teams. A local NHS Trust was due to end community services for palliative care and the hospice had expressed interest to the clinical commissioning group for their specialist nurses to manage palliative care and integrate with the home care teams at the hospice.
- Quality and risk information was reviewed at the board of trustee's meetings. We looked at the minutes from the 11 February 2019 meeting and lessons were discussed from a hospice which had had to close recently due to financial difficulties. The service tried to learn from this in order to sustain their financial security.
- Care team meetings were held every six weeks. Minutes were recorded and circulated from this meeting. Items on the agenda included medicines incidents, complaints, safety incidents, significant events and clinical updates. Actions were generated, were allocated to individuals and were reviewed at subsequent meetings.
- Clinical governance meetings were held every two months and attended by the head of clinical services, doctors and the hospice care team manager. We looked at minutes from the meeting held on the 22 January 2019 where the accountable officer had raised three medicine incidents. Individuals were provided with

appropriate support. There were effective processes were implemented and we observed lessons learned and they were shared on a staff notice board in the nursing hub.

- All incidents were discussed at the safety huddle, displayed in the communication board and email alerts were sent to the nursing staff.
- The governance structure enabled Issues from the care team meetings to be escalated to the senior management meetings and in turn information could be passed to the care team meetings.

## Managing risks, issues and performance

- Leaders strived for continuous learning, improvement and innovation. For example, in February 2018 and July 2018 additional medicine management and medicine documentation training had taken place due them identifying some low harm medicine incidents. The trends from these incidents included poor documentation of medicines administration.
- The hospice ensured that continued learning took place to help improve performance by accessing another hospice for training as they had a full education department.
- The senior management team told us that they intended to create a new role for a head of quality and safety governance.
- Risks were taken into account when planning the service. The top risks for the hospice were; patient safety, staffing and medication errors. We reviewed the risk register and found risks were being actioned in a timely manner to help mitigate the risk. For example, in February 2019 two registered general nurses positions had been filled to support an extra registered nurse on the night rota.
- The risk register identified that medicines errors were a risk for the hospice. Actions that had been taken to mitigate the risk included a review of syringe driver competencies, even though there had been no specific incident.
- Medicines errors were monitored and bench marked against other hospices. We saw that during the period March 2018 to January 2019, there had been 17 medicines errors. These were benchmarked against other hospices through the Hospice UK benchmarking scheme which showed that Bury Hospice performed

# Hospices for adults

better than other hospices in the Greater Manchester Hospice network. Although performance was better than other hospices additional training had been provided together with documentation training.

- Pharmacy support was available from the local NHS Trust and a pharmacist attended weekly to monitor the controlled drugs procedures.
- We also saw evidence that the risk register was part of the agenda for all board of trustee's meetings. It was also discussed twice a year at the audit and regulatory compliance committee meetings, which were held every two months.
- Any member of staff could report an incident; forms were available on the hospice Intranet and completed on paper. Incidents were investigated by the hospice care team manager or head of clinical services. Feedback was given individually.
- Feedback from people who used the service and the public was collated via an online survey; 'I want great

care'. However, the number of response had been low. The hospice were aware of this and were finding alternative methods to gather feedback, which was also featured on the agenda for the forthcoming clinical governance meeting.

- The hospice had a positive and collaborative relationship with the local care commissioning group and attended a monthly contracts meeting with commissioners to discuss performance and funding.

## **Managing information**

- NOT INSPECTED

## **Engagement**

- NOT INSPECTED

## **Learning, continuous improvement and innovation**

- NOT INSPECTED

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that they record evidence of training and competency assessments for non-registered staff who act as second checker for controlled drugs. The should also ensure that training and competency assessments are reviewed regularly.
- The provider should implement an effective audit programme and ensure these are adhered to. In particular, ensure medicines management audits are completed regularly.
- The service should undertake monitoring and recording of ambient room temperatures in areas where medicines are stored to ensure medicines remain fit for use.
- Patients records should be stored in a way that reduces the risk of unauthorised access.