Inspection Report

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

Coventry Myton Hospice

Clifford Bridge Road, Coventry, CV2 2HJ

Tel: 02476841900

Date of Inspection: 07 January 2014

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

Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Myton Hamlet Hospice Management Limited
Registered Manager	Mrs. Karen Elizabeth Pedley
Overview of the service	Coventry Myton Hospice provides a maximum of nineteen beds and day care services for adults with life limiting or life threatening conditions. The building was purpose built in 2009 and all the patient facilities are located on the ground floor providing full disabled access.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Nursing care 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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, 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.

What people told us and what we found

We carried out a routine inspection at Myton Hospice, Coventry on 7 January 2014. We looked how people were involved and treated at each stage of their care. We looked at equipment used by people who used the service. We looked at the recruitment process for staff, staffing levels and training. We talked with people who used the service, their relatives and staff.

On the day of our visit to Myton Hospice-Coventry, we saw eight people were using the in-patient service. We spoke with the registered manager, ward sister and deputy-sister. We also spoke with two registered nurses and one care worker.

We spoke with two people who used the service. One person stated, " The care is absolutely fantastic, its 1000% and the staff are like angels".

We saw care records for three people who used the service were informative and up- to-date.

We saw equipment provided was safe for people to use and there was an inventory detailing the service history for most pieces of equipment.

We saw the service had a robust staff recruitment process in place and there was a staff training programme to support the needs of the people who used the service. We saw the need for updated specialist training for some staff had been recognised but not yet implemented.

We found that there was an effective procedure in place for recording and responding to complaints.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We reviewed three people's care records and saw risk assessments were completed and reviewed appropriately. We saw care plans were updated at least once a day to reflect care delivered by staff.

We saw care plans did not always fully reflect people's needs. For example, one person had diabetes. Their care plan stated," Monitor blood glucose. Liaise with doctor if X has high or low blood glucose. If a person has very high or very low blood sugars this can result in a medical emergency. The care plan did not include what X's safe blood glucose range was and did not guide staff how often to monitor their levels.

We spoke to staff who confirmed, " X's blood glucose levels were unpredictable and erratic". However this information was not included in their care plan. We spoke to the ward sister who confirmed this information was recorded on the person's drug chart which was kept separately from the main care records. This meant important information for all staff was not readily available.

We observed staff interacting with people throughout the day. We saw staff speaking to people with kindness and compassion. We spoke with two people who used the service. One person told us they fell ill on Christmas day and were unable to celebrate as planned. Staff at the hospice had arranged for the person to celebrate Christmas two weeks later when they felt better. Staff had arranged to bring in a Christmas tree, crackers and the cook had organised a special Christmas dinner for the person and their family.

We were told, "The food is excellent, we get a great choice and it's so tasty, if I'm hungry in the middle night staff have brought me a snack of my choice, they are so kind and caring". Another person told us, " The care here is 1000%, staff are like angels, nothing is too much trouble". The person continued to add "I was in a lot of pain when I arrived, but it's under control now and I feel well looked after".

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We saw there was an adequate supply of electronic beds, chairs and individual tables for people in their side rooms. We saw communal areas were furnished with chairs and tables in a good state of repair and were clean.

On the ward we saw an adequate supply of specialist equipment for example, suction machines, nebulisers, and oxygen concentrators which had been serviced within the recommended time frame. We saw equipment was available to support people's day to day needs and staff used equipment appropriately.

We looked at three hoists and saw they were in good working order, clean and had been serviced appropriately. We looked at twenty hoist slings hanging up in one store room. Each sling had a manufacturer instruction label attached to inform people how to launder the item. Manufacturer labels guide staff how to launder the item at the appropriate temperature and informs staff of the safe working load to ensure the correct sling is used for each person to be lifted. However, labels of seven slings had been washed away and were illegible. The provider might like to note slings should be checked every six months supported by an appropriate documentary system to evidence this.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at three staff files to see whether the service had made the appropriate checks before recruiting new staff. We found in all three files, two satisfactory references had been received from previous employers for each member of staff.

We saw staff had completed an application form, attended an interview and there were documents on file to provide evidence of the person's details and relevant qualifications. We saw the service had provided a contract which had been signed by the employee confirming they had received and accepted terms and conditions of their employment.

We saw three staff files contained a Criminal Records Bureau (CRB) or the newer Disclosure and Barring Service (DBS) check prior to their employment.

We spoke with four staff who confirmed they had received an induction programme at the start of their employment which lasted up to two weeks. This included shadowing another experienced member of staff and attending mandatory training. We saw a training record to support this. This meant the service had appropriately invested in their staff at the beginning of their employment, to equip them with the necessary skills and knowledge to support people who used the service.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the time of the inspection there were eight people admitted to the service and two more people were due to be admitted within 24 hours. We were told there were 19 beds in total on the ward however the service was funded to occupy ten of them. The remaining nine beds remained empty.

The manager explained staffing levels were as follows: three registered nurses and three nursing assistants worked from 7.30am to 3.30pm. Two registered nurses and two nursing assistants worked 1pm to 9pm. At night, from 8.40pm to 7.40am there were two registered nurses and two nursing assistants.

We were told the service had two part time registered nursing vacancies advertised. The service was using agency staff until permanent staff had been recruited.

We spoke to people who used the service who told us, "If I want something, it's here, I rarely have to wait for staff to come. When they do come they can't do enough for me". A person's relative told us, "We know the staff are busy especially late afternoon when there's less nurses but they never let that affect the care they give, they are wonderful".

We spoke to staff who explained, "Late afternoon can be very busy, as this is usually when we admit patients and that can take around one and half hours, we cannot rush an admission, it's also teatime and drugs round". Another staff member stated, "It does not matter how busy we get, we never let it affect our patients they don't need to know about staffing levels, that's our problem".

We spoke to the registered manager who explained funding for a third nurse on the late shift had been agreed. They told us they could not always get a nurse to work the extra late shift but this should be resolved once the vacancies had been filled.. However they would continue to try and supply a third bank or agency nurse for the late shift until posts had been filled.

The ward sister told us there was a training programme for all staff. The training register indicated that most staff had attended mandatory training in safeguarding adults, mental capacity and deprivation of liberty. Fire safety and infection control had been attended by

most staff.

We spoke to registered nursing staff who told us they carry out specialist care in areas of suctioning, male catheterisation, syringe driver care and IV (intravenous) therapy.

One member of staff told us they had not received up-dated training in syringe driver or IV therapy for more than four years. Another member of staff explained they provided training to other staff members, however they had not received refresher training themselves in suctioning procedures, male catheterisation or use of a syringe driver for five years. All staff we spoke to stated they felt competent to provide specialist care and would not put people at risk.

We spoke to the registered manager and ward sister who told us there were plans in place to implement specialist training, however this had not yet started. Additionally, there was no current competency framework to evidence staff were competent to carry out specialist nursing tasks mentioned above. This meant we could not be sure staff provided care based on the most up-to-date evidence based practice and staff were competent to deliver specialist care to people who used the service.
Following the inspection we were told the service intended to recruit a practice development nurse to provide clinical nurses up to date with current evidence based nursing practise and clinical skills. The provider might like to note training in specialist areas should be made available to staff at regular intervals to ensure staff provide up to date evidence based care to people who use the service. Additionally, competency assessments in specialist areas should be implemented to support training and demonstrate staff are safe and competent to deliver specialised care.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our inspection we saw complaints information displayed in three separate communal areas on the ward and also at the main reception. The admission pack also contained information for people about who to contact if they wanted to comment or make a complaint. This meant the service had made this information easily accessible for people who used the service and for people who visited.

We spoke with people who used the service and they told us they had no complaints about the care and treatment they received. One person told us, "I have no complaints, everything from the moment I wake up to when I go to sleep is fabulous".

We saw the complaints policy was up to date and accessible on the intranet for staff to access. We spoke to staff who confirmed they were aware of the complaints policy and how to access it.

We were told the service had received one complaint within the last 12 months. We saw the service had responded appropriately, the complaint had been investigated and the service had followed the complaints procedure.

We were told actions from the complaint had resulted in improvements in practice. This meant the service had taken the complaint seriously and lessons learned had resulted in service improvements for 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk