

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

## LOROS The Leicestershire & Rutland Hospice

Groby Road, Leicester, LE3 9QE

Tel: 01162313771

Date of Inspection: 13 November 2012

Date of Publication:  
December 2012

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
---	---------------------

<b>Care and welfare of people who use services</b>	✓ Met this standard
--	---------------------

<b>Cleanliness and infection control</b>	✓ Met this standard
--	---------------------

<b>Requirements relating to workers</b>	✓ Met this standard
---	---------------------

<b>Records</b>	✓ Met this standard
----------------	---------------------

## Details about this location

Registered Provider	Leicestershire & Rutland Organisation for the Relief of Suffering Limited
Registered Managers	Miss Christine Faulkner Mrs. Joanne Kavanagh
Overview of the service	The Leicestershire & Rutland Hospice provides support and care in relation to symptom control, pain relief, assessment, terminal care and respite care for up to 32 people.
Type of service	Hospice services
Regulated activities	Diagnostic and screening procedures Nursing care 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Requirements relating to workers	10
Records	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 13 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

---

### What people told us and what we found

---

In this report the name of a registered manager Christine Faulkner appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still one of the two Registered Managers on our register at the time.

We spoke with patients and patient relatives who told us they had been provided with information about the service provided. Patients and relatives told us they were involved in all aspects of their care and treatment and that staff spent time talking and explaining to them their options. Patients and relatives said they were very happy with the service provided and their comments included: - "coming in here is fantastic. It's like walking into a snowball and someone puts a big fluffy blanket around you and looks after you." "Metaphorically embraces you." "The professionalism of all the staff and their cheerfulness cannot be sufficiently highlighted." "I can't fault the doctors and the nurses, everything is explained to you and everyone has time for you."

People we spoke with were able to tell us about the day to day running of the service and how they involved patients and their relatives in reviewing the service and how they listened and made changes based on the feedback they received. We looked at a range of records. All recording systems were up to date and effectively used to monitor the service.

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](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

We spoke with three patients who used the service and asked them whether they had been provided with information about the services offered. Patients told us they had been given an information booklet and were able to tell us about the range of services provided on site. Patients and relatives were aware that a range of leaflets providing information were available within the entrance foyer, which included the services newsletter.

Patients and relatives told us they were very much involved in the discussions and decisions about care and treatment. Patients told us in many instances doctors had spent over an hour talking with them about their care and treatment options. Patients and relatives told us how their privacy and dignity was respected and how the service promoted their diversity. Patients and relatives told us that the services approach to care was holistic and that nothing was too much trouble. People's comments included: - "I can't fault the doctors I went for a scan yesterday and today they have spent time talking to me about the results and what it means for me." And "the chaplain has visited us both and spoken with us, this has been of great comfort to us."

The provider told us how they involved patients and their relatives in the day to day running of the service and its development. Patients and relatives were encouraged to complete a leaflet called 'Tell us what you think', which asked six general questions about care, staff approach and attitude, the environment, food and drink, safety and the service they received. The provider collated the information gathered from leaflets monthly. A report was produced which included a response detailing the actions the service would take which was displayed within the service for all to view. The provider was in the process of setting up a 'patient and carer participation group'. Interviews for the group had recently taken place with the view that meetings would be held regularly throughout the year and would lead to smaller groups (sub groups) being developed to look at specific issues.

The provider told us they were currently reviewing the range of information provided to patients and their relatives and any new information available would be produced in accordance with the 'Plain English Campaign'. The 'patient and carer participation group'

would be asked to look at any proposed information before being signed off by the provider and produced.

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

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

Patients and relatives told us they were happy with the care and treatment provided by the service. People's comments included: - "coming in here is fantastic. It's like walking into a snowball and someone puts a big fluffy blanket around you and looks after you." "Metaphorically embraces you." "The professionalism of all the staff and their cheerfulness cannot be sufficiently highlighted." "I can't fault the doctors and the nurses, everything is explained to you and everyone has time for you." "The crème de le crème of services."

We asked patients about their care. They told us the staff responded promptly if they rang their call bell and it didn't matter what time of the day it was they were always happy to help. Patients told us if they were in pain that pain relief was administered promptly. Patients comments included: - "Everything about the place is grand, nurses always have time for you and they're so quick to respond if you press the call bell."

Patients and relatives spoke with us about the range of services provided which included occupational and physiotherapists, the chaplaincy and counselling service. Patients also spoke about the complimentary services offered by the service which had included a range of massages. One patient told us "I had a foot massage yesterday, very relaxing."

Patients' records were stored electronically to which medical staff had access. A registered nurse showed us the health care records for two patients we had spoken with. Records showed care and treatment plans were regularly updated and recorded the involvement of patients and their relatives' in decisions. Care plans were supported by risk assessments and considered a range of health care needs. Care plans covered topics which included eating and drinking, hygiene, moving and handling, pressure ulcer prevention and pain management. Care plans considered the physical, social, psychological and spiritual needs of the patient. This meant patients care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.



**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.

---

**Reasons for our judgement**

---

Patients and relatives we spoke with were aware of the importance of using anti-bacterial hand gels and the importance of hand washing. They told us they had been provided with information by the service about the risk of infection. Patients told us they always found the service to be very clean. People's comments included: - "It's so clean; we've been given information about how we need to wash our hands when we visit."

We spoke with the person who was identified by the provider as the infection prevention and control lead. We were provided with information which evidenced the systems the service had to manage and monitor the prevention and control of infection. We were also provided with information as to the training staff received. We were provided with records of the practical observations carried out to ensure systems were being followed by staff, which included hand hygiene audits. This meant there were effective systems in place to reduce the risk and spread of infection.

We spoke with a registered nurse who told us all patients who were admitted to the service from hospital were routinely screened for MRSA within 48 hours of their admission. We asked a registered nurse what arrangements were in place for the nursing and caring of patients who were identified as having an infection. They told us where practicable they would be cared for in a single occupancy room; however this would be risk assessed to ensure that other elements of the patients care would not be compromised by not being placed on a ward. The registered nurse showed us how patient records and care plans were used to support the care of patients where an infection had been identified and recorded. The registered nurse was aware of the services policies and procedures for the prevention and control of infection and was able to tell us how these were implemented on a daily basis by all staff.

We found the service to be clean. We observed there to be signs throughout the service reminding staff and visitors to wash their hands. Anti-bacterial hand gels were sited throughout the service and individual anti-bacterial hand gels were located on patients' beds. We observed these being used by staff and visitors.

## 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.

There were effective recruitment and selection processes in place and people were cared for by suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. We looked at the records of five members of staff who worked at the service. Records showed pre-employment checks had been carried out, which had included the completing of an application form, the seeking of two written references, a Criminal Record Bureau (CRB) disclosure and confirmation of their identity. Where the person employed had a qualification their credentials had been checked which included checking to ensure they had a current registration with a professional body such as the Nursing and Midwifery Council. This meant people using the service could be confident that staff had been screened as to their suitability to work with vulnerable adults.

## 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

Patient's medical records were accurate and fit for purpose and were electronically stored. Access to patient's medical records was restricted to personnel who were authorised to view and update records, which in the main was limited to medical and nursing staff. The provider told us that records were stored in line with the Data Protection Act.

The provider had clear procedures that were followed in practice to ensure personalised medical records were kept and maintained for each patient. Records were securely stored and transferred electronically and could be accessed internally between departments which included the outreach programmes who provided care to patients when in the community.

The provider notified the Care Quality Commission of events which took place within the service which it was legally required to do by law and worked with other health organisations including the primary care trusts and hospital trusts in the sharing of information.

Records relevant to the management of the service were accurate and fit for purpose. The provider showed us records which detailed the maintenance of systems which included fire, gas and electrical services. The provider had contracts in place to ensure regular checks on a range of systems were carried out. These included the oxygen supply to the service and water systems which included checks for Legionella. The provider had kept a comprehensive record as to when checks had been carried out and when the next check was due. The provider employed a number of people who had specific responsibilities for the maintenance of the premises and equipment. Shortfalls identified were recorded and a timescale for action to be taken had been set which was monitored.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---