

**East Cheshire Hospice
Millbank Drive
Macclesfield
Cheshire
SK10 3DR**

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Prescribed Inspections

The Healthcare Commission is required to inspect every registered service at least once every five years. For services that do not require an inspection due to risks being identified through our annual review of their performance, we may choose to undertake a Prescribed Inspection. These inspections look at a pre-set range of core standards that focus on risk management and patient safety, which are the same for all services that undergo a Prescribed Inspection. Prescribed Inspections also allow us to make sure that our decisions not to inspect are robust. This inspection was a Prescribed Inspection as we did not identify any risks that would, in their own right, have required an inspection.

Background

East Cheshire Hospice is registered with the Healthcare Commission as an independent health care establishment. The hospice is registered to care for up to 15 adult in-patients and 15 adult day care patients. There is a chapel/multi-faith room available for patient, visitor and staff use. The hospice is situated in its own grounds within easy travelling distance of local amenities. The establishment is undertaking major refurbishment and building work is expected to be completed by March 2009. The refurbishment has been undertaken to a high standard with the needs of disabled patients being taken into account. The new annex will provide accommodation in seven new single room with full ensuite facilities and two four bedded wards. Both the in-patient and day care service are staffed by their own nursing teams, who are experienced in

palliative care. These teams are augmented by specialists in a variety of allied professions and holistic therapies, along with a large supporting group of volunteers

This inspection took place on 8th January 2009, and was unannounced.

Main findings

East Cheshire Hospice is providing a service that meets the needs of patients and their carers within an environment that is clean, well maintained and comfortable. The hospice has met all standards inspected and has demonstrated ongoing in house audit and service review. There is a well-established day care service. There were four patients present on the day of the inspection one was being escorted on a home visit, the remaining patients were not well enough to speak with the assessor. There are no requirements from this inspection. Despite the major building work that has been undertaken the provider has strived to keep disruption to patients and visitors to a minimum. Each single room has a piped oxygen point, new electric beds, multi-option patient controlled lighting, TV, DVD, nurse call/intercom, telephone points and large double glass door providing access to a patio garden. Overnight relative/care accommodation has been included as part of the new annex. Visitor facilities consist of one twin bedded overnight visitor room that has facilities for making hot drinks and full ensuit facilities. There is a visitor lounge with facilities for making hot drinks and a double sofa that can be converted into an overnight bed. The new annex corridor has under floor heating and the glass roof is made up of windows which are opened and closed automatically by sensors that detect changes in temperature and rainfall. Two four bedded wards are nearing completion and are located to the left of the new nurses station and office. The day unit has benefited from some refurbishment including a new dining room floor and new therapy room couches. The major refurbishment is expected to be completed by March 2009.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Hospice (Adult)	H(A)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
Palliative care of the terminally ill	Met
Provision of day care for a maximum of 15 persons per day.	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C20	Risk Management Policy	Standard met
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard met

No	Standard	Regulation	Requirement	Time scale
			None	

Clinical and cost effectiveness

Number	Standard	Assessment
C4	Monitoring Quality	Standard met

No	Standard	Regulation	Requirement	Time scale
			None	

Governance

Number	Standard	Assessment
C9	Human Resources Policies and Procedures	Standard met

No	Standard	Regulation	Requirement	Time scale
			None	

Patient focus

Number	Standard	Assessment
C2	Patient Centred Care	Standard met

No	Standard	Regulation	Requirement	Time scale
			None	

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health & Safety	Standard met

No	Standard	Regulation	Requirement	Time scale
			None	

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

This document may be reproduced free of charge in any format or medium, provided that it is not for commercial resale. This consent is subject to the material being reproduced accurately and provided that it is not used in a derogatory manner or misleading context. The material should be acknowledged as © 2007 Commission for Healthcare Audit and Inspection and the title of the document specified. Applications for reproduction should be made in writing to: The Chief Executive, Commission for Healthcare Audit and Inspection, 103-105 Bunhill Row, London, EC1Y 8TG.