

North London Hospice

The Laurels

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Summary of findings

Overall summary

We carried out an inspection of The Laurels using our comprehensive methodology on 1 March 2023. We rated it as good because it was safe, effective, caring and responsive. The service was rated requires improvement for well-led:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service reviewed safety incidents well and learned lessons from them.
- Staff provided a high level of care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. There was a strong, visible, patient centred culture. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to support timely patient care.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Patient emotional and social needs were seen as being as important as their physical needs.
- The service planned care to meet the needs of local people, and took account of patients' individual needs, and made it easy for people to give feedback. Patient individual needs and preferences were central to the delivery of tailored services. People accessed the service when they needed it and did not have to wait long for treatment. The service responded well to complaints and received many compliments.
- Leaders ran services with a clear vision and strategy. They supported staff to develop their skills. Staff felt respected, supported and valued. There were consistently high levels of engagement with staff, stakeholders and people who used the services. Staff were committed to improving services continually.

However:

- The service did not have a comprehensive local audit or assurance programme that allowed leaders to support the delivery of their service at a local level.
- We were not assured that all incidents were effectively reported by the service. There was reliance on partners of care to report incidents.
- The service did not hold records or have agendas for cross organisational team meetings.
- The service did not hold a centralised risk record that accurately reflected the services' risks.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Good 	<p>Our rating of the service stayed the same. We rated it as good.</p> <p>We rated this service as good because it was safe, effective, caring and responsive. We rated well-led as requires improvement.</p> <p>See the summary above for details.</p>

Summary of findings

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Summary of this inspection

Background to The Laurels

The Laurels is the base for one of the North London Hospices community teams that are registered with the Care Quality Commission. This service offers community services to people living in the London Borough of Haringey who have life-limiting or life-threatening illnesses. The community team works alongside and supports primary healthcare professionals to manage people's symptoms particularly around pain management. It provides educational support and advice, a bereavement service and support to a network of partners acting in a multidisciplinary team such as district nurses, GP's, nursing homes and medicine of the elderly community services. They also provide practical financial support, bereavement/counselling and support for people through their illness and death.

The Laurels is a multi-provider integrated service from which the local NHS trust is the lead provider and the North London Hospice the main clinical provider who holds the CQC registration. The team consists of a specialist palliative care team which includes clinical nurse specialists (CNS), assistant practitioners, a social worker, administrative support, and a consultant team and team leader.

At the time of the inspection the service had 180 people on their caseload.

The service first registered this location with CQC in April 2021. The Laurels has a registered manager in post and is registered with the CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

The service does not treat children.

The location has been inspected before at a different location (George Marsh Centre) in 2016. It was rated Good.

How we carried out this inspection

This was a short announced inspection. We inspected this service using our comprehensive inspection methodology supported by the Adults Hospices Service Framework. You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure they establish a well-documented and effective governance strategy at local level that will support the monitoring, continuous assessment and accountability of the quality and safety of the services provided. (Regulation 17.2 (a,b)).

Action the service SHOULD take to improve:

- The service should consider using a standardised pain assessment tool to support the ongoing monitoring of patient's pain.
- The service should complete all patients' cultural preferences in their clinical notes.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Hospice services for adults

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. The service had a compliance percentage of 93% with their mandatory training modules.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included subjects such as moving and handling, infection control, drug calculations and single nurse administration training, clinical nurse specialist training and conflict resolution.

Clinical staff also completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Staff were trained to safeguarding level 3 for adults and children. The service had a compliance rate of 100% for this training.

Staff gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

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Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They gave examples of when this happened and how they monitored progress through their reports and investigations as well as through multidisciplinary team meetings.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had an up-to-date safeguarding policy that was easily available to support any referrals. The service also had a social worker and safeguard lead who supported safeguarding processes.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.

The service was a community based service and did not see patients onsite. However, should an environment they visit not present suitable and appropriate conditions of care they highlighted this to social services to request support for the person.

We saw the office from which the service operated had clean, uncluttered areas with suitable furnishings which were clean and well-maintained. The service had a small storage room which was also clean and decluttered.

The service generally performed well for cleanliness. In their latest yearly infection prevention control (IPC) audit (2021-2022) the service scored 84%. The audit looked at 4 key areas: governance and assurance, hand hygiene, sharps management and waste management. The service scored lowest in governance and assurance with 54% and 100% compliant with the remaining parameters. The service identified actions to improve compliance in their lowest scoring area such as, developing a protocol for the use and assurance that cleaning of the syringe driver was completed effectively for future use.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff following the service's in date IPC policy. They were bare below the elbow and identified and used the right equipment for each patient intervention. The service had easy access to gloves, masks and other protective equipment for the visits they did and could access them in different sizes and with attention to potential allergic reactions.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

Staff ensured premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

The service had enough suitable equipment to help them to safely care for patients. The service had access to supplies of stock such as needles, syringes, dressings, an emergency syringe driver set and other items for emergency provision of personal care for their patients.

Services were provided at patient's homes and care homes jointly with relevant healthcare professions. This meant that patients had items they need prescribed for them by the supporting healthcare providers. However, staff said that

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should an environment they visit not present suitable and appropriate conditions of care they highlighted this to the relevant healthcare providers or social services to request support for the person being cared for. This could include referrals requesting the provision of specialist mobility and bed equipment as well as providing mobility aids and further equipment for the safe management of the persons care needs.

Staff carried out safety checks of specialist equipment and ensured stocked items did not exceed their expiry date.

We saw staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly. Staff knew about and dealt with any specific risk issues. The first visit was used to start the service's holistic needs assessment which was supported and included care outcome measures and tools such as the integrated care palliative care outcome scale, modified Karnofsky and phases of illness. The service was primarily an advisory service and that the main carers in the home environment remained the primary health care teams linked to the patient.

Staff arranged, psychosocial assessments and risk assessments for patients thought to be at risk. During the initial assessment and treatment staff monitored if the patient needed a joint visit or referral to another healthcare service based on their assessment and identified risks. The joint visit or referral could be arranged with social workers, district nurses or allied health therapies to assess and address significant psychological, social or mobility concerns that were highlighted in the referral or triage record.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

The service had a duty nurse assigned daily that remained in the office and dealt with all clinical calls into the service, supporting other staff by competing referrals or urgent care plans or acting as a resource to nurses visiting in the community

The service also had the role of the rapid response nurse to respond to patient risk and deterioration. The role ensured that the nurse had available time to respond to urgent needs such as an unexpected deteriorating patient or a new high priority referral.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep patients referred to the service safe.

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The service's team included a team lead, 6 clinical nurse specialists (CNS'), 2 associate CNS's, 2 health care assistants, an associate director with nursing clinical competencies, 2 consultants who worked 2 days each a social worker and a social worker assistant.

The team lead and associate director regularly reviewed the rota to ensure that there was the correct level of staffing to meet the needs of the service. This ensured that there was a regular and fair allocation to key posts such as the duty nurse and rapid response nurse role. It also ensured that during the service's operating hours there were clearly competent staff available for each role.

The service did not have any vacancies and was fully staffed.

Medical support and advice was offered by 2 consultants who worked 2 days each. On the days they were not working the service ensured the advanced nurse prescriber was available and if they were not available staff knew how to contact the patient's GP or assigned consultant to support the care process and clarify any medical queries.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Electronic records were stored securely. Patients had their own set of records in their homes and staff also updated their electronic records. Patients had on-going care plans which were updated regularly according to the patients' changing needs.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

The service had processes to ensure safe management of people's medicines and people told us they received their medicines as prescribed.

Patients' medication was stored in their own homes. Nurses and health care assistants were responsible for checking and giving people their medicines, and we observed good practice in the preparation of medicines. All staff were trained to administer medicines. Healthcare assistants were trained to administer prescribed oral medication and followed the provider's policy. The CNS's were trained to administer oral and injectable medicines. Advanced Nurse Practitioners, who could prescribe medicines, received training and underwent competency assessments before commencing single nurse dispensing and administration of drugs.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

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Some people's medicines were given through a syringe pump. A syringe pump is a small portable pump that can be used to give a continuous dose of a painkiller and other medicines through a syringe. Nurses followed service guidance if they were both prescribing and administering medicines.

Staff completed medicines records accurately and kept them up to date.

We observed a nurse following correct procedures for administering controlled medicines. These are medicines that require additional strict controls because they may cause harm or addiction.

Out of hours, the rapid response nurse could prescribe medicines which families could collect from a local pharmacy if they had the competencies to do so. If not, they could request the team consultants or an out of hours GP to prescribe and dispense medication for the rapid response nurses to administer.

Incidents

Staff knew what was considered a safety incident and how to report them. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. However, we were not assured staff reported all incidents and near misses.

Due to the multidisciplinary nature of the work carried out by the service we were not assured that all incidents were effectively reported by the service. There was a reliance on partners of care to report incidents. We saw evidence of this when doing a complaints review where we found 2 complaints that identified issues that should have been reported as incidents. On reviewing the incident log no incident was reported by the service that matched the description of what was raised in the complaints. When discussing this with managers we were advised that due to the multidisciplinary nature of the service's work it was the partner organisation that would have reported it so not to cause duplication of the incident. When asked about how they assured the incident was correctly reported they stated these were raised in the multidisciplinary team meetings.

All staff knew what constituted a reportable incident and how to report them. It was however a common procedure for the team to request that partner healthcare services report the incident if they were undergoing the patient activity and the service was present.

We reviewed the incident log and found that the service reported 12 incidents in the past 12 months. Most reported incidents were safeguarding incidents and 3 incidents were reported as no harm clinical incidents.

Incidents we reviewed were well documented and investigated appropriately and we saw evidence of learning and liaising with the teams involved in the patient's care. As an example, one incident related to a medication chart and we saw how training and support was offered and completed to avoid error repetition.

The service had no never events reported in the last year.

The service had not reported any serious incidents in the past year.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. This was clear in the incident reviews we saw.

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Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used the Palliative Adult Network Guidelines which could be accessed via class conferences to support symptom control and other national guidance.

People's physical, mental health and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies. As an example, the service incorporated and followed quality standard 13 End of life care for adults and National Institute for Health and Care Excellence: NG31 Care of Dying Adults in the Last Days of Life.

The service followed the guidance issued by Five Priorities for Care of the Dying (One chance to get it right) from the Leadership for the Care of Dying People 2014. These priorities were integral to the service and were reflected in the service's holistic assessment and management of patients.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough. They worked with other healthcare providers to support patients if they identified any concerns.

Staff were not directly involved with patients' nutrition and hydration but told us they always monitored patients' records to ensure they had had enough to eat and drink. If staff felt, there were reasons for concern they highlighted the patients' needs to the relevant healthcare providers.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. However, the service did not use a standardised pain assessment tool to support their recording of pain.

Staff assessed patients' pain and recorded them in the patient's care notes. Assessments were comprehensive and staff undertook a full assessment of the patients' needs and looked for signs and symptoms of pain. If patients were able to

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communicate, nurses asked them if they had any pain. If unconscious, staff assessed the patient for signs of pain and liaised with carers and family to understand the patient's symptoms. Staff took notes of the patient's previous history of pain. However, the service only recorded pain in a subjective way describing symptoms and location. They did not use a standardised pain assessment tool.

When patients deteriorated and couldn't swallow oral pain relief, the service provided advice and arranged for other healthcare providers to provide a syringe pump. The service had an emergency syringe pump so patients received the medicines they needed in a timely way if unable to access a syringe pump through their usual pathways.

Prescribing nurses and consultants prescribed, administered and recorded pain relief accurately. Staff had guidelines which detailed the processes to follow, which ensured the process of prescribing, administering and recording pain relief was safe.

All staff involved with the administration of medicines had their competency assessed before they could administer medicines, and this was updated yearly. Nurses completed an annual syringe pump competency check which meant patients did not always have to travel to hospital for symptom control.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, including the targets set by the local clinical commissioning groups. For the reporting period between April 2021 and March 2022 the service provided care to 380 patients who died. Of these patients 86% died in their preferred place of care. This was an increase from the previous year and demonstrated how the service was improving its outreach to support more patients and their families in end-of-life care.

The service demonstrated improvement in patient outcomes in other relevant measures. During the reporting period between April 2021 and March 2022, 69% of patients died in their usual place of residence. This was an improvement of 19% in relation to the previous reporting year.

The service performed well against national benchmarks. In the reporting period between April 2021 and March 2022, 80% of patients died in a place outside the acute sector. Where patients had an urgent care plan 20% died in hospital. This was better than the national level which was 47%.

The service also measured the effectiveness of their interventions through their service user survey. Among the questions to the service users was peoples reporting of relief of pain and symptoms. The number of patients who reported good relief of pain and other symptoms was 83%. This was worse than the previous year, but managers said this was strongly linked to the fact they had worked to ensure a greater number of respondents returned the survey.

Managers and staff used the results to improve patients' outcomes. The service was able to extract quarterly results of key performance indicators for patient outcomes. This supported the service in identifying trends and areas of improvement. As an example, the service was working to further understand the changing community demographics and their preferences and beliefs in end-of-life care.

Competent staff

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The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service had a recruitment policy, which provided a framework for the recruitment and selection of staff. A range of checks were carried out including proof of identity, written references, and checks with the Disclosure and Barring Service (DBS). All staff had completed an application form and had been interviewed.

Nurses were supported to revalidate their training. Revalidation is required by the Nursing and Midwifery Council (NMC) to encourage a culture of learning, sharing and reflection. Managers observed nurses in practice.

Managers gave all new staff a full induction tailored to their role before they started work. All staff told us they had an induction with relevant competency checks and periods of shadowing and supernumerary roles.

Managers supported staff to develop through yearly, constructive appraisals of their work. The service had completed 100% of their appraisals for this year.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Staff had access to supervision and stated this was very helpful in managing their clinical and psychological needs. Staff said supervision was a good time for reflection and to do career and clinical competency development and planning.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. We heard the example of how the service had supported the team leader in becoming a non-medical prescriber as well as supporting other staff in developing managerial competencies.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The team had professionals from both healthcare and social care backgrounds. We were present during the weekly multidisciplinary team meeting and saw how patients were independently discussed and each team professional had relevant input either through identified individual needs or highlighting potential patient pathways and solutions of care.

Staff worked well with other health care professionals. The service worked with GP services to support the identification of patients and complete the end of life care register. Work was also done with the district nursing team to maintain palliative care link nursing and extend teaching and joint meetings. The service also had strong links and effective relations with third sector providers.

Staff worked with other services to share their specialist knowledge. This ensured patients received the specialised care and attention they needed. Examples of this included teaching events with respiratory services and working with care homes in the Haringey borough to support the use of the urgent care plans.

The service held regular meetings with health and social care partners. We observed the joint complaints meeting and saw effective communication between the service nurse and district nurse while discussing a patient's needs.

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Health promotion

Staff gave patients and families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support after bereavement.

Staff assessed each patient's health when admitted and provided support for any individual needs to live as best as possible end of life. This included providing information about "just in case" injectable medicines as well as information about support groups such as the movement and wellbeing group for neurological conditions and the walk and talk session in the local park for family and carers.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff were observed seeking consent before carrying out tasks and explaining the procedures they were about to carry out.

When patients could not give consent, staff made decisions in their best interest, taking into account the patients' wishes, culture and traditions. For example, staff discussed patients' wishes with their families and checked their notes and any care plan arrangements for their end-of-life preferences. Families and other professionals were appropriately consulted to make decisions in patient's best interests.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. We observed staff checking patients' records and checking with relatives to ensure they were following the wishes of the patient.

All staff, nurses and healthcare assistants, received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood how people's capacity could fluctuate when they were in pain or taking medicine which affected their decision making. They described how when people had to make important decisions about their care they ensured that discussions took place at a time when people were best able to understand the information. The provider had a comprehensive policy in place.

Staff described and knew how to access the service provider policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. The provider's policy was up-to-date and aligned with recent and relevant national guidance.

Is the service caring?

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Everyone we spoke with, relatives and patients, overwhelmingly described the service as excellent. Relatives told us, “It is impossible to say how important they have been in our lives. They made it easier”.

Staff received 26 compliments in the year prior to our inspection, where people expressed their heartfelt gratitude to staff for going above and beyond. Families told us they had been very fearful as their loved ones approached death, but had found the compassionate, enabling care they received from staff greatly reduced their anxiety.

Staff were person-centred and provided support to both patients and their relatives. Patients and their families told us how much they valued and appreciated the relationship they developed with staff, because staff went out of their way to provide the kindest care they possibly could. Staff demonstrated a commitment to providing the best quality of advice and care and people told us staff took time to understand their preferences and needs.

Staff supported the emotional wellbeing of patients’ and their relatives and end of life care was provided with sensitivity.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they related to care needs. Results from the service user survey showed that 100% of the patients and relatives who responded reported that they were treated with dignity and respect by the team.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Relatives told us staff were able to maintain their loved one's dignity and always took time to give them the care they needed. One hundred percent of relatives who provided feedback in the patient and carer feedback survey said staff treated their loved ones with dignity and respect.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were compassionate and cared for the relatives of the person who was dying with empathy and understanding. One relative said, “The nurse was calm and reassuring. They understood what we were feeling and helped guide us through this difficult situation”

Another relative wrote a compliment after their loved one died that said, “The help I received held me up emotionally and made the rest of the day easier to cope with”.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. One relative told us how incredible staff were and said, “The nurses went above and beyond and set things up for me to get some rest.”

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. For example, staff were aware that following a Muslim man’s death, his religious beliefs meant his body could not be touched by a woman and would make appropriate arrangements to respect this.

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Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Compliments and comment cards we saw highlighted things that made the service special. Comments included, "You feel so lost and don't know what to expect but the team were brilliant" and, "Thank you for always being there, you made an emotionally difficult situation bearable".

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We saw interactions between staff and family members demonstrating distinctive skills explaining patients' care and treatment and clear, concise, jargon free language was used to ensure what was being said was understood. We saw staff ask families if they had any questions or didn't understand something.

Staff supported patients to make informed decisions about their care. One comment card we reviewed said "Staff were amazing. We were supported and guided to make the right decisions". Most patients chose to die at home but there were occasions when patients were supported by staff to explore other options. For patients who were at earlier stages of their palliative care staff encouraged them to start thinking about their final wishes without pressuring them and telling them they could always change their decisions.

People's wishes for their final days were respected. Information about people's personal preferences were recorded on the patient's file. However, we found 2 clinical records where cultural preferences were not completed.

Patients gave positive feedback about the service. Patients and their families had the tools to give feedback on the service and their treatment and staff supported them to do this. Families and carers provided feedback through the service's user survey feedback questionnaire. The overall experience of care reported in the service user survey was that 87% of respondents felt there was excellent or good communication and care of the patient by the team. It was also reported that 82% of those important to the patient said there was excellent, or a good level of emotional support provided to them by the service.

Staff supported patients to make advanced decisions about their care. Most patients had chosen to die at home but there were occasions when patients wanted to explore other options. Staff told us how they supported patients to do this and made referrals on their behalf.

Is the service responsive?

Our rating of responsive stayed the same. We rated it as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

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Managers planned and organised services, so they met the needs of the local population. Managers worked with the local Clinical Commissioning Group who funded the services' nurses. Patients were either registered with the service when they were discharged from hospital, or by their GP or other healthcare professional.

The service was set as a multidisciplinary team which worked in partnership with other hospice services, primary and secondary care teams as well as local health and social care providers.

Patient's care was planned and delivered to meet their health, social, emotional, and spiritual needs. Staff understood the importance of working together as a team to provide seamless care for people. A plan of care was agreed which reflected patient's views about how they wished to receive their end-of-life care and support.

The service had systems to help care for patients in need of additional support or specialist intervention. The services referral criteria meant that it met the needs of people who may require greater interventions at certain times of their illness. The service could be reached at key transition points where a specialist intervention was indicated to optimise the person, carer or family member's well-being and prevent avoidable deterioration.

The service understood the needs of the population and why patients were referred to the service. The main reasons for referral were support with symptom control and terminal care. Other reasons included respite and rehabilitation.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service had a clear priority to meet people's individual needs. The service followed the guidance issued by Five Priorities for Care of the Dying (One chance to get it right) from the Leadership for the Care of Dying People 2014.. This ensured that the person dying was listened to and their needs respected as it allowed the service to identify what was important to the patient..

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff told us they accessed communication aids, if necessary, but patients with a disability or sensory loss usually had family members with them who could communicate between staff and the patient.

Managers made sure staff, and patients, loved ones and carers got help from interpreters or signers when needed. The service had information leaflets available in languages spoken by the patients and local community.

The service considered individual religious and cultural needs of the patients and their families. In the service user survey 100% of respondents felt the team acknowledged and respected their cultural needs.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Hospice services for adults

The service accepted all referrals for adult patients at the end of life (defined as “last year of life”). It provided a 7day service from 8am to 5:30pm with a 5:30pm to 8pm service for the rapid response nurse. Out of hours care was supported by the provider’s other hospice services.

The service had a Red, Amber, Green prioritisation pathway with criteria for each. For example, high urgency referrals (Red) were identified as patients with urgent needs such as significant and uncontrolled physical symptoms and needed to be seen within 24 hours of the referral.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. An example of this was seen in the annual report from April 2021 to March 2022 which showed that 90% of red patients were seen within the established timeframe. Reasons for delay were not due to staff shortages but that the patient had either died before the visit or that the patient had asked not to be seen.

For amber and green, referrals the service met the timescales 77% and 67% of the times respectively. It was noted that on average 84% of the delays were non staff related issues.

The service made sure that people who needed their service had access to it. The local clinical commissioning group set a target that the service should reach at least 75% of the residents in the local borough whose death was predictable. The service achieved a target of 86% in the previous annual reporting period.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service took complaints seriously and used them as an opportunity to identify learning.

The service received 5 complaints between March 2022 and March 2023. The most common complaints were to do with communication with patients and relatives and care of the patient. There were no complaints escalated to the relevant ombudsman or to the NHS provider that oversaw the service.

All complaints were analysed, and changes made. Managers investigated complaints and identified themes. They shared feedback from complaints with staff and learning was used to improve the service. As an example, following a complaint about the service not visiting a patient within the promised times the service introduced the role of the rapid response nurse and increased training in communication and difficult conversations.

Staff also received quarterly updates about feedback and engagement from patients and their relatives.

Due to the multidisciplinary nature of the service, the team held weekly joint complaint meetings with other care providers to discuss the management of complaints raised by patients. We attended one of these meetings and heard how the services worked well to respond to the complaints, identified gaps in care and areas for improvement. However, when we asked for meeting minutes and records of past meetings the service did not hold any. They service said they actioned any issues raised with their service but did not keep a log of points discussed regarding other team’s actions and points of learning.

Hospice services for adults

The service was regularly praised by patients and families. The service received 26 Compliments between March 2022 and March 2023. Of these 24 were for care for the patient, 1 complimenting discharge and transfer arrangements and 1 for the kindness of staff.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood the priorities of the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear management structure with senior staff allocated to lead roles.

Throughout the organisation staff understood their lines of responsibility and accountability for decision making about the management, operation and direction of the service. The management team demonstrated a strong commitment to providing people and those closest to them with a high quality and caring service.

All staff we spoke with were enthusiastic about their work and shared the values and aims of the service. Throughout our visit we found the service focused on delivering the care they were commissioned for. This included providing advice, support and learning to everyone they interacted with.

Each member of staff had a personal development plan and were supported through supervisions and appraisals to identify opportunities for shared education and learning. The provider also promoted learning and development within the wider community and offered GPs.

Staff told us their managers were knowledgeable and supportive. Staff told us they could raise any concerns and they would be listened to. Staff were able to request training if this enhanced their role.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear strategy, developed with input from partner health and social care providers, staff, patients and their families and aligned with their values. This set out what they were working towards to meet the needs of their local population.

Hospice services for adults

The focus of the strategy was to develop and coordinate a more responsive health and social care network to meet the needs of dying patients and provide excellent end of life care. Other priorities in the strategy included ensuring a stable workforce for the future that had the right skill base to provide specialist care.

The vision and strategy of the service also focused on empowering the local medical care staff such as GPs to do more training and provide better end of life care.

The service had clear key performance indicators to support the delivery of their strategy. These included targets such as extending the specialist palliative care service to reach at least 75% of residents in the borough whose death was predictable.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The management team fostered a culture of openness, respect, and transparency. Staff were encouraged to raise concerns openly and without fear of recrimination. We saw examples of this in the review of complaints and incidents.

The service fostered strong multidisciplinary and cross professional relationships. The service demonstrated good working relationships with other health care providers such as district nurses and care agencies, rehabilitation teams and with GP practices. Cross organisational meetings focused on the patient's needs such as their relevant symptoms, psychological and spiritual needs as well as sharing carers concerns.

Staff knew how to follow whistleblowing procedures and raise concerns anonymously if required and were confident that any issues raised would be addressed to keep people safe and to improve the service people received.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued.

The service promoted equality and diversity in their daily work.

Governance, Risk management and quality management

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. We were also not assured the service always identified and escalated relevant risks and issues and identified actions to reduce their impact. However, leaders and teams used systems to manage outcome performance and staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.

The service held regular meetings for both location and provider level. We reviewed meeting agendas and minutes for the monthly operational team meeting, the community managers team meeting and the combined senior manager team meetings and found these to be comprehensive and well structured.

Hospice services for adults

These meetings assured that governance processes and changes to activity or clinical guidance were cascaded through the team and that all staff were updated with the most recent guidance and policies.

However, we asked to see minutes and agendas of the meetings held between the service and other health and social care providers, but these were not minuted and the service didn't hold any. Loose notes were taken in the meetings and then discussed in the team's weekly multidisciplinary meeting. Whilst records were kept of the weekly team meeting and raised through the monthly operational team meeting, we were not be assured that all actions and points discussed in the cross disciplinary meetings were actioned and addressed.

There were effective arrangements to ensure that data and performance outcomes were submitted to external bodies as required. Evidence of this was the quarterly reporting of performance measures to the local clinical commissioning group as well as the use of the annual service report.

Key performance indicators were monitored and benchmarked against a series of measures structured around national directives on end-of-life standards as well as the organisations' own goals. This enabled the service to measure progress against commissioned standards, monitor their outcomes and share their results. Where improvements were needed, we saw that action plans with agreed timescales were put in place.

However, the service did not have a comprehensive internal audit or assurance programme. On inspection we saw that the local ongoing audit programme was limited to a yearly infection prevention control audit which reviewed governance and assurance, hand hygiene, sharps and waste management. There was no evidence of other local audits that were continuously monitoring or improving the quality of the services provided. This meant that the service did not have established mechanisms to regularly check the quality of the service and improvement initiatives carried out by the service.

Following the inspection and during the factual accuracy period of the inspection the provider submitted additional information regarding their audit programme. We were able to see that additional audits were implemented to support the services delivery. However, we were still not assured of the efficacy of the local audit programme. This was because the provider submitted evidence of a 2022-2023 audit schedule plan which covered the audit schedule up to March 2023. We were not provided with an audit schedule beyond this date. We were also provided with records of a documentation audit which was carried out in March 2022. However, the audit schedule identified that there should have been a re-audit of the findings in December 2022. This did not happen in this timeframe and an audit proposal to re-audit in February/March 2023 was established but the audit was not completed in the expected time frame. In addition to this, a non-medical prescribing audit was carried out in October 2022. We saw through this audit that an action plan had been developed to address the findings of the audit. However, the audit documentation had not been completed to reflect if the actions or target dates for the audit had been met and signed off in line with the report's findings and recommendations.

We were not assured that the service followed governance processes established in their incident reporting policy. Despite all staff knowing what constituted a reportable incident and how to report them, it was described as common procedure for the team to request that partner healthcare services reported the incident if they were undergoing the patient activity and the service was present. This went against the service's incident reporting policy which stated that staff should report all incidents which affect employed staff or managed premises as well as any members of staff working in the community. These also included incidents which were discovered or identified by staff that related to other services/organisations.

Hospice services for adults

The service did not hold a centralised risk record that reflected the services' risks. A risk register was held at provider level where risks rated 6 or higher would be accounted for but none of the risks were assigned to the location. When we asked what the main risks of the service were, we were told there were no significant risks and that the previous risk on the risk register (staffing) had been resolved. When asked how the service monitored what issues could become a risk, we were told that issues or concerns were monitored and managed through the monthly team meeting or via the community managers team meetings. We requested the minutes of these meetings and saw evidence of risks being discussed and raised with actions against them. However, none of the risks were rated in line with the risk register rating system and we were not be assured that all relevant risks were raised to a corporate level.

The service had robust arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems was in line with data security standards

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service's information systems were integrated and secure. The service was able to access and share information through secure electronic platforms with other healthcare and social care providers. We saw that managers monitored how effective these communication pathways were and saw mitigation and action plans to address any difficulties or down times of the information systems.

The service had a data protection policy which outlined the purpose for processing personal data. Information security was managed in line with national guidance. Staff completed training in data protection and information governance as part of their mandatory training, compliance was 100%.

The service collected data such as the number of patients who have been supported to die in a place of their choosing. This information was recorded quarterly and reported to the clinical commissioning group. The service met their key performance indicators and produced reports summarising the service's performance which were available to all staff.

Clear reporting procedures and monitoring arrangements were followed in the event of serious accidents and incidents relating to people's care. Appropriate notifications were submitted to CQC.

The provider recognised families and patients sometimes did not always know the right thing to ask or they lacked information when they needed it. The service provided evidence that they had a wealth of information they could provide, and they ensured people received this information in a timely way.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff had regular engagement with the registered manager and team lead at team meetings and via email or instant messaging. Staff told us they felt fully involved in the day-to-day running of the service.

Hospice services for adults

The service encouraged patients to provide feedback using survey forms as well as by phone or email. We saw positive examples of feedback that was consistent with comments made by patients to us.

There were consistently high levels of constructive engagement with patients and staff. Staff engagement within the patients was encouraged and participation and contribution to team discussions was welcome. As an example, the service promoted a walk and talk session in the local park so carers and family members could share their thoughts and suggestions about what could be done better to support them and dying patients.

We saw that managers and staff actively engaged with local organisations to plan and manage services. The team was part of a wider integrated care team and facilitated communication and engagement with the appropriate professionals in this team. As an example, we saw engagement programmes with GP services aimed at improving access and starting early discussions regarding care plans for patients.

The service collaborated with partner organisations to help improve services for patients. The service was involved in the development and delivery of education locally to district nurses, GPs and other healthcare professionals but also to the local palliative and supportive care network.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged learning and development.

Learning and education was seen as the way to manage performance for the service. The senior leadership team and staff shared a wide range of education and training programmes with healthcare and social care providers that worked with the organisation to improve outcomes for the organisation and patients.

The service was developing tools and implementing the effective use of the Integrated Palliative Care Outcome Scale. This scale combined a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. It is a validated instrument that can be used in clinical care, audit, research and training.

The provider produced annual reports which looked at the performance of the various aspects of their service. The reports were based on evidence gained from a variety of key performance indicators and statistics. The reports gave the provider and other organisations an overview of what the services had achieved and reported their progress against identified targets.

The service was committed to improving the delivery of care to patients and identified ways to further improve. For example, the service was supporting the implementation of "Just in Case" injectable medicines for their patients. They were also developing information leaflets to address questions about this from patients and families.

The service supported the development of their staff. We heard examples within the team of staff members who had gained further qualifications to develop and progress their careers. This was the case at different clinical and managerial levels. Examples included supporting and funding assistants to further their education into nursing roles and clinical nurse specialist to complete their non-medical prescriber courses.