Inspection Report

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

Rugby Myton Hospice

Barby Road, Rugby, CV22 5PY

Tel: 01788550085

Date of Inspections: 15 October 2013
14 October 2013

Date of Publication:
November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Myton Hamlet Hospice Management Limited
Registered Manager	Ms. Camilla Anne Brookes
Overview of the service	Rugby Myton Hospice provides day care services for adults with life limiting or life threatening conditions. Myton at Home is a domiciliary care service that provides personal care and support to people in their own homes, at the end of life.
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 14 October 2013 and 15 October 2013, 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, talked with staff and talked with local groups of people in the community or voluntary sector.

What people told us and what we found

When we visited Rugby Myton Hospice, there were six people using the day service and four people using the domiciliary care service. During our visit we spoke with two people who used the day service and we telephoned two relatives of people who used the domiciliary service. We spoke with three members of staff delivering care, the housekeeper, the registered manager, the manager and the administrator of the domiciliary care service, the provider's human resource manager and the provider's audit and compliance manager.

We read the care records for five people who used the service. We observed care practice and staff's interaction with people when they were delivering care in the day service.

We looked at the cleanliness of the day service and found that everywhere was clean and tidy. Staff we spoke with explained how they minimised the risk of infection.

We found that the records kept by the service were fit for purpose and stored appropriately.

We found that people or their relatives had agreed to the care and treatment they received.

We found that the provider had an effective recruitment process and appropriate checks were made on staff before they began work.

When we asked one person's relative about the service they told us, "They could not have been more caring and loving. It was a wonderful experience."

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the care records for five people and found that they had not signed their records to indicate that they gave their consent to the care and treatment they received. The provider's consent policy stated that staff were responsible for obtaining valid consent, which included implied, verbal or written consent in specific situations. For example, written consent would be obtained from a person if they agreed to clinical photography. The manager showed us an example of a written consent on one person's records. We saw that the issue they had given consent for was clearly described and they had signed and dated the consent form themselves.

The manager of the day service told us that everyone they currently supported had capacity to make decisions themselves. They told us that nobody required an advocate to act on their behalf to make decisions about their welfare. We saw on people's care records there was a document where staff had recorded their assessment of people's mental capacity. This meant that the provider acted in accordance with legal requirements.

The manager of the service told us that most consent was obtained from people verbally. We saw in people's records that the occupational therapist had recorded when they had obtained people's verbal consent, at the start their treatment session.

On the day of our inspection we observed that staff asked people's permission before they provided them with care and treatment. People we spoke with who used the service told us that staff asked for their consent before they helped them. One person's relative told us that, "Nothing was done without permission." Another person's relative told us that the staff, "Explain everything to X." This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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 spoke with two people who used the service and two relatives. We asked them about their experience of using the service. Everyone we spoke with was positive about the care they received. One person told us, "Coming here is my outing. Staff know what the healers are." A relative told us, "Staff more than knew what they were doing. They acted with respect, it was lovely."

We looked at the care records for five people who used the service. We pathway tracked the care of two of these people. Pathway tracking meant that we followed people's experiences and checked to see that changes in their personal care or welfare needs were recorded. We found that the care provided to people was reflected in their care records.

The care plans we saw were easy to read and to understand. The plans were person centred. We saw that changes in people's care needs had been recorded.

We read that risks to people's wellbeing had been identified and were reviewed regularly. We saw care plans provided instructions to staff for how to support people according to their needs and to minimise risks. We looked at the record for one person who needed support to move around the building. The assessment instructed staff how to support this person to move safely, using special equipment. On the day of our inspection we observed staff supporting this person to move. We found that the care staff provided reflected the information in the person's assessment. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their care plans.

We spoke with people about the care and treatment they received. One person told us that staff asked them regularly about what kind of care they wanted. People told us they were happy with the care they were receiving.

One relative we spoke with who used the domiciliary service told us that staff, "Spot changes and write them down." They told us that staff, "Always inform the district nurse of any significant changes." We asked staff about how they recorded what they did during visits. They told us that they write the same information in people's notes at their home and duplicate the notes in the care office. This meant that staff updated and shared information

about people's changing needs, on a daily basis. People's care and treatment was planned and delivered in line with their individual care plans in a way that ensured their welfare.

People we spoke with told us that they were asked for their opinions for things, for example, what activities they enjoyed. One person who used the day service told us they enjoyed playing floor bowls, dominoes, scrabble and having a massage from the occupational therapist. They told us they saw the visiting hairdresser once every six weeks and they tried pottery for the first time with support from the arts facilitator. They told us, "We have a good laugh." On the day of our inspection we saw people in the day service enjoying different activities, including playing board games, taking part in a quiz, having a massage and talking with staff.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found the provider followed the Department of Health Code of Practice for cleanliness and infection control. The provider had a detailed and up to date policy for infection control. They had implemented a system to reduce the risk and spread of infection. The system included training and guidance for all staff; a cleaning schedule and provision of appropriate equipment and supplies and housekeeping staff that were responsible for cleaning and laundry.

There was an infection control lead person who attended meetings with the provider and cascaded new information to all members of staff in the service. We saw on the manager's training matrix that staff had completed relevant training in infection control.

We spoke with the housekeeping who showed us the cleaning schedules and the cleaning equipment. We saw that appropriate cleaning equipment and supplies were maintained. The housekeeper explained the use of colour coded equipment, for example red for toilet and bathroom areas, blue for general cleaning, green for the laundry and yellow for the kitchen. They told us that their manager conducted checks on cleanliness.

On the day of our inspection we found that everywhere was clean and tidy. We found that bathrooms and toilets were clean and had good supplies for hand washing.

We looked at the laundry room and found that it was clean and tidy. The housekeeper explained the laundry process to us. They explained how they kept soiled washing in separate colour coded laundry bags.

We saw in the lounge of the day service that the flooring, the window blinds and the seats had all been recently replaced. Staff told us that the new equipment was much easier to clean and this helped to minimise the spread of infection.

We spoke with staff about how they minimised the risk of spreading infections and helped maintain a clean environment for people. A member of staff told us how they used personal protective equipment such as gloves and aprons, when they supported people with their personal care or gave them treatment. Another member of staff in the day

service told us how they cleaned equipment people had used during the day, such as hoists.

During our visit we observed staff delivering care and saw that they used appropriate personal protective equipment. One person's relative we spoke with who used the domiciliary service told us that staff, "Always have aprons and gloves on."

We saw that the provider carried out regular infection control audits. We saw that any issues arising from the audits had been addressed by the provider and that they had taken appropriate actions to resolve them. This meant there was a process in place to check the cleanliness of the service.

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 spoke with staff who delivered care and we looked at their files and the service's training records. We looked at staff files to see if appropriate checks had been undertaken to ensure that staff had the qualifications, skills and experience to carry out their work. The staff files confirmed that staff had the necessary qualifications to ensure they were appropriately qualified to work with people.

We saw that there was an effective recruitment and selection process in place. We found that the provider had conducted criminal records checks on all staff and this was done prior to them commencing work. We found that the provider had reviewed staff's identification documents and there was a photo of each staff member on their file. We found that the provider had taken up appropriate references for staff from their previous employers.

We found there was an induction training programme for all new staff employed by the provider. The programme included reading information, shadowing other staff members and attending training events. Staff told us that they felt confident at the end of their induction. One member of staff told us the induction was, "Really good." They told us they were able to visit the providers other services, which was, "Interesting."

We saw that staff training included moving and handling, safeguarding of vulnerable adults and child protection, food hygiene, fire, health and safety and infection control. We saw that the manager organised refresher training for staff and that training was up to date. We saw that care staff were also given training to meet specific care needs, for example how to use specialised medical equipment. Staff we spoke with told us that they could request additional training if it was relevant to their roles.

One person who used the day service told us, "I am very happy with the staff." A relative of someone who used the domiciliary service told us, "I have formed a closed bond with them and built up a trust now."

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the records of people who used the day service. The records included initial assessments and advance care planning documents. Advance care planning documents contained advanced directives, or advanced decisions and a mental capacity assessment which was completed by staff. We found one person's advanced care planning document had not been completed. We discussed this matter with the manager who told us that advance care planning was only discussed with people when it was appropriate for them. The manager told us that advance care planning documents were completed once the discussion had taken place with the person. We saw recorded on one person's advance care planning document that they did not want to discuss the matter. The manager told us that the advance care planning document was being reviewed at that time by the provider, to be in line with multidisciplinary changes in the local region.

People's records included a current assessment document, which detailed people's medical history and care needs. The records contained assessments of risk related to people's needs. They contained detailed care plans which provided staff with instructions about how to support people. The evaluation section contained notes relating to each care plan and these were regularly updated. We saw correspondence from other health professionals was kept on file.

Staff told us that they updated people's records at every visit. They told us that care plans were reviewed every time someone visited the service. The relative of one person who used the service told us that, "Everything's all documented." They told us they were, "Happy with the information they were given" and that staff, "Write up everything." We looked at people's care records and saw that staff updated them at every visit.

We found that people's care records were kept securely in the nurses office, which was kept locked when not in use. People's care records could be easily accessed by staff, when required.

Records relating to staff were kept separately by the manager and the provider. The provider kept a record of the checks they had made of staff's suitability to work with vulnerable people. In the four staff files we looked at, we saw copies of staff's contracts,

employment references and annual appraisals with their manager. Staff files relating to training and appraisals were kept in locked cupboards in the manager's office, which meant that confidential information was kept securely.

We found that older records were archived and stored appropriately by the provider. This meant that records could be retrieved promptly if required.

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

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