Inspection Report

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

Holy Cross Hospital

Hindhead Road, Haslemere, GU27 1NQ

Tel: 01428643311

Date of Inspection: 25 February 2014

Date of Publication: March 2014

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
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Congregation of the Daughters of the Cross of Liege
Registered Manager	Mr. Christopher Hinton
Overview of the service	Holy Cross Hospital provides care and treatment for up to 40 people. This is provided in single rooms across two wards. It is a specialist service providing long term support and rehabilitation services to people with extremely complex needs including those with total dependence on mechanical ventilation.
Type of services	Long term conditions services Rehabilitation 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'.

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 25 February 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 staff and reviewed information given to us by the provider.

What people told us and what we found

People we spoke with were very happy with the services provided by Holy Cross Hospital. One person said; "This is better than most places I have been to." And; "It took me a while to get used to but now I can't think of a better place." Another person said; "I'm very happy here, I can't fault the place."

People said staff worked hard to make sure their needs were met and we were told that staff were attentive and helpful. One person commented; "Staff are brilliant." And another commented; "The staff are excellent, if you ring for them they come straight away and even if they are busy they will come and tell you they will come back as soon as they have finished with another patient."

We found there was knowledge and awareness of neurological care in the service. The management team were aware of good practice guidelines and the latest research relating to the care and treatment of neurological conditions and these were incorporated into the care provided by the hospital. We found staff were knowledgeable about how to care for people with neurological and associated conditions.

We found people's privacy and dignity were respected and staff involved patients as much as possible in decision making. We saw that the service went to great lengths, and with the use of new initiatives in technology and adaptations, assisted people to continue to interact with their surroundings.

Everybody we spoke with said they were fully consulted about their care and treatment. People told us continuity of care was very good. One person said;" It is a wonderful facility and communication is excellent." Another said; "I can't fault the care."

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We saw there were sufficient staff to meet the needs of the people who required care and treatment.

People said they knew how to raise any concerns and were given the opportunity to provide feedback on the level of service received. Everyone we spoke with told us the staff were very helpful, kind and knowledgeable about their needs. One person said; "They are so thoughtful." And "The staff are brilliant."

We spoke with seven staff who worked at the hospital. They told us they enjoyed their work. Comments included; "We do our best to make people comfortable." Another commented; "There are excellent training opportunities." And; "We are encouraged to train and to further our personal development." Another person said; "We work well as a team", "We get a lot of training and support, and I feel we are appreciated". Another said; "I look forward to coming to work, I really enjoy working here." All staff spoken with commented that they thought communication was effective. They said they felt involved and were consulted about changes in the hospital that were proposed through the hospital staff forum; "Have your Say."

All said they felt supported by their line manager to carry out their role. We looked at the records for the service, including quality assurance audits, staff meeting minutes and staff shift handover sheets and found them to be up-to-date.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During our visit to this service we spoke with four patients. All four people we spoke with told us that they had been examined and that their condition had been explained to them by the consultant. This helped to ensure that patients understood their condition and the treatment options available to them.

We spoke with the nurse in charge who was able to describe to us the formal process to follow if they had any concerns about a patient's mental capacity to make informed decisions about their care. She was clear on the responsibility to act in accordance with legal requirements. We were told mental capacity assessments were up-dated monthly. If there was doubt about a patient's mental ability to give consent to care and treatment they were assessed by the neuro-psychologist. Where it was found they did not have mental capacity the medical consultant completed the formal Best Interest procedure as required by the Mental Capacity Act 2005, to safeguard people's interests. This meant if there were any concerns over people's capacity to make decisions, a formal process would be followed to determine what is in a patient's best interests.

The nurse in charge at the time of inspection told us medical staff would involve the next of kin if it was assessed the patient did not have capacity to consent to care and treatment. Staff also followed the advanced directives of patients and patients who had made arrangements such as a living will. This contained instructions for use when they were no longer able to give their consent. This meant where people did not have capacity to consent, the provider acted in accordance with legal requirements.

We were told there was a consent policy for staff reference. Records we looked at showed there were different consent forms to be used. We were told that on a patient's admission an assessment would be carried out with regard to their psychological state. Depending upon the outcome information would then be collected about resuscitation and pre

bereavement information. This meant before people received any care or treatment they were asked for their consent and the provider respected their wishes.

During our inspection we observed that staff asked patients for their consent before they carried out care. We saw staff were patient and allowed people time to consider their options and respected their wishes. We spoke with seven members of staff, who told us they tried not to be intrusive and only provided support and care for patients as and when they needed it. One patient spoken with said; "The staff are fantastic."

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 four patients about the care and treatment they received. One patient said; "I can't fault the care." Another said; "It is a wonderful facility." We looked at the records of the patients we spoke with. They showed that a detailed assessment of their physical, psychological, social, spiritual and cultural needs were carried out with the patient on admission. We saw the assessment information was detailed and areas for assessment included; communication, movement, skin integrity, personal care, oral hygiene, dressing, eating and drinking, continence, sleeping and resting, breathing, pain, controlling body temperature, memory and cognition and mood. This meant that patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff also had accurate and up to date information about the patients they looked after.

We saw in the care records that patients were cared for by a multi-disciplinary clinical team. We saw doctors, nursing staff and other health care professionals were consulted and involved in the care of each patient. Nursing staff recorded the treatment, help, support and advice given to each patient in their care plan. This helped to ensure that people's needs were being met. This meant that care and treatment was planned and delivered in a way that ensured people's safety and guidance.

We saw the care plans were evaluated monthly. They covered a range of areas which included physical, mental health and social needs. We saw that care plans were clear and easy to follow. Patients' needs were clearly detailed and staff had signed to confirm that care had been delivered. A member of staff said; "The care documentation is straightforward. We just write in them and sign."

We saw assessments such as Waterlow, for skin integrity, weight, blood pressure, nutrition, pain, breathing, socialisation, sleeping, swallowing and moving and handling were also reviewed monthly and the required action was taken for example if a person was losing weight or if respiratory problems developed. This meant information was kept up to date to ensure patient's needs were still being met. We asked staff how they assessed pain relief and how they would know if someone was in pain if they could not verbally state they were in pain. Staff described the signs which may indicate if the person was in pain,

for example by their body language if the person displayed agitation, or their facial expression showed distress.

We found the staff had the appropriate skills and expertise to ensure care was delivered to people safely and effectively. Staff told us they had access to training relevant to the needs of people who used the service and were provided with ongoing support from managers and the wider clinical team. One person commented; "There are excellent training opportunities." Another said; "We are encouraged to train and to further our personal development." This meant patient's care and treatment reflected relevant research and guidance.

We spoke with nurses, health care support workers and the neuro-psychologist. They told us they worked as part of a clinical team. They described how they worked together to provide seamless care for the patients. One person we spoke with said; "It is an excellent facility." Staff told us they felt patients received good care. One staff member said; "We do our best to make people comfortable." And "Staff make time to also support families".

We saw communication between staff was well organised. Staff told us there was a comprehensive staff handover at change of shift. They said there was an appropriate transfer of information from nurses on the early shift to those commencing the late shift. Detailed information was given verbally in relation to patient's symptoms, personal care, current emotional state and any changes to their condition. This meant that staff had concise information at handover so staff coming on duty were immediately aware of the patient's well-being and needs. This was supported by a handover sheet detailing the assessed needs of individuals. Staff told us that it was usual for an extensive handover as patient's needs changed and good communication skills were required to keep staff informed and provide continuity of care. Staff said doctors also provided good feedback to them about patient's clinical problems. They thought this enabled them to plan the best possible outcomes for the patients.

Observation of care during the visit showed staff to be attentive towards patients. Staff could describe how they were aware of patients' needs and people appeared relaxed and comfortable with the care provided. Comments included; "The staff are very kind and attentive." And; "It took me a while to get used to but now I can't think of a better place." Another person said; "I'm very happy here, I can't fault the place."

We saw patients were consulted and offered choices about their daily living and future living requirements. For example choice of food, activities, getting up, going to bed and bathing preferences. Staff took into account the views of patients with low levels of consciousness and limited or no ability to verbally communicate. They offered them choices in ways that helped their comprehension and communication. For example, by explanation, pictures, signs and assisted technology for communication. We saw occupational therapists worked with patients to help them retain their independence and to maintain or find a way to communicate and interact with their surroundings. For one patient this had involved adapting an IPad and adding "applications" of interest and relevance to the person to help them remain involved and communicate. We saw the "eye gaze system" which had been installed in the hospital's sensory room was therapeutic and was also a means for patients to remain engaged. It encouraged patients to show awareness and thus communicate through vision when they may have a low level of consciousness or body movement and be unable to communicate in any other way. This meant the hospital worked individually with patients to find a means to help them remain involved, be consulted and be an active part of their environment.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Records showed that before a person was admitted to Holy Cross Hospital the service received relevant information from other agencies. The information included assessments and medical records which were used as a basis for the initial care and support plan for the patient. We saw that information received from other agencies was incorporated into patient's care and treatment records.

We were told hospital admission transfer forms were used and patient's medicine charts and care plans also accompanied the patient to ensure receiving hospital staff had up to date information to support the patient, if they needed to be transferred to an acute hospital. These documents included information about people's heath, medicines, risks and the persons specific care needs. They also included personal information about person's likes, dislikes and personal history and would be helpful for hospital staff when the person was unable to verbally communicate their needs and wishes.

We were told medical information was also provided when the patient was being discharged from hospital. The staff of the service were usually involved in discussions about the person's discharge to ensure the service could still meet the person's needs. This meant information was provided to ensure the care and treatment needs of people could be met when they were admitted or discharged from hospital.

The six care and treatment records we looked at showed the health needs of each patient were well documented. This included information on the medicines used, allergies and health conditions. Information was also available in their files with the contact details of other people involved in their care, such as the consultant, physiotherapist, local GP, social worker, occupational therapist, speech and language therapist and neuro-psychologist. We were told patients were treated by a multi-disciplinary team with their medical care overseen by a consultant in rehabilitation medicine. Patients every day medical needs were treated by GPs from the local community who had a service level agreement with the hospital. This helped to ensure the care and treatment needs of patients were met. The multi-disciplinary team were also involved in discharge arrangements of patients if they were rehabilitated from the service.

We saw the advice of specialists was followed and acted upon. For example speech and language therapists were involved when a patient was not able to eat and there were concerns about their ability to swallow food. Dieticians were also consulted to check about the nutritional intake of food for individual patient. Respiratory nurse specialists also advised about the needs of patients who used a mechanical ventilator for breathing or had a tracheostomy. We were informed a ward round took place twice a day, a doctor visited daily or as required and the consultant visited weekly and they reviewed patient's progress and medication. This meant people's health, safety and welfare was protected as the provider worked in co-operation with other people involved in their care and treatment.

Records showed if there was any concerns about a change in a person's mood or behaviour a referral would be made to the psychologist. Staff told us they followed the instructions and guidance of the neuro-psychologist if a person displayed distressed behaviour. This specialist advice combined with the staff's knowledge of the person helped reduce the anxiety and distress of the person because the cause of distress was discovered.

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

The nurse in charge told us that the service was staffed to meet the needs of the forty patients in the hospital. At the time of inspection one patient was away in another hospital. We were told the service was in the process of recruiting new staff to fill the one staff nurse and two health care assistant vacancies. Bank staff covered for the current vacancies and when there were staff absences. This meant there were enough qualified, skilled and experienced staff to meet people's needs. One staff member we spoke with said; "We work well as a team", "We get a lot of training and support, and I feel we are appreciated". Another said; "I look forward to coming to work, I really enjoy working here." And,"I feel supported to do my job."

We spoke with staff who were knowledgeable about the individual needs of the patients and were able to describe the support they gave. We observed them giving this support. We saw staff provided care and support in a calm and unrushed manner.

Nurses spoken with confirmed that staffing was flexible to meet the needs of the service. On the day we visited the staffing within the hospital included:

Seven registered nurses and twelve health care support workers	7:45am- 2:45pm
Seven registered nurses and seven health care support workers	1:45pm-9:00pm
Six registered nurses and seven health care support workers	8:45pm-8:00am

This included two senior staff nurses on each shift who were each responsible for a ward of twenty patients.

We were told ancillary staff were also available each day from 7:00am-3:30pm.

Catering staff were also available each day from 6:30am-6:00pm.

Other members of the multi-disciplinary team who worked at the hospital included: a director of clinical services, a consultant in rehabilitation medicine, a neuropsychologist, physiotherapists, occupational therapist, speech and language therapist, dietician and two activities co-ordinators as well as ancillary staff. The staff were supported by volunteers

who carried out a range of tasks including giving refreshments and providing time to talk with people and assisting with activities. This meant there were sufficient staff to meet patient's needs and provide individual care and support.

Also available and working at the hospital were the Chief Executive and maintenance and administrative staff.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found there was knowledge and awareness of neurological care in the service. The management team were aware of good practice guidelines and the latest research relating to the care and treatment of neurological conditions and these were incorporated into the care provided by the hospital. We found staff were knowledgeable about how to care for people with neurological and associated conditions.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. We were told audits were completed by the management team of the hospital and external contractors to assess and monitor the quality of care provided by the service. These included clinical governance, infection control and medicines.

We saw records were audited monthly and included care documentation, nutrition, capacity, respiration, swallowing, skin integrity, infection control, risk assessments, staff files, staff training and staff supervisions. Daily and monthly audits were carried out for health and safety and maintenance of the environment. Weekly audits were carried out to check equipment such as ventilators. Specialist audits were also carried out with regard to people's care needs such as: end of life care, mental health and respiration. This meant systems were in place to ensure the environment was safe and comfortable for patients.

We saw records that showed meetings were held with staff weekly and monthly, these included general staff meetings for all staff, multi-disciplinary meetings to discuss patient's well-being, catering meetings and management meetings. We were told health and safety meetings were held very three months. We saw areas of discussion at staff meetings included staff training, hygiene, health and safety, menus, support worker duties and discussion of the care and treatment needs of patients. Staff we spoke with commented they thought communication was good and they were kept informed.

Staff were also appointed as champions to promote and raise awareness amongst staff in areas such as; dignity, infection control, nutrition, moving and handling and respiration. We were told they met monthly and reported back to the staff team any specialist advice or areas of concern. This helped to raise standards and improve patient care.

Staff we spoke with said they received regular supervision and appraisal to discuss their work performance and training needs. They were all very positive about their work, several members of staff had worked at the hospital for many years. They were enthusiastic and said they felt they belonged to a staff team.

Records showed action that was taken from monthly clinical incidents and accident audit and analysis. We saw meetings discussed any clinical incidents. This meant there was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

We were told patient forums were held monthly and topics covered activities and outings and choice of food. We saw a patient survey was completed annually by patients and their relatives to get their views of the hospital. We were told the results were analysed by the service. Patients views were also surveyed for activities and food. Surveys had not yet been sent out for 2014 but we saw the results of the quality assurance audit for 2013. This meant that patients who used the service and their relatives were asked their views and involved in the running of the hospital. Comments from these surveys included; "I am extremely happy with all aspects catered for at Holy Cross and feel privileged that my relative is here." Another commented; "Holy Cross hospital is a very well-run and caring establishment and is especially good at treating patients as people." And "Care has been excellent. Relative treated as an individual....Relatives concerns listened to and acted on and actions reported back." This meant people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

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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