

*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 August 2013

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September 2013

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

<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Leicestershire & Rutland Organisation for the Relief of Suffering Limited
Registered Manager	Ms. 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 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
<hr/>	
<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	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Meeting nutritional needs	6
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>About CQC Inspections</b>	<b>13</b>
<hr/>	
<b>How we define our judgements</b>	<b>14</b>
<hr/>	
<b>Glossary of terms we use in this report</b>	<b>16</b>
<hr/>	
<b>Contact us</b>	<b>18</b>

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with three people who use the service and asked them for their views about the care, treatment and support they receive. People's comments included: "Brilliant care, I am fully aware of my care package." "My wife is an absolutely wonderful woman but it would have been difficult without the help of these people they're absolutely wonderful." "They tell the family everything about my treatment." (The person told us this information had been shared with their consent). "The care is excellent; they explain everything that's going on." "Amazed with the care at LOROS." (Leicestershire and Rutland Organisation for the Relief of Suffering).

People we spoke with were happy with the meals provided and told us they received the support they needed, which included support where they were unable to eat or drink and received nutrition in a different way. People's comments included: "There's a good choice and it's always really tasty." "The food is excellent, you get asked what you like and the choices are excellent. The drinks trolley regularly comes round and there's always a jug of water by your bed."

Staff we spoke with told us they receive the support they need from within their individual teams and through the provider. Staff told us that support came in many forms which included clinical supervision and annual appraisals. The provider encouraged staff to access services to support them which included attending reflexology sessions as well as being given information about external counselling services. Staff we spoke with told us they have good access to training and developmental sessions.

People who use the service are asked for their views about the service they receive within days of their admission to the hospice. In addition, annual surveys are also completed as part of the annual quality assurance process in place at the service. Groups involving people who use the service had been set up and met regularly to talk about their views and experiences and we saw that the outcome of these meetings was used to develop the services provided by LOROS. The provider had a robust quality assurance system in place which produced an annual report which is available on the LOROS website.

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

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### **More information about the provider**

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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

### Meeting nutritional needs

✓ Met this standard

### Food and drink should meet people's individual dietary needs

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#### Our judgement

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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#### Reasons for our judgement

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We spoke with people who used the service and their relatives and asked them for their views about the meals provided. People's comments included: "The food is excellent, you get asked what you like and the choices are excellent. The drinks trolley regularly comes round and there's always a jug of water by your bed." "There's a good choice and it's always really tasty." We asked people how they chose what they wanted from the menu. People told us that a breakfast trolley came around each morning with cereals and toast and that each morning you were asked if you wanted a cooked breakfast. One person told us "I had bacon and eggs this morning, freshly cooked to order." This means people were provided with a choice of suitable and nutritious food and drink. People told us if they wanted something which wasn't on the menu they only had to ask.

We looked at the electronic care plans for two people who required specialist support with their dietary requirements. One person was being fully supported to eat their meals due to their physical health. Volunteers worked alongside nursing staff to provide people with one to one assistance. This meant people were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with the person who told us they were vegetarian and that there were always three options to choose from the daily menu. They told us they were satisfied with the meals provided. Information about the persons dietary needs were recorded within the persons care plan.

Another person's care plan identified that due to a deterioration of their physical health they were no longer able to take food and drink via their mouth and that their nutrition would be managed by PEG (Percutaneous endoscopic gastrostomy) feeding. (A PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding and involves having a tube inserted through a hole in the skin on the surface of the abdomen and ending inside in the stomach.) We spoke with the person and their relative who told us how the nursing staff had supported them in managing the PEG feeding themselves. They were fully informed as to the how the PEG was to be used and its maintenance.

We spoke with two registered nurses about the nutritional and hydration support of the two people's records and care plans we had viewed. The nurses had a comprehensive

understanding as to the needs of the people. One nurse told us how they along with colleagues had supported the person and their relative in the management and care of their nutrition and hydration. Nurses showed us the electronic records kept which recorded the person's dietary requirements and intake.

We spoke with the head chef and found there were sufficient supplies of food and drink to meet people's needs. The chef told us that they ordered food which was supplied by local suppliers. The catering team provided meals using fresh ingredients, which included seasonal vegetables. The chef told us that daily diet sheets were completed which enabled the catering team to provide meals to people which reflected their individual needs and choices. The catering team provided meals for a range of dietary needs which included vegetarian, diabetic and soft diets as well as diets which supported people's cultural and religious beliefs. This meant people's food and drink met their religious cultural needs. The head chef told us they had information which provided them with clear guidance about food and fluid textures for people who required a soft diet which meant they could meet people's individual needs as assessed by health care professionals.

We spoke with the Head of Inpatient Services who told us they had set up a nutrition steering group. Nutrition audits had been carried out earlier in the year to look at the patient experience of mealtimes. The Head of Inpatient Services worked with a number of people who worked at LOROS which included the head chef and Ward Manager. External specialists were also involved which had included Speech and Language Therapists and the Dietetic Team from Leicester Partnership Trust. The Head of Inpatient Services told us about systems they had in place for referring people to specialist health care providers which enabled LOROS to provide support for people with their nutrition and hydration where they were unable to eat and drink.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with a number of staff at LOROS which included the Director of Care Services, Ward Manager and a Health Care Assistant. Staff we spoke with were aware of their responsibilities in reporting potential abuse and the Ward Manager was able to talk to us about some instances which they had referred to relevant agencies. Staff we spoke with had received training in the protection of vulnerable adults from abuse. This means people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. A vulnerable adult is a person who may be unable to take care of themselves, or protect themselves from harm or from being exploited.

Written information in the form of action cards about safeguarding adults and children had been provided to all staff and were also available in offices at LOROS. Staff within LOROS worked alongside a range of health and social care professionals which included Social Workers who were able to identify people who were potentially at risk from abuse or neglect, due to their health.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with Director of Care Services and the Human Resources Manager about staff training and development. The provider had identified mandatory training for all staff and mandatory training for staff dependent upon their role within the organisation. Mandatory training topics for all staff included, health, safety and wellbeing, fire prevention, risk assessment, incident reporting, safeguarding adults and children, mental capacity act and equality and diversity. Mandatory training for specific role types included, infection prevention and control, hand hygiene, basic life support, security, complaints/compliments and freedom of information. We were told that e-learning packages were currently being developed to provide an additional resource for staff. Staff we spoke with told us they had good access to training.

The Director of Care Services told us that staff who had professional qualifications which required them to undertake regular training in order to continue their registration with accredited organisations were supported to access training through external facilitators. We found staff received appropriate professional development and the provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We spoke with the Human Resources Manager who told us how supervision and support was provided to staff at LOROS. All staff at LOROS had an annual appraisal which included a mid-year review. Staff as part of their annual appraisals were required to identify personal goals to work alongside the corporate goals and values of the organisation. We spoke with a nurse and a health care assistant who confirmed they had an annual appraisal and spoke to us about personal goals which were in many instances linked to professional development and the further obtaining of qualifications and the accessing of training.

The Human Resources Manager told us about the launch of group clinical supervisions which were to be held monthly and were open to all health and social care professionals who worked within LOROS. We spoke with the Ward Manager, a registered nurse and a health care assistant who confirmed that they knew of these meetings but had yet to attend.

We asked staff whether they were supported. Nurses and health care assistants told us that they worked within one of three teams and that staff members within these team were very supportive of each other. Staff told us they were confident to speak to team members if they had any concerns. Staff told us that weekly team meetings for nurses and health care assistant were held and were used to discuss and reflect on their work, which included people's care. Staff told us they had access to the complimentary therapies, which people who used the service had access to, which included reflexology and massage. Two members of staff told us about 'soul space'. This is a service staff can access on a weekly basis and is usually overseen by the Chaplaincy or Counsellor. Staff told us soothing music is played to help them relax and then the organiser gave a reading which could be a hymn or poem. Staff were then asked to sit and think what the reading meant personally to them. Staff told us they very much enjoyed attending these sessions as it supported them both physically and mentally. Other staff told us they found speaking with the Chaplaincy to be supportive. Staff were aware of external counselling services which they could access and we found information about these organisations displayed within the offices.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of services that people receive.

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of services that people received. The outcome of the provider's quality assurance system had been made publicly available within a report and was accessible through the LOROS website. We spoke with the Director of Care Services and the Clinical Governance/Patient Experience Lead. They discussed the annual quality assurance report with us. The report entitled Quality Account 2012 – 2013 set out the providers five key priorities for the forthcoming year 2013/14. The report included information as to the progress of the provider's key priorities from the previous year. Information about clinical audits was also included. The provider had a Clinical Governance Steering Group which produced regular audits which incorporated areas for improvement and expected timescales for improvements to be achieved. We viewed three of these reports which showed actions for improvement had been undertaken and met in a timely manner.

LOROS had a Patient and Carer Participation Group. The purpose of the group, which met four times a year, was to seek the views and experiences of people who used the service so that the provider could use people's experiences to develop and shape the future services provided. Within the group is a 'readers' panel' which reviews all proposed written literature before its publication to ensure that the language used and the layout is appropriate to its target audience.

People who used the service, their representatives and staff were asked for their views about the care and treatment and they were acted on. We were told that annual service user satisfaction surveys were sent out. The outcome of these questionnaires had been published within the providers annual Quality Account and was publicly available. The questionnaires asked people to comment on a range of topics which included the accessibility of information, people's care experiences, catering, the environment and accessibility of the service.

People who used the service told us that a member of staff had visited them within 2 – 3 days of their arrival at the hospice and had asked them questions about the service they received. The Ward Manager told us that they or a team leader spoke with people within days of their arrival and asked them questions to find out their views about the admission

process, the care they were in receipt of and to check whether they knew how to raise a concern or make a complaint. The Ward Manager told us the comments received from people were recorded and entered on to the providers I.T. system to be used as part of the provider's quality assurance process.

The Ward Manager told us how staff were required to report 'near misses' to them. They told us what they meant by 'near misses' and gave us examples which included where somebody nearly fell or tripped. They told us these reports were used to identify potential changes in people's needs and could lead to a review of the persons' condition or a referral to the enablement team for equipment. This meant that there was evidence that learning from incidents took place and appropriate changes were implemented.

A number of staff told us about the recently introduced forum which was held four times a year. All staff had been invited to attend the open forum and to put questions to the Chief Executive. Staff told us that the Chief Executive did attend some of their staff team meetings as well as the staffs 'well-being day' which was held annually.

We spoke with the Head of Inpatient Services who told they had set up a nutrition steering group. The nutrition steering group had produced an action plan detailing areas for improvement and had set target dates for completion. Regular meetings had been held and the action plan reviewed showed that many of the actions identified had been achieved. Areas of improvement had included handover sheets which were used on the wards to record what people had eaten, the use of nutritional tools to assess people's needs and the reviewing of specialist equipment to support people with their eating and drinking.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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