Butterwick Limited

Butterwick Hospice Stockton

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Butterwick Hospice on 3, 9 and 15 March 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know we would be visiting. We informed the registered provider of the dates of our other visits.

Butterwick Hospice (inpatient unit) provides specialist palliative and end of life care to a maximum number of 10 people. The hospice is purpose built and within the building there are additional facilities including a day centre. The hospice is situated in the grounds of the University Hospital of North Tees.

The hospice had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw staffing numbers and skills mix were sufficient to provide a good level of care and keep people safe. Experienced palliative care nurses were employed to provide care and support to people. At the time of the inspection the hospice did not employ its own palliative care consultant, however, another palliative care consultant provided cover for three sessions a week and at other times staff at the hospice had access to the palliative consultant rota for advice. We were told that interviews for a palliative care consultant were taking place. After the inspection we were informed that a palliative care consultant had been appointed who will work across the North Tees and Hartlepool NHS Foundation Trust and Butterwick Hospice. They were due to start in September 2016. Medical cover after 5pm was provided by Northern Doctors which is a GP led service.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and the action they would take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

The management of medicines was safe and people told us their pain was well managed.

Checks of the building and equipment were completed to make sure it was safe. However, fire drills were not taking place as often as needed. After the inspection the management team contacted the fire authority for advice. They told us they had updated the fire policy in line with the recommendations and fire drills were to be arranged making sure that all staff took part in two fire drills a year.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff were able to describe in detail individual risks for people and action they would take to ensure their safety. However, some risk assessments were insufficiently detailed which meant that staff did not always have the written guidance to keep people safe.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us the food provided was good. Nutritional assessments were undertaken to identify risks associated with poor nutrition and hydration.

Staff understood people's individual needs and the support they and their family members required. We saw that care was provided with kindness and compassion. People who used the service and a relative spoke very highly about the care and service received.

People's individual views and preferences had been taken into account when their care or treatment plan had been developed. We saw evidence that end of life care was provided with sensitivity, dignity and respect In addition to this, people who were important to the person had been consulted. However, care plans were not person centred. The service used core care plans which is a pre-printed document; however; these had not been adapted to the individual. Relatives and friends were able to visit the hospice at any time; they told us that they were always made welcome.

People and professionals spoke very highly of the complimentary therapies that were available to both people who used the service and relatives. The hospice provided good family support, counselling and bereavement support.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Checks of the building and equipment were completed to make sure it was safe. However, fire drills were not taking place as often as needed. Risk assessments were insufficiently detailed. This meant that staff didn't always have the written guidance to keep people safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Robust recruitment procedures were in place to make sure staff were suitable to work with vulnerable adults. There were enough nursing and health care assistants on duty to ensure that people's needs were met.

Is the service effective?

Good

The service was effective.

People's healthcare needs were carefully monitored and discussed. Experienced palliative care nurses were employed to provide care and support to people. A palliative care consultant had been employed and was due to start in September 2016.

Staff told us they felt supported, however formal supervision sessions had not taken place.

Staff of all levels had access to on-going training to meet the individual and diverse needs of the people they supported. Staff were trained to provide the specialist care people required.

People were assessed to identify risks associated with poor nutrition and hydration and spoke highly about the quality and choice of food.

Is the service caring?

Good

The service is caring.

People told us that staff were kind and compassionate at all times and treated everyone with dignity and respect.

People's views and preferences were central to the care provided, which was individually tailored and took account of relatives.

People were supported spiritually. People were encouraged and supported to make decisions about their care and given time to make their own choices; this included their end of life care.

Is the service responsive?

Good

The service was responsive.

People told us they felt confident to express any concerns or complaints about the service they received.

People and their families were fully involved in assessing their needs and planning how their care should be given. However, core care plans were not person centred and had not been made individual to the person.

Staff delivered people's care in a person-centred way, treating them as individuals and encouraging them to make choices about their daily lives.

Is the service well-led?

Good

The service was well led.

The management team gave strong and effective leadership and provided a clear strategy for the long term development of the service.

There were clear management structures and lines of accountability. Staff told us the service was well managed, that they were treated with respect and were actively involved in decision-making.

Systems were in place to monitor the quality of the service provided to ensure the service was run in the best interest of people.

All staff shared the commitment to excellence in every aspect of their work.

Butterwick Hospice Stockton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Butterwick Hospice on 3, 9 and 15 March 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the dates of our other visits. On the first day of the inspection there was one adult social care inspector, a specialist advisor in end of life and palliative care and a pharmacist inspector. On the second day of the inspection there was one adult social care inspector and a specialist advisor in end of life and palliative care. On the third inspection day there was one adult social care inspector.

Before the inspection we reviewed all the information we held about the service, this included notifications of significant changes or events. The registered provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were seven people who used the service. We spent time with two people and one relative.

During the visits we spoke with 13 staff, this included the registered manager, the clinical lead of adult services, the doctor, the head of non clinical services, the quality and development practice nurse, the chaplain, the health and safety advisor, a family support counsellor, nurses and health care assistants. After the inspection we contacted external health care professionals by email to seek their views on the care and service received. This included consultants in palliative care medicine, a locum consultant, and various

professionals from the Macmillan Specialist Palliative Care Team. Their views can be read in the main body of the report.

During the inspection we reviewed a range of records. This included five people's care records who were or had used the hospice, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the hospice and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel very safe and it's the staff that make me feel safe. They [staff] are so professional and calming." This person told us of a number of occasions when they had been unwell and required emergency intervention from staff. They said, "Each time they have been reassuring and calming throughout."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the staff about safeguarding adults and the action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns.

Staff were able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. This included who to contact to make referrals to or to obtain advice from at their local safeguarding authority. Staff told us that they had received adult protection training. The service had safeguarding and whistleblowing policies and staff told us that they felt confident in whistleblowing (telling someone) if they had any worries

Risks to people's safety were appropriately assessed, managed and reviewed. Care records we looked at during the inspection contained a number of risk assessments specific to the needs of each person. We saw risk assessments were in place for falls, moving and handling, bed rails and skin integrity. One care record looked at identified the person was at risk of bleeds. Staff were able to describe in detail the action needed to support the person and what action was needed to manage the situation, however, care records did not detail this intervention. This meant that staff didn't always have the written guidance to keep people safe. We discussed this with the management team who told us they were to review care records and update them to include more detail.

We looked at the arrangements in place to ensure safe recruitment procedures were followed and people were protected from unsuitable staff. We saw that staff had completed an application form, which included information about their qualifications, experience and employment history. There were two written references and one of which was from the last employer, copies of personal identification and evidence of a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment records showed that safe recruitment procedures had been followed.

Appropriate checks with the Nursing Midwifery Council were completed on nursing staff to ensure nursing staff were eligible to practice.

Staff we spoke with told us that there was good team work and that everyone worked well together. We reviewed duty rotas and spoke with the care team about staffing levels and shift patterns. All of the staff we

spoke with during the inspection told us they thought there was sufficient staff on duty to meet people's needs. Staff told us everyone worked well together as a team. The clinical lead of adult services told us that during the day there was a minimum of two nurses and two health care assistants on duty and at night there were two nurses and a healthcare assistant. The hospice employed two doctors who worked during the day Monday to Friday. After 5pm responsibility for people who used the service went over to Northern doctors which are a GP out of hour's service. A palliative care consultant provided cover three sessions a week. At the time of the inspection the service they were actively recruiting for another palliative care consultant to work at the hospice. We were told that interviews were to be held on 9 March 2016. The management team also told us they were in the process of considering an on call rota for doctors to ensure better continuity of care for people who used the service. People who used the service told us they thought there was enough staff on duty. One person said, "Every time I press for anything they [staff] are there."

The clinical lead of adult services told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a monthly to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly. We saw that all water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers emergency lighting and gas safety.

We saw that hoists had been serviced in December 2015; however we noted that this did not include a check of the hoist slings. This was pointed out to the management team. After the inspection the registered manager told us a responsible individual had been identified to complete the sling checks in line with guidance from LOLER regulations.

We asked the management team about personal emergency evacuation plans (PEEPs) for people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. PEEP's were completed for each individual person. These were reviewed on an individual basis with PEEPs added and removed as people were admitted and discharged from the hospice.

Tests of the fire alarm were completed on a regular basis to make sure it was in safe working order. All fire zones within the hospice were tested over a four week period. Records showed that the most recent fire drill had been undertaken in July 2015. We could not be sure that this covered all staff and in particular night staff. We asked the registered manager to contact the fire authority after the inspection to seek advice regarding fire safety.

Following the inspection the fire authority visited the service. The registered manager told us the fire authority had advised that staff must take part in two fire drills a year which included a simulation of practice involving evacuation. They told us they had updated the fire policy in line with the recommendations and fire drills were to be arranged.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record them should they occur.

We looked at the systems in place for medicines management. We assessed four prescription records and spoke with nursing and care staff.

Medicines and intravenous fluids were stored securely and the keys were held by the nurse on duty. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and we saw evidence of routine balance checks. Medicines requiring refrigeration were stored appropriately and records were maintained in accordance with national guidance.

Prescriptions and administration records were completed fully and accurately, and people were given their medicines as they had been prescribed. People told us they received their medicines in a timely manner, including pain relief, and that doctors and nurses discussed medication changes with them so they remained informed about their treatment. Pain and symptoms were assessed using recognised tools, and we saw examples of how these were used to make sure treatments were effective.

There were adequate supplies of emergency medicines and equipment; however checks were not carried out properly to ensure they were fit for use. Staff told us they would ensure checks were completed.

Policies and procedures were regularly reviewed and covered most aspects of medicines management. However, the covert administration policy was not fit for purpose because it did not follow the requirements of the Mental Capacity Act.

Medical staff checked (reconciled) people's medicines on admission to the service by checking with their GP, and we saw examples of how this worked to ensure people received the right treatment.

Arrangements were in place to ensure medicines incidents were reported, recorded and investigated through the service's governance arrangements. We saw an example of an incident involving missing medication which had been thoroughly investigated, and appropriate changes to practice had been implemented to prevent reoccurrence.

During the inspection we observed the handover of staff from the morning to the afternoon. Staff looked at each person's Medication Administration Record (MAR) and checked that all medicines had been signed for as given. They also used this opportunity to go over any changes or medicines which were newly prescribed. This system helped to ensure people received their medicines as prescribed.

Good

Is the service effective?

Our findings

Staff we spoke with during the inspection told us they felt well supported; however, staff had not received formal supervision sessions with their managers. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The management team had recognised this and showed us records to confirm that a group supervision session had been arranged for the last Thursday in April 2016. They told us that told us further dates had been set for the rest of 2016 and staff were aware they needed to attend at least three supervision sessions a year. Staff told us they regularly spent time with other staff and management during handovers, at the beginning and end of a shift and whenever else needed to talk and provide support to each other. We saw records to confirm staff received an annual appraisal which included a review of performance and progress within a 12 month period. This process also identified any strengths or weaknesses or areas for growth.

Induction was structured and included an introduction to hospice working, syringe driver use and communication and family involvement. All new staff completed mandatory training which included, moving and handling, infections control, safeguarding adults and children, COSHH, health and safety, fire, management of oxygen and resuscitation. This training was completed again at regular intervals.

Mandatory training for clinical staff which included all nurses, health care assistants and flexi and bank staff was reported to Hartlepool & Stockton on Tees Clinical Commissioning Group. Butterwick Hospice contract and quality performance report for quarter 3 2015/16 showed that 73% of staff were up to date with their training.

The Hospice had the Care Certificate embedded into its ethos. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Excellent records were available in a well organised manner to show every health care assistants progress with the program. Staff were given study time and one to one support to achieve this. Six health care assistants at the hospice had completed the certificate with the remaining health care assistants working towards this. We were told by a nurse who had taken the lead to support staff achieve the Care Certificate, "It made staff feel valued." A health care assistant who had completed the care certificate said, "It did not change my practice it made me understand why we do certain things."

The management team at the hospice had accessed systems to support nurses in their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. The clinical lead of adult services told us they had signed up for an online appraisal toolkit for nurses which would enhance the quality of care through learning and development and reflection. Training material and records used for revalidation had been set up on a display within the hospice for nurses to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. When people were first admitted to the hospice they were asked if they were happy to be cared for at the hospice. If people were not happy then staff at the service were to consider the persons capacity and consider a DoLS. At the time of our visit, there had been no applications to place a restriction on a person's liberty. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. Procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Individual care records indicated that attention was paid to making sure that people were supported to give consent and make decisions about their care and treatment if their conditions changed or deteriorated. We saw that people's treatment wishes were documented in their records. It was clearly recorded what people's end of life preferences and preferred place of care were and these decisions had been reviewed. One person who used the service said, "Absolutely everything in here is patient driven. For example they talked to me about a syringe driver for the pain but I wasn't keen on the idea so they have put me on other medication which is working well." Another person told us that the staff always asked their permission before carrying out care and that they were given an explanation of what and why any intervention or medication was needed.

People who used the service were complimentary about the food provided. We were told there was always choice, that food was always well presented and people had a choice of portion size. People told us there preferences were catered for. One person said, "The food is very good and if you don't like what's on the menu you can always ask for something different." The management team told us the chef worked with other professional to ensure that all menus were nutritionally balanced to meet people's requirements. We saw that people were nutritionally assessed.

Within the hospice there was also a canteen which was accessible to people who used the service, relatives and staff. People who used the service did not have to pay for this facility. Staff told us the canteen provided people with the opportunity to spend time with their family.

The hospice employed a range of staff. This included nurses, healthcare assistants, two doctors who worked during the day, Monday to Friday, a team of people who provided family support and counselling and complimentary therapists to help to ensure people's needs were met. At the time of the inspection the hospice did not employ its own palliative care consultant, however, another palliative care consultant provided cover for three sessions a week. At other times staff at the hospice had access to the palliative consultant rota for advice. We were told that interviews for a palliative care consultant were taking place. After the inspection we were informed that a palliative care consultant had been appointed who will work across the North Tees and Hartlepool NHS Foundation Trust and Butterwick Hospice. They were due to start in September 2016.

A health professional we contacted told us, "The nursing staff are caring and knowledgeable about palliative

care. The unit is led by a very experienced palliative care doctor and a more junior grade doctor. Both are excellent clinicians but there are issues on occasion with sparsity of medical cover. There are plans to address this with recent recruitment of a new consultant and establishment of an OOH [out of hours] rota."

People who use the service spoke highly of the nursing staff and doctors who worked at the hospice, one person said, "The staff are so highly regarded. The nurses are wonderful and the doctors are fantastic, they really are. They take time to talk with you and make sure you understand your treatment."

One professional we contacted told us, "They now have 2 extremely effective middle grade doctors who provide excellent care. I have had many excellent experiences recently where referrals I have made have been dealt with very promptly and patients admitted on that same day of a bed is available."

The hospice had a service level agreement with Sky Blue Therapy who provided a physiotherapy service within the day care/ outpatient services and the In Patient Unit from Monday to Friday. Two Macmillan occupational therapists attended the hospice every Tuesday morning and If there were any issues regarding occupational therapy this could be discussed and a plan can be put in place. The registered manager told us that the majority of the people who accessed the hospice services should have already been assessed if they needed any occupational therapy input and the hospice would continue that plan of care.

Weekly multi-disciplinary team meetings were held where a full review of the persons care was undertaken. These meetings helped ensure that people's care was individual and person centred.

We joined a handover staff meeting where people and their relatives' care and support was discussed. The staff team discussed discharge planning when it was time for the person to go home. This included a discussion on what support the family would need when the person returned home, equipment issues, and liaising with other agencies such as the local authority, the NHS and Palliative Care Nurse Specialists. There was also evidence of support for bereavement care for relatives when required.

Good

Is the service caring?

Our findings

People and a relative told us that they were very happy and that the staff were extremely caring. One person said, "They have been absolutely wonderful. The staff are so caring and can't do enough to make sure my needs are met. They take a holistic approach and I've had complimentary therapy." The same person said, "I've opted to come here for end of life care if possible and that says a lot. That shows I have absolute confidence in the staff. At first I didn't want to come here as I didn't know what to expect, but I shouldn't have worried as they are absolutely amazing."

People told us they were treated people with dignity and respect. One person said, "My privacy and dignity is very well respected. I am always offered help. They knock on the door and always address me by my first name. They talk to me not over me. Sometime you can feel like you have lost your identity but not in here as the staff take time to get to know you and all of your needs." Staff took time to talk and listen to people and provided lots of reassurance. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw that doors and blinds were closed while any care or intervention was performed. One person told us how they were nervous of any staff bathing them. They told us how staff had showed their spouse how to use the equipment in the bathroom and provided all the items needed for bathing. They told us how important and how much this had meant to them. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

People told us they were given choice and involved in decisions about their care and treatment. One person told us about their fear in coming into the hospice. They told us nursing and medical staff had explained treatment options to them in a consistent manner and then they had been given time to absorb the information and make the decision about choosing a syringe driver to help with pain relief.

A relative told us they and the extended family were always made to feel extremely welcome and that they could use the day room facilities in which there was a kitchen where they could make tea and coffee.

Staff spoke fondly and were knowledgeable about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs of people within their care. All were respectful of people's needs and described a sensitive and compassionate approach to their role. Staff told us they enjoyed their work because everyone cared about the people they supported. One staff member told us, "I'm honoured to work here. I love my job and I love coming to work."

At staff handover staff also spoke about relatives and the support they needed. On the day of the inspection a nurse had noticed that the relative of a person had been upset. They had spent time talking to them and with their agreement referred them to counselling. They had also made them a referral to have a complimentary aromatherapy treatment.

The service recognised the significance of family during this difficult time. People's family members and friends were able to visit at any time. In addition facilities were available for relatives to stay overnight. One

person we spoke with during the inspection told us that members of their immediate family had received complimentary therapy and this had helped them relax knowing members of the family were also being cared for.

The service had a beautiful chapel in which there was an area designated to memories of those that had died. We saw that family members had brought in cards for special occasions and sometimes these were many years later. There was also a memorial tree in the garden with name plagues of people that had used the hospice. Staff told us told that many relatives choose to come back to the hospice as volunteers. On the first day of the inspection there was a service in the chapel in which people who used the hospice could attend.

A chaplaincy service was available two hours each day from Monday to Friday. There were also services held in the chapel three times a week. We spoke with the chaplain who told us they spent time on the inpatient unit. They told us how sometimes they would pray with people, help with planning a funeral or just sit and chat with people.

Good

Is the service responsive?

Our findings

People told us they felt the service was very responsive to their needs and wishes. One person said, "When I came in here I was scared as was getting increasing pain. They [doctors and nursing staff] talked to me and gave me reassurance and provided me with treatment options." Another person told us how the hospice and staff had fitted around their needs not them fitting into the routine of the hospice.

People and a relative told us they didn't only look after the person who used the service, they cared about their relatives. One person who used the service said, "My daughter and sister have needed support and they [staff] have provided them with this and the chance to talk."

During the inspection we observed that staff at the service provided person-centred care, responding to people's needs, giving them the time and support they required, and supporting the practical and emotional needs of family member.

Butterwick Hospice had a website which provided information about the hospice, the facilities and different types of support offered.

People were referred to the hospice by a range of professionals, including GP's, members of the palliative care team, and hospital and community teams. The decision to admit someone was based on a multi-disciplinary assessment which defined the need, urgency and reason for the referral. Staff at the service carried out their own multi-disciplinary assessment of needs on admission. The management team told us the average length of stay at the hospice for symptom management was seven to 10 days and then people would return home. The inpatient unit also provided end of life care and respite care.

The registered manager told us the people who accessed the one respite bed at the service were already known to the hospice as they attended day care service one day a week. Respite is booked in advance and the management team acknowledged that the period between respite is excessive. The registered manager told us the other beds were needed to admit people for symptom management and end of life care. However, as part of 2016-17 business plan they were going to do some building work to separate a shared room into two rooms. This meant that If a person accessing the day care became unwell they could be admitted to the hospice for respite care sooner for symptom management.

We reviewed the assessment and care planning documentation for five people who were or had used the hospice. People and a relative told us they had been fully involved in drawing up the plan of care and making decisions. We noted the system of planning people's care included the use of 'core care plans'. These are pre-printed care plans into which the person's name was added. There was scope for individualising these care plans, by the addition of extra information unique to the person, but most of the care plans we looked at had not been adapted to the individual person. The core care plan included general care to be provided to people. For example, we looked at the mouth and oral care for one person who used the service. The core care plan informed to promote adequate oral fluid intake, however the care plan had not been individualised to reflect the person was nil by mouth. Information had not been added to the care

plan to reflect the use of mouthwash. Another care plan detailed to look for signs of excoriation around a tracheostomy, but didn't state what the care and treatment should be if excoriation was found. We were shown a set of care records which included a document detailing what was important to the person. We were told that this was a new document that is currently being implemented. This document showed that discussion had taken place about what was important to the person such as life experiences, holidays and family. This also detailed other important information such as music interests and sensory / homely items which were important to them such as their favourite throw and cushions.

We discussed care plans with the management team who told us they would meet with staff to ensure time was taken with care planning to ensure it was person centred and reflected the high level of quality care and support that was provided.

People praised the complimentary therapies provided by trained therapists which were free of charge. The management team told us that massage, aromatherapy, relaxation, acupuncture, reflexology amongst other treatments were provided. People told us how these therapies had provided them with relief and relaxation. One person said, "I had a massage yesterday it was wonderful. My daughter and sister have also had complimentary therapy."

A professional told us, "I am also very appreciative of the excellent complimentary services at the Butterwick. I believe that this service is outstanding and very much appreciated by patients and their families. It often serves as a "way in" to the hospice as people are prepared to attend for this intervention when they may not wish to come for other services. When they enjoy this service they are often more likely to accept the other services offered by the hospice. There is also an excellent family support team."

During the inspection we spoke with a member of the family support team. They told us about the services available to relatives of people who used the service. This included a bereavement support group that provided support to families after the person's death. There was also a drop in service that was available on a Saturday morning in which relatives could call in for a cup of tea and a chat with a volunteer listener. They told us how they would visit people and their families at home to open up discussion. They told us how they were skilled with working with children and how through activities they could address emotions such as sadness and fear. They told us how counselling was available to people who used the service and relatives.

People told us they could express their views and were involved in making decisions about all aspects of their care. They told us they felt listened to. People and a relative told us they were aware of how to make a complaint and they would have no hesitation in making a complaint to staff or the registered manager. One person said, "Believe me I wouldn't hesitate in making a complaint, but everything here is wonderful."

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

There was a clear management structure at the hospice. The staff we spoke with were aware of the roles of the management team and told us they were approachable and had a regular presence within the hospice. All staff we spoke with told us they had a commitment to providing a good quality service for people who they supported.

During the inspection the management team were very visible in the hospice and we saw they related well to staff. Staff we spoke with said the management team were approachable and they felt comfortable and confident to question practice or to raise any matters with them. Senior management was available out of hours and at weekends to support staff and come in if necessary.

Health professionals told us that clinical leadership at the hospice was very good, one professional told us, "Clinical leadership is very strong from the Clinical Lead, and [they] have made numerous advances in improving patient flow and patient care. The establishment of a 'Hub', a drop in service, is an example of the hospice reaching out and trying to meet the needs of patients."

Another professional told us, "Over the last year there have been many developments in terms of the hospice working more closely with North Tees and Hartlepool specialist palliative care team. A Trust consultant attends the Butterwick clinical meeting on a Tuesday. A doctor and nurse from the hospice also attend a combined MDT with the Trust and Hartlepool Hospice on a Wednesday morning. Extremely useful discussion and communications about patient care take place at this meeting. The hospice also take a very active part in the North Tees and Hartlepool palliative care transformation locality group where strategic development, education and development issues are discussed along with members of the CCG, Trust, Hartlepool Hospice and Healthwatch. Many of the improvements in the hospice recently have been due to new leadership which I would certainly class as excellent. They very much want to work in partnership with the Trust to improved patient care."

Our observations over three days of inspection clearly indicated the staff were highly motivated, enthusiastic, kind, supportive and involved. Team work and communication between staff was good, as was communication with people and their visitors.

Care team meetings were held every month and were well attended. Staff told us this was an opportunity to share information and put their views forward. Staff told us they felt listened to.

We saw the results of the most recent staff survey and actions that had been presented to the board of trustees. One action was to form a staff forum with the view to improve communication across the units. We saw that this had been taken forward and discussed at staff meetings.

Records reviewed showed the service had a range of quality assurance and clinical governance systems in place. Health and safety audits had been conducted and staff at the hospice had started a monthly environmental walkthrough audit, however the template prompts for this audit were vague so in some cases it was difficult to determine the actual checks taking place. Where actions had been identified these were quickly rectified. Infection control audits were performed unannounced by the infection control matron from North Tees. The audit was a comprehensive assessment of the service. The adult inpatients scored 93% which was the same as the previous year. The audited identified that the sharps bin had not been fitted correctly. Audits were evaluated and where required, action plans were in place to drive improvements. This meant there were systems in place to regularly review and improve the service.

Hartlepool and Stockton on Tees Clinical Commissioning Group contract quality and performance report 2015/2016 provided information on the hospice service provision and quality requirements. In the third quarter of 2015 – 2016, there was information on 17 untoward incidents and one serious incident. We saw that action taken in respect of the incidents were recorded and lessons learnt were documented.

The hospice had an annual business plan which clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the registered provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

Patient satisfaction questionnaires were sent out to people who used the service on a quarterly basis to seek their views on the care and service provided. We looked at the results for the report for October to December 2015 which were extremely positive. People and relatives expressed total satisfaction with the care in the inpatient unit.

Butterwick Hospice has accreditation with Investors in People. The service was reassessed in March 2015 and was seen to continue to meet the requirements of the Investors in People standards.