St Christophers Hospice

St Christopher's Bromley

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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 15 and 22 September 2016 and was announced. The service was last inspected on 25 November 2013 and at that time was meeting all the regulations we looked at.

St Christopher's Bromley (Orpington) has charitable status and provides palliative and end of life care to a population of approximately 1.5 million people living in the five South East London Boroughs of Bromley, Croydon, Lewisham, Southwark and Lambeth. The hospice will accept initial referrals from anyone in the community who knows an adult with a life threatening or life limiting condition. Care, treatment and support is provided to people with a life threatening/life limiting illness, their families, carers and friends by a range of multi-disciplinary health and social care professionals including doctors, nurses, health care assistants, physiotherapists, occupational therapists, dieticians, social workers, chaplaincy, welfare officers, art and complementary therapists and volunteers. The hospice also offers information, advice, education/training and research opportunities to individuals, groups and institutions wanting to know more about end of life matters and the work undertaken by St Christopher's at a local, national and international level.

Although the hospice has two different sites located at Orpington and Sydenham in Bromley, St Christopher's considers itself to be a single provider with people in the local community, their families/carers, staff and volunteers visiting or working at both sites. This report relates specifically to the Orpington site which comprises of the Caritas day centre, café and garden, numerous clinical and meeting rooms for patients and their families, a large teaching room that forms part of the St Christopher's education facilities and a dedicated Lymphoedema suite. The Lymphoedema service serves the whole of Bromley and operates both from Caritas House and also offers a home visiting service.

The Caritas centre offers people in the local community, their families and informal carers' physiotherapy, psychological support, social work services, bereavement counselling and spiritual care in an environment where they can relax, socialise, support each other and make use of a range of therapies to explore their experiences. Nurses agree a care plan with each outpatient and can refer individuals to other services such as group work programmes, exercise classes, the pop-up rehabilitation gym or clinic appointments with other members of the multi-professional team. People are offered an initial programme of 12 sessions after which their care plan is reviewed. The centre also provides people with information and trained volunteers are on hand to help people find the information they need. The hospice has increased the levels and range of supportive care services that run from the Caritas centre in 2015/16.

The specialist community palliative care team and outpatient team operates in collaboration with local primary health care teams to provide people, their families and/or carers with end of life care and support. Its primary task is to manage symptoms associated with people's illnesses and to support them and their families through the illness and into bereavement. The team also provides a 24 hour consultancy service and training for primary health care teams, social and healthcare staff in other settings such as care homes, and domiciliary care agencies.

The hospice clinical nurse specialists work a shift system up until 10pm. Overnight, the advice and visiting service is managed by senior nurses on duty in the inpatient wards at the Sydenham site. Staffing levels for this reflect the need for community support. Medical advice, support and patient assessment is also available from the medical team 24 hours a day/seven days a week. In addition, the hospice has a hospice at home service providing practical nursing care to support patients and families at home in the last days of life. St Christopher's creative arts and complementary therapy team also work with staff in care homes and related projects in the local community.

St Christopher's pastoral and counselling/bereavement services are available for children, adults and their families. The hospice has three distinct bereavement services for adults following the death of someone under the care of the hospice, for anyone who is bereaved and lives in Bromley and the Candle project for children and their families.

At the time of our inspection the community palliative care team support around 500 people in the community at any one time and offer advice and a specialist 24 consultancy hotline for over 100 care homes in South East London. Over 300 people regularly access the Caritas centre use their facilities and over 1000 people including children, adults and families have received formal bereavement support from the hospice in 2015/16.

The service had a registered manager in post who is also the director of nursing. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Management, staff and volunteers were highly motivated and committed to ensuring people and their families/carers received the best possible end of life care and support in accordance with people's needs, choices and preferences. There were effective arrangements in place to offer practical and emotional support to people and their families to help them cope with dying and death.

People and their families told us staff and volunteers looked after them in a very kind, respectful and compassionate way. Feedback we received from people, their families and community professionals supported this. We saw staff and volunteers built good working and caring relationships with people and their families and always treated people as individuals' and with the utmost respect and dignity.

Staff and volunteers were clear about their roles and responsibilities. People received care and support from a multi-disciplinary team of highly qualified health and social care professionals who were well trained and supported by their co-workers, senior staff and managers. There was a very proactive approach to the personal development of staff and the acquiring of new skills and qualifications. A system of competency based assessments ensured staff could demonstrate they had the required knowledge and skills to effectively meet people's needs and wishes. Systems were also in place to support staff and volunteers to enable them to reflect on their own practice and that of their co-workers. This provided staff and volunteers with the knowledge, skills and confidence they required to meet people's need and wishes in an outstanding and personalised manner.

The hospice demonstrated a strong commitment to providing people with good outcomes and high quality care, and to continually improve, extend and develop the service to reach as many people as possible. The hospice had developed a number of innovative approaches to reaching more 'harder to reach' groups in the local community. This included individuals who did not previously receive any specialist palliative care services because they did not have a primary diagnosis of cancer. The hospice had responded to this

challenge by setting up the Bromley Care Coordination (BCC) team.

The service is committed to working collaboratively with partners to deliver and inspire better care for those affected by life limiting illness. Staff worked in partnership with a wide range of external health and social care professionals and other organisations to improve the services St Christopher's offered people in the local community. Staff were encouraged and supported to undertake research and act as education facilitators to share best practice and ensure high quality outcomes for people with life-limiting conditions and those closest to them.

People received a personalised service. People were supported to make informed choices about their end of life care and to have as much control as possible about what happened to them before and after their death. Person centred care plans reflected people's specific needs and preferences in respect of how they wanted to be cared for, treated and supported. Staff ensured people received all the necessary information in a way and at a pace they could understand. This enabled people and their families to make more informed decisions about the end of life care, treatment and support they wanted. Consent to care was sought by staff prior to any support being provided.

Robust systems were in place to enable people to receive support and advice whenever they need it. This included a 24 hour advice and visiting service for both professionals and patients. People can be admitted to the community palliative care service at any time.

People and their families/carers were able to access a wide range of group and individual social activities and educational classes held at the Caritas centre. People also told us staff understood their emotional needs and focused on their wellbeing as well as the wellbeing of their family member. There was a family support team which provided pre and post bereavement counselling for children, adults, their families and friends.

People's cultural and spiritual needs were respected and care and support was provided in line with an individual's faith and customs. Staff had received training and were aware of different religious and cultural practices at the time of and after death. There was also a chaplaincy service to support people and their families with their spiritual needs.

There was strong emphasis on the importance of good nutrition and hydration and a commitment to providing people with what they wanted to eat and drink in a flexible manner. People received the support they needed to remain healthy and well. People were supported to receive good health care from the hospice and other external community health and social care professionals. People received their medicines as prescribed and staff knew how to manage medicines safely.

The management team demonstrated a strong commitment to delivering people with high quality care in a well-managed environment. The management structure showed clear lines of responsibility and leadership. The provider regularly reviewed their performance and where further improvements were identified appropriate actions were taken. Managers used learning from near misses, incidents and inspections to identify improvements that would positively enhance the lives of people receiving a service from St Christopher's.

People said they felt safe at the Caritas centre or receiving care and support in their own home from the palliative community teams. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and strategies to prevent and manage identified risks were robust. This enabled staff to support

people as safely as possible on the centre and at home, including care and nursing homes in the area. The service managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies. The provider's recruitment processes ensured staff and volunteers were suitable to work with people who received a service from the hospice.

There were sufficient staff to meet people's needs, and staffing levels were regularly reviewed and adjusted accordingly to keep people safe.

The provider ensured regular maintenance and safety checks were carried out at the hospice to ensure the building and equipment remained safe. The hospice was clean and there were processes in place to protect people from the risk of infection.

Staff were aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. Managers and staff understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had an open and transparent culture. The service had systems in place to obtain feedback from people, their families/carers, staff and other health and social care professionals about the hospice. Specifically about what they thought the hospice did well and what they could do better.

People felt comfortable raising any issues they might have about the hospice with managers and staff. Complaints or concerns raised about the hospice were investigated and, where necessary, appropriate action taken to resolve the issue. The provider had a positive approach to using them to improve the quality of the service. People who used the service, their families and carers, staff, volunteers and external organisations were all involved in developing the future of St Christopher's.

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. People received a safe service from St Christopher's Bromley whether it was at the centre and/or in their own home. Staff were aware of what to do if they witnessed or suspected abuse was taking place.

Assessments were undertaken to identify any risks to people who received an inpatient service from the hospice and these were regularly reviewed. The hospice's environment was safe and maintenance took place when needed.

Staffing levels were flexible and regularly reviewed to ensure there were the right number of staff on duty at anyone time to meet people's needs. Staff and volunteers were appropriately checked to ensure they were suitable to provide care and support to people using the hospice.

Medicines were stored safely and systems were in place to ensure that people received their prescribed medicines when they needed them. Processes were in place to protect people against the risk of development and spread of infections and infectious diseases.

Is the service effective?

Good

The service was effective. St Christopher's carried out research and acted as education facilitators at a local, national and international level to share best practice and ensure high quality outcomes for people with life-limiting conditions and those closest to them.

People and their families/carers received support from a very skilled and committed staff and volunteers. This was because staff and volunteers received comprehensive training which was monitored to ensure their knowledge was kept up to date. Managers, staff and volunteers knew their responsibilities in relation to the Mental Capacity Act 2005 and DoLS. People were involved in making decisions about their treatment and care needs. When complex decisions had to be made staff were aware how to make decisions in people's best interests.

People were supported to receive the health care they needed

both from staff who worked for the hospice and other external community health and social care professionals. There was a strong emphasis on the importance of eating and drinking well and a commitment to providing people with what they wanted to eat and drink in a flexible manner.

Is the service caring?

Good

The service was caring. People and their families spoke consistently about the caring and compassionate attitude of staff and volunteers. People were involved in decisions about their care and felt staff listened to them. End of life care and treatment was provided in line with people's wishes and preferences. People's privacy and dignity were always respected.

The service ensured people were enabled to experience a comfortable, dignified and pain-free death, according to their wishes and preferences. Staff understood people's emotional needs and focused on their wellbeing as well as that of their families. Bereavement services were available for children, adults and their families.

Is the service responsive?

Good

The service was responsive. The hospice had developed a number of innovative approaches to reach more 'harder to reach' groups in the local community which had resulted in a young person's social group and the Bromley Care Coordination (BCC) team being set up to support people who had been previously felt excluded from the hospice.

Advice for people, their families, carers, GPs and healthcare professionals was available 24 hours a day via a dedicated helpline. People told us that this lessened their anxiety and helped them to receive better care when they needed it.

People received person-centred care. Systems were in place to ensure that people's physical, social and psychological needs and wishes were comprehensibly assessed. Detailed and current information about people's needs and wishes and what was important to them was recorded and communicated to staff. This ensured staff understood people's needs and preferences.

Care plans were kept under constant review and the service was flexible and responded quickly to people's changing needs and wishes.

The provider had a positive approach to using complaints, concerns and feedback to improve the quality of the service.

Is the service well-led?

Outstanding ☆

The service was well-led. The executive and senior management team demonstrated a strong commitment to providing people with high quality care.

Managers and staff worked to continually improve and develop the service. Systems were in place to routinely review the service's performance and to look for innovative ways to improve.

The service had an open and honest culture. People's views were sought and valued and encouraged to get involved in developing the hospice. Staff also felt able to express their opinions and that they would be listened to.

The service worked collaboratively with external health and social care professionals and agencies to deliver and share best end of life practice and care for people with a life limiting illness.

St Christopher's Bromley

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.

This inspection took place on 15 and 22 September 2016 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure senior managers and staff would be available to speak with us on each day of our inspection. The inspection team consisted of two inspectors and an expert by experience. Our expert by experience was a person who had personal experience of caring for someone who had received end of life care.

Prior to the inspection we reviewed the information we held about St Christopher's Bromley, including the statutory notifications we had received. Statutory notifications are what the provider has to send to the CQC about significant events concerning the hospice. We also reviewed the information included in the provider information return (PIR). 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. We looked at the hospices most recent annual quality accounts report which services' commissioned by the NHS are required to complete which gives information about the quality of the service they provide.

During our inspection we spoke with six people who were attending the Caritas centre and three family members/carers. We also met 20 managers/heads of departments, 25 other members of staff and six volunteers. Clinical staff we talked with included the services registered manager and director of nursing, two consultants, two nurse managers, six community nurse specialists (CNS), the allied health care professionals lead and an occupational therapist.

Non-clinical managers and staff we spoke with included both St Christopher's Joint Chief Executives (JCEs), the new head of quality assurance and governance, the manager of the Caritas (Orpington) and Anniversary (Sydenham) day centres, the head of patient and family support, four social workers, a bereavement councillor, the spiritual care lead, the volunteers coordinator and two facilities and estates managers.

We undertook general observations during our time spent at the Caritas centre. We also attended a 'gentle' exercise class facilitated by an occupational therapist. We looked at the file for fourteen members of staff and five volunteers. We were supplied with additional information relating to the overall management and governance of the hospice on request. This included accident and incident reports, complaints, compliments, health and safety checks and quality monitoring audits.

Over the course of this two day inspection we made telephone contact with a further 40 people living in South East London who had received a community and/or day centre service from St Christopher's and 25 family members or informal carers. We had additional feedback from five Clinical Commissioning Groups (CCGs) in South East London (Bromley, Lewisham, Lambeth, Croydon and Southwark CCGs) who formed a consortium to agree a range of end of life services, under one overarching contract. We also received comments from four social care professionals who managed nursing and care homes in Bromley and Croydon for adults with learning disabilities and for older people living with dementia and looked at an audit of the hospice undertaken by Bromley Healthwatch. Healthwatch is the national consumer champion for health and care in England. Finally, we looked at the outcome of various service user and staff satisfaction surveys conducted by the provider.

Good

Is the service safe?

Our findings

People in the community and their families consistently told us they felt safe receiving hospice services from staff and volunteers who worked at St Christopher's. One person said, "I feel very safe with them [staff]".

People were protected from avoidable harm and potential abuse and neglect because the hospice had taken reasonable steps to minimise the risk of this happening. Staff and volunteers were aware of their responsibility to safeguard people from harm. All staff and volunteers received safeguarding adults and child protection training which was refreshed annually. Staff also received training on equality, diversity and human rights to help them understand how to protect people from discriminatory practices and behaviours. Staff and volunteers were knowledgeable about the different types of abuse and neglect and what action they were required to take if they suspected anyone was at risk of harm.

We saw staff had been provided with staff handbooks which contained safeguarding adults and children at risk guidelines and the hospice's staff whistleblowing policies and procedures. The hospice had a suitably trained and experienced designated safeguarding lead who had close links with all the local authorities in South East London, which helped them remain up to date with best safeguarding practice. A social worker gave us a good example of how they had worked closely with a local authority's social services department and community mental health team to keep an adult with learning disabilities safe who had become socially isolated in their local community following the death of their primary carer.

The provider identified and managed risks appropriately. A community nurse showed us electronic versions of environmental health and safety risk assessments they carried out on the homes of people they visited in the community. The risk assessments and management plans described above were all regularly reviewed and updated accordingly by clinical staff. In this way the provider was assessing current needs and delivering care on that basis.

The provider had suitable arrangements in place to deal with emergencies. There was a major incident procedure and a business continuity plan to help staff deal with such eventualities. The provider had a fire risk assessment in place. Staff demonstrated a good understanding of their fire safety roles and responsibilities. Staff had received fire safety and emergency training, which was refreshed annually. Staff and volunteers were aware of the procedures to be followed in the event of a fire. The premises and equipment were appropriately maintained. Equipment was serviced and checked in line with the manufacturer's instructions. For example, maintenance checks and servicing were regularly carried out at the hospice by suitably qualified professionals in relation to fire extinguishers, fire alarms, emergency lighting, portable electrical equipment and water, gas and heating systems.

We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the day centre and the surrounding garden. Staff had received health and safety training and there was a lead who took overall responsibility for health and safety management at the hospice.

We checked the provider's recruitment processes to make sure they were thorough and that only suitable

staff were employed. The staff and volunteers files we looked at all contained an application form, notes from interview, proof of identity, the right to work in the UK, a full employment history, relevant qualifications and experience and references from previous employers. There were also Disclosure and Barring Service (DBS) checks. We noted DBS checks were renewed every three years for all clinical staff and every five years for non-clinical staff. There were also regular checks carried out on community nurses, therapists, social workers and councillors with their respective professional organisations to ensure they remained registered and were suitable to practice. Staff were also asked to advise the human resources department if there were any changes in between these checks.

In addition, there was a robust recruitment process for volunteers, this included identity, criminal records and character checks to ensure they were suitable to work at St Christopher's. Volunteers who worked directly with people receiving a hospice service from St Christopher's were known as patient-facing volunteers. They had an additional interview about the demands of the work to establish if they were suitable for this role.

We saw staffing levels were sufficient to meet the needs of people attending the day centre and who received a hospice at home service. People consistently told us staff who came to their home often spent time just sitting and talking with them and their families. Staffing numbers were determined according to people's needs. From observations we saw there was enough staff to meet the needs of people attending the Caritas centre. The skills mix of the team at St Christopher's Bromley included clinical staff, therapists, social workers, councillors and volunteers. We saw the staff rota was planned in advance and took account of the level of care and support people visiting the centre and living in the community needed. This ensured patients received continuity of care and support from staff who were familiar with their needs and wishes.

Managers gave us a good example of how out of hours nursing cover in the community had been improved in the past 12 months. This had been achieved by increasing the number of staff who worked on the wards at night at the Sydenham hospice site to include an additional floating nurse and a health care assistant. These staff were available to cover night time requests for support from people living at home. This was in response to concerns raised by a number of people and staff about there not always being enough community nurses available at night to respond to out of hour's community calls.

The hospice was kept clean. People commented on the cleanliness of the Caritas centre. One person said, "They [staff] take a lot of effort to make sure the place is always clean", while another person's relative told us, "Everything is pristine every time I have visited St Christopher's". To reduce the risk of infection all visitors are asked to use the alcohol foam dispensers before entering and leaving the centre. Appropriate systems were in place to minimise risks to people's health during food preparation, for example through the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures.

Medicines were managed safely. The provider had suitable arrangements in place for obtaining medicines and pharmaceutical supplies in an emergency. For people looked after in the community by the hospice, staff (where possible) gave prescribing recommendations to the person's GP. The GP arranged medicines supplies via prescription. If a medicine was needed urgently, hospice staff could provide a prescription for dispensing at a local pharmacy. If the medicine was needed in an emergency, the hospice had a small supply of pre-packed medicines that they could give to people, which included controlled drugs (CDs).

Community nurses signed medicines records to provide assurance that medicines were given as prescribed. Our checks of stocks and balances of prescribed medicines confirmed these had been given as indicated on medicines records we looked at. Medicines were administered by nurses that had received training in the safe management of medicines. The competency of these nurses to continue handling medicines safely was

refreshed annually. We saw medicines were securely stored in a clinical room and medicines cupboards located on the first floor. There was a robust procedure in place for the disposal of unwanted medicines.

There were robust systems in place for the management of Controlled Drugs (CDs), which was strictly adhered to by suitably trained nursing staff. We saw there was a controlled drugs register to specifically log the handling of these drugs, which meant there was a clear record regarding the usage of these medicines. Other records showed us CDs which were no longer needed or had expired were destroyed by the hospices pharmacist. The pharmacist told us this task was always witnessed by a nurse who had received additional controlled drugs training. We saw CDs were transported in tamper proof boxes and were securely stored in a separate controlled drugs cabinet.

The pharmacist produced a 'Pharmacy Related News' (PRN) bulletin which was used to share information with staff. There was also a patient safety bulletin jointly produced by the pharmacist and senior nurse which had relevant information on medicines issues.

Good

Is the service effective?

Our findings

St Christopher's education centre has pioneered developments in palliative and end of life care education and training for its own staff and other practitioners locally, nationally and internationally. The hospice worked in close partnership with other organisations to ensure they were following current best practice and providing high quality care through consultation, research, education and reflective practice. Comments we received from external health care bodies was extremely positive about St Christopher's education and training programmes. A community health care professional told us, "St Christopher's remains a pioneer in palliative and end of life care education and training for health and social care professionals working in the UK and globally." Bromley Healthwatch also said, "There is excellent evidence of St Christopher's contribution to higher education programmes, public works and national and international publications."

St Christopher's had developed a ground breaking programme of vocational accredited end of life care training for staff in hospitals, care homes and domiciliary care agencies. For example, an innovative way the hospice supported staff working in local care homes to improve their palliative care practice included their Care Home Project Team (CHPT). This team provided regional training in the Gold Standards Framework (GSF) and ran the 'Steps to Success Programme' for managers and staff working in an adult social care setting. A manager of a care home for adults with learning disabilities told us the 'Step's to success programme' had provided them with, "A greater awareness of how to deliver good quality care to people they supported who were nearing the end of their life. The staff who delivered the programme were so knowledgeable; I would recommend this programme to anyone."

St Christopher's contributes and shares learning with other professionals and organisations such as schools, colleges and Universities. Courses provided at the education centre include a week long academy course for all professionals, Namaste training and principles in palliative care for people living with dementia, spiritual care, rehabilitation and exercise. The hospice also runs higher education programmes in palliative care for the faculties of nursing and medicine at Kings College London and in bereavement with Middlesex University. Working in partnership the hospice has set up a summer school with a local college for pupils interested in studying end of life care.

The hospice regularly shares learning internationally. Managers confirmed St Christopher's had given six international presentations in various countries in Europe, North America and the Caribbean in the past two years. Managers told us over 300 hundred delegates from over 40 countries had received training from Christopher's in 2015/16. A manager gave us a good example of a five day event the hospice arranged in India in 2015 to promote palliative care nursing in that country. Another manager told us they felt privileged to promote the work of St Christopher's and help others set up hospice care in their own countries.

Staff and volunteers all received training appropriate to their roles and responsibilities. People told us staff were competent and that they had the right knowledge, skills and experience to understand and meet their needs and wishes. Feedback from people and their families included, "All the staff do such a fantastic job at the centre", "We have the same community nurse come visit us all the time. We couldn't manage without

them" and "All of them [staff] are angels".

All staff received a handbook when they first start working at the hospice as a reference guide. We were shown a new handbook that had been developed which was about to be rolled out to all staff. This contained information for staff about the mission strategy and aims of the hospice as well as health and safety reminders and employee wellbeing issues. All staff received a corporate induction to orientate them into work at St Christopher's and a role specific induction. The induction included sessions on the patient journey and the aims and philosophy of the hospice. All new clinical staff were assigned a mentor who they shadowed in the first month of their induction. In addition, it was mandatory for new clinical staff to complete training on safeguarding adults and children, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), moving and handling, infection control, food handling, oxygen management, incident reporting, confidentiality and fire safety as part of their induction. Health care assistants completed the St Christopher's Care Certificate programme which followed the nationally recognised framework programme as part of their induction.

The hospice had recently completed a review of the required mandatory and compulsory training for each role to ensure consistency across the service so that staff had the necessary skills to support people effectively. This included specific end of life care and dementia awareness training for all clinical staff. One member of staff told us, "Their dementia awareness training had been useful."

There were annual updates for clinical staff alongside the corporate refresher training which included manual handling, life support, Mental Capacity and dealing with people in distress. Specifically for nurses, there was on-going training in pain/symptoms management, medicines, syringe drivers, pressure ulcer prevention and documentation, resuscitation, bereavement and having 'difficult conservations' about end of life care matters. Attendance at training was monitored by the human resources department and heads of teams were notified of any non-attendance. Training courses were also evaluated by attendees and the evaluations were considered to make any improvements. The hospice also ensured managers and staff who hold professional qualifications, such as registered nurses and social workers for example, had opportunities for continuous professional development. Several nurses told us that in addition to the training described they had regular opportunities to improve their existing knowledge and skills by attending in-house medical forums and tutorials given by the medical director.

The hospice has 300 patient-facing volunteers. All these volunteers receive a structured training dependent on their role. Patient-facing volunteers must attend eight half day sessions which included the hospices vision and philosophy of palliative care, support of patients and the impact of illness, safeguarding, food hygiene, manual handling, communication skills, responding to difficult questions and fire safety. Volunteers spend time shadowing other experienced volunteers to familiarise themselves with the role. All volunteers were required to attend annual refresher training to ensure their knowledge and skills remained up to date.

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Staff were supported to undertake their roles and to consider their professional development. Throughout our inspection we observed a supportive culture amongst the staff group. Clinical staff regularly received formal one to one and group supervision sessions with their line managers and co-workers. This was confirmed by discussions we had with several nurses and health care assistants. In addition, there were regular team meetings and full organisational learning days for staff.

Patient-facing volunteers were also required to attend between three and six group support sessions with their colleagues and line manager throughout the year. Individuals support sessions with managers could also be arranged. Volunteers said they felt supported by their co-workers and managers. One volunteer told

us, "The training we receive is excellent."

Other means of support available to staff included the Schwartz round. The Schwartz round, which had recently been introduced at the hospice, is a forum for all staff from different backgrounds and levels of the organisation to come together once a month and explore the impact that their job had on their feelings and emotions. The aim was to offer staff a safe environment in which to share their stories and offer support to one another. During our inspection we attended a Schwartz round held at the Sydenham site and saw staff working at St Christopher's Bromley (Orpington) joined the meeting via a satellite link. Several members of staff said they regularly attended the Schwartz Round because they found it such an uplifting and supportive experience. There was an external counselling service available for both staff and volunteers. The hospice also organised reflective practice sessions where staff could discuss emotionally difficult situations they had experienced at the hospice.

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, hospitals and hospices 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. We saw appropriate arrangements were in place to enable people to give informed consent to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Staff had received MCA and the DoLS training were aware the implications of this in their practice and sought people's consent before providing care and treatment to them. People's rights to make their own decisions were respected and promoted. When people had been assessed as being unable to make relevant and specific decisions, applications for the authorisation to restrict their freedom in their best interests had been made to the supervisory body under DoLS.

There was a strong emphasis within the hospice on the importance of good nutrition and hydration. People told us the food they were provided at Caritas centre was always "good". Typical comments we received included, "The food always tastes good and I particularly enjoy the puddings", "The food is very nice here. There's always a good choice of meals on offer" and "I love the meals they serve at the centre. That's why I come". Throughout our inspection we saw the Caritas centre was a popular place for people to have a meal and observed staff and volunteers offering people hot and cold drinks at regular intervals. We saw all the people who had attended the 'gentle' exercise group sat together to enjoy a meal after their class had finished.

We saw evidence that if people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist health care professionals, such as a nutritionist or dietician. We saw care plans for people who were in the last stages of life, contained additional information for staff about how to keep people hydrated and comfortable. Staff closely monitored and recorded the dietary intake of people identified at risk of malnutrition on a daily basis, which ensured they had all the information they needed to determine whether they were eating and drinking sufficient amounts to remain hydrated. People in the community received holistic care from a multi-disciplinary staff team which meant

they had access to specialist palliative care doctors and nurses, physiotherapists, occupational therapists and counsellors.

People were supported to stay healthy and well. There was a range of complementary therapies available such as aromatherapy, acupuncture, massage, hypnotherapy, relaxation, stress management, reflexology. Most people also had an up to date Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed and their advanced care preferences and decisions were clearly stated in their care plan. This meant staff were aware of the person's wishes and were able to make appropriate decisions about medical treatments in line with the person's wishes.

The occupational therapists from the allied health care team ran a range of rehabilitative palliative care which included a regular pop-up gym at the Caritas centre. The physio and occupational therapists from the allied health care team ran a range of rehabilitative sessions including regular gym sessions to promote people's independence and physical health for as long as possible. If people had specific needs that could not be met by the team at the hospice, referrals were made to the required professional. For example, there were instances where the service referred people to the hospital for specialist care. Staff told us discussions would be held with people as to when they wished to be referred to hospital and for what illnesses and symptoms they wished to receive treatment.

The hospice's internal and external spaces were accessible to wheelchairs and those with mobility impairment. People told us they were happy with the hospices environment. One person told us, "The centre is such a lovely place to come and relax", while another person's relative said, "I do enjoy the garden in the summer". We
saw the garden that surrounded the centre was well maintained by volunteers and had spaces where people could sit and spend time enjoying it.

Good

Is the service caring?

Our findings

People and their families told us St Christopher's provided excellent care and typically described the hospice as "amazing". Comments we received included, "The service is excellent. It's the cosy size of the Caritas centre that my husband and I like", "The hospice is an absolute gem for Bromley and the surrounding area. I am always happy to leave my mum there" and "It's the highlight of my week coming to the centre to meet my friends and to have something to eat". In addition, most people receiving a community service who had participated in a recent satisfaction questionnaire carried out by St Christopher's rated the care they had been provided by the home care teams as 'exceptional'.

Feedback we received from people about the staff and volunteers who worked for the hospice was equally complimentary. People typically described staff as "wonderful" and "kind". People felt they had built up good working relationships with staff and volunteers. Comments received included, "I couldn't ask for a better group of people they are very caring. I have complete confidence in all the staff", "Staff are very experienced and know what they're doing. Never had any problems with the staff who are all wonderful" and "My community nurse is Wonderful. She's always at the end of the telephone if I need her".

People's privacy was respected and their dignity maintained. People told us staff were respectful and always mindful of their privacy. One person who regularly attended the Caritas centre told us, "They [staff] give you their time and make you feel special", while another person's relative said, "Staff are Fantastic. There's no time limit and they will sit with you for as long as it takes". People looked at ease and comfortable in the presence of staff and we saw they supported people in a caring and dignified way. For example, we heard conversations between people using the Caritas centre and staff were characterised by warmth and compassion. It was also clear from the outcome of a recent satisfaction survey conducted by the provider that most people felt staff always treated them or their family members with respect and dignity. We saw rooms were available at the St Christopher's Bromley site for people to have private conversations with family members if people did not wish for this to take place in the communal day centre.

People and their families were fully involved in the end of life care planning process that included finding out what was important to the individual and what outcomes they wanted to achieve. People told us they felt comfortable discussing their health and social care needs and preferences with staff who took time to explain what their care and treatment options were. One person said, "The staff asked me if I wanted to join in any classes or whether I was happy just relaxing at the day centre." Staff had received training on how to have difficult conversations which enabled people to express their end of life care preferences. This ensured people had the opportunity to let their family, friends and professionals know what was important and mattered to them in the event of them not being able to express their wishes. Several relatives whose family members had expressed a wish to die at home told us how supportive staff had been when it came to ensuring their family members dying wishes were met.

People were given information about the services and facilities offered by the hospice. One person told us, "They explain things and let you know what's going on", while another person said, "They [staff] support me with advice on what other services I have access to. They talk me through everything". We saw available at

the day centre were a wide range of coloured coded booklets and literature on various topics that staff noted people visiting the centre often asked about the hospice and end of life issues. This included information about understanding bereavement, for example. We also found information people might find beneficial was available at the hospice in easy to read formats, such as a booklet called 'How to stop abuse: What to do if you are worried' was available from the day centre which used easy to read plain language and pictures to help people with learning disabilities understand what abuse was and how do deal with it.

Bereavement support in the form of counselling was available to children, adults and their families. The hospice ran a bereavement service for adults and their families following the death of someone under the care of St Christopher's and the Candle project for children who have lost an important member of their family. There is also a telephone advice line. People told us they had been offered counselling and support before and after their family member had passed away. One person told us, "I like coming to the centre where I can chat with other people who've lost a loved one", while another person said, "The Caritas centre is a great place to talk to other bereaved people like myself. You'd have thought that might be depressing, but it's the exact opposite". People who had participated in recent surveys by the hospice also said they had received enough help and support from St Christopher's since the death of their family member or friend.

Staff told us a bereavement support group regularly meet at the centre which gave people an opportunity to meet and talk about death and dying with staff, volunteers and others who may have similar experiences of loss. Staff also told us the day after a death the bereaved family would be offered the chance to meet with professionals involved in their family members care.

Staff encouraged and supported people to be as independent as they wanted to be. One person told us, "The exercise classes at the centre help me stay on my feet at home." We saw exercises initiated by the occupational therapist during a gentle exercise class were designed to help people maintain their independence. For example, the group were encouraged to practice standing up safely from a seated position in a chair and to discuss with the occupational therapist how easy or hard they found the exercise. There were also initiatives to help people stay in their own homes for as long as possible rather than be admitted to the hospice or to hospital. A community nurse gave us a good example of how they had enabled a person who wanted to stay in the community to continue receiving a hospice at home service by teaching a family member to use the syringe driver their family member needed.

The hospice was committed to meeting the diverse cultural and religious needs and customs of the population it served. Staff were knowledgeable and respectful of people's diverse cultural and spiritual needs including before, during and after death. Several staff told us they had access to information about different religious rites and practices which included Christian, Muslim, Sikh, Hindu and Jewish faiths. There was also regular contact between the hospice and various faith groups in the community to continuously consider how end of life care could be provided more appropriately. These measures ensured wishes for end of life care could be met. The hospice has access to an interpreting service so staff were able to communicate with people who were unable to speak English. This ensured people had the information they required to make decisions about their care, and communicate their wishes.

A chaplaincy service was also available to support people and their families with any spiritual or religious needs they had. A person's relative who had participated in a survey conducted by the hospice wrote, "My [family member] got really good support from the chaplain." During a tour of the premises we visited a private room adjacent the main communal area where people could practice their faith or just spend time in peaceful reflection or quiet meditation. A member of the chaplaincy team told us the spiritual care service was able to support people and their families with funeral arrangements. There were also remembrance services held throughout the year, which gave families, friends and staff the opportunity to remember

people who had died.

Good

Is the service responsive?

Our findings

People's individual needs, preferences and differences were respected. People told us the hospice provided them with a personalised service which was responsive to their care needs and wishes. One person told us, "Everyone is treated as an individual here".

Nurses agree a care plan with people who attend the day centre who can also refer people to other services such as group work programmes including the pop-up rehabilitation gym or clinic appointments with other members of the multi-professional team. Personalised care plans provided clear information for staff about people's physical and emotional care needs, life history, individual preferences that included dietary and religious requirements and family and social relationships that mattered to them. The service was accredited to the Gold Standards Framework (GSF). The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

People's needs and wishes were regularly reviewed. People told us the staff routinely reviewed their support and care needs. One person said, "If my needs change they [staff] will sit me down and talk to me about it." People who attended the day centre were offered an initial programme of 12 sessions after which their care plan is reviewed.

The community palliative care team provided a hospice at home service for people who choose to spend the later stages of their illness in their own home. A relative we spoke with about the community team told us, "They [community nurses] come to visit my husband at home now every week. They do all the checks and make sure all is well. I can call them at any time if I am worried about my husband." Another person's relative said, "The community nurses make appointments with my [family member] and they always turn up on time. They are really helpful and they make sure everything is ok." The hospice at home team is managed by a clinical nurse specialist and included a staff nurse and health care assistants who provided physical, practical and emotional support to people and their families. People's individual needs were regularly reassessed and reviewed. The hospice at home team worked flexibly and in collaboration with other healthcare professionals within the community in order to respond effectively to people's changing needs and/or preferences. Advice and visiting for people and their families is available 24 hours a day, alongside an advice line for community healthcare professionals.

Several clinical members of staff also confirmed they had received dementia awareness training. Staff told us the hospice had three designated dementia champions whose key role was to promote dementia awareness and provide colleagues with information and support about dementia care. In addition, the hospice had a 24 hour helpline run my medical and specialist nursing staff, which meant people and their families/carers living in the community, could seek their professional advice and support whenever they needed it. A relative told us, "I know I can call the helpline any time if I am worried about how to manage my husband's pain", while another person's relative said, "Communication is very good with the hospice. I did call them once late at night when I was having a bit of a crisis and needed some additional support."

People and their families were supported to engage in a range of supportive care services held at the Caritas

centre. It was clear from discussions we had with people, their families and staff that the level of meaningful social and rehabilitation activities people and their families could now choose to participate in had significantly improved in the past 12 months. One person said, "There's loads to do at the centre or you can come and just read the paper and have a cup of tea, which is what I like to do", while another person's relative told us, "My [family member] loves coming to the centre and often joins in the Keep fit and reminiscent sessions".

During our inspection we attended a gentle exercise class facilitated by an occupational therapist. The feedback we received from people who attended this exercise session was extremely positive. One person told us, "The class is a great way to keep fit", while another person said, "The group is very sociable. I think that's why I enjoy it so much". Other classes provided at the centre included falls prevention, confidence and breathing. We also saw a Red Cross volunteer doing hand massages for people at the centre. The atmosphere in the centre remained very relaxed and congenial throughout our inspection. Staff told us the centre ran an eight week art class for people which was in the process of creating a large mosaic on a wall in the garden.

The hospice supported people to engage socially with others to help prevent social isolation. The hospice ensured people were not socially isolated. One person told us, "I was getting so bored at home so I'm so glad I eventually decided to join in some classes at the centre. Definitely one of my better moves." A community nurse gave us a good example of how a nurse, a physiotherapist and a volunteer all worked in partnership to help a person in the community use their walking frame again to go for short walks with a volunteer. This helped improve the individual's mobility and reduced the risk of them becoming socially isolated in the community.

The hospice employs welfare and benefits advisors to support and signpost people and their families to information that may be beneficial to them in relation to their social, employment or legal needs. This may include any help they require in respect of social benefits, welfare advice, and legal matters such as appointing a power of attorney. A welfare and benefits advisor described the service they provided as, "Being a bit like a mini citizens advice bureau." They gave us several examples of the varied work they did which had included arranging for pets to be rehomed after their owner had passed away.

People we spoke with were aware of the provider's complaints policy and told us they felt comfortable talking to managers and staff about any concerns they might have about the hospice. One person told us, "Every time there is a minor problem everyone is working together to get it sorted." The consortium of commissioning CCGs also told us, "We have found them [St Christopher's] quick to respond to any issues raised and are very pleased with the services we have commissioned from them." We saw St Christopher's had produced a complaints leaflet which was available throughout the service for people to access. We also saw that comments boxes were available for people to given written feedback to the hospice.

There was system for recording complaints and we saw that complaints received had been investigated and dealt with effectively. The complaints records indicated that complaints received had all been dealt with within the provider's stated timescales and resolved to the complainant's satisfaction.

The provider recorded compliments received and discussed any arising theme during their governance meetings. The hospice received over one thousand letters or thank-you cards from people who had received a hospice at home or day centre service from St Christopher's in the last 18 months. Recent compliments we read related to the warmth and kindness of staff and the time staff were able to dedicate to support people using the service. Compliments were discussed and used to share good practice amongst the team.

Outstanding ☆

Is the service well-led?

Our findings

People, their families and external community professionals were all very positive about the way the hospice was managed. Comments we received included, "The centre is very well run" and "The managers must know what they're doing because everything seems to run smoothly here".

There was a stable and clear management structure to ensure accountability and for the service to be provided in a seamless and exceptional way. Throughout the organisation staff understood their lines of responsibility and accountability for decision making about the management, operation and direction of the hospice and its services. Managers demonstrated strong leadership and a commitment to providing people with safe, high quality care.

Staff were very complimentary about the hospice's executive team and managers and said they were approachable, open and honest. One member of staff told us, "The hospice is extremely well-led", while a volunteer said, "All the managers and staff make you feel like you're an essential part of the team. A lot of them [staff] have told us we couldn't run St Christopher's the way we do without our dedicated army of volunteers". Staff and volunteers also described St Christopher's as being the most "life affirming" place to work.

Executives, senior managers and staff spoke about their vision for St Christopher's including the importance of their core values. St Christopher's core values included providing compassionate care, empowering people, working together as a team, working with the local community and in partnership with external professional's bodies, and being the pioneers and experts in end of life care. It was very evident from comments we received from staff throughout our inspection that they embraced and demonstrated these values in all aspects of their work. One member of staff told us, "St Christopher's is such a great place to work. It's more than a job to me." Several staff we spoke with confirmed they are always consulted about corporate developments such as agreeing the hospices core values.

Managers promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service. One person said, "The staff are always asking me to fill out questionnaires about how well they're doing, which is fine by me", while another person's relative told us, "All the staff listen to what my [family member] and I have to say about what they do really well at St Christopher's and what they could possibly do a bit better". Bromley Healthwatch wrote in a report they compiled about St Christopher's, "We saw a comprehensive range of feedback tools and engagement mechanisms, as well as a continued commitment to obtaining patient feedback to contribute to the review and improvement of their services." We saw the hospice used a range of methods to garner patient, carer and family views. This included a range of satisfaction questionnaires for people in the community or those using the Caritas centre, and bereaved family members. There's also a forum for carers that's regularly held in the centre and comments boxes in situated throughout the hospice. A good example of how the provider valued patients' and their families' views in improving the service was the patients safety – prevention and confidence group. The group which was set in April 2015 and met regularly to gather feedback from people receiving a community service and their families about their experiences of trips, slips and falls. Managers

told us information received from the group was currently being analysed to consider if any trends in the number and type of falls experienced by people receiving a hospice at home service had emerged so strategies to prevent or minimise the likelihood of such incidents reoccurring could be developed. The hospice had also responded to feedback they had received from people about their out of hours community service by increasing the number of night staff who could respond to out of hour's calls and by producing fridge magnets with out of hours contact details on them so people in the community had this information easily to hand.

It was clear from the findings of the 2016 satisfaction survey that people were satisfied with the services they received from the hospice. People said staff 'always treated them with respect and dignity, and had time to listen and discuss things with them'. Furthermore, over 90% of bereaved relatives who also completed this survey said they were 'extremely likely' to recommend St Christopher's to their family and friends.

The outstanding service provided by the hospice was supported by comments we received from external community health and social care professionals. The consortium of commissioning CCGs wrote to us to say, "St Christopher's offers high quality end of life services to their patients. They have a reputation both locally and nationally for offering a holistic approach to end of life care. They are considered pioneers in end of life care and were recognised for such innovation with an award by Hospice UK for their work commissioned by Bromley CCG." A care home manager also told us, "The end of life care and support we received from St Christopher's was excellent. They motivated my staff team and helped us ensure we provided the person who was dying with the best end of life care and support we could provide them."

Managers told us how the hospice had acted upon comments made by visiting senior managers from Macmillan cancer support who had suggested making feedback St Christopher's had received from people about their experiences of using the hospice be made more accessible. The provider took on board these comments and created large posters with patients' feedback clearly displayed on them, which we saw at the Caritas centre.

The provider used a number of initiatives to support staff and to involve them in the provision of the service including a quarterly staff forum which was attended by the chief executive, to show that staff's views counted and were important. The minutes of the last staff forum showed that a range of issues such as the hospice's equality and diversity policy, staff recruitment and selection and parking, were discussed. Staff also participated in an annual satisfaction survey conducted by an independent auditor. The results for the 2015 showed that the majority of the feedback was positive. For example, over 90% said they would be happy for a friend/relative to be treated at St Christopher's.

The provider had effective and established governance systems to assess, monitor and improve the quality and safety of the service people received from the hospice. There was a rolling programme of audits to monitor the quality of the service. The frequency was determined according to the aspect of the service being monitored and the audits were carried out on a monthly, quarterly and annual basis. These included audits of mattresses, infection prevention and control, staffing levels, medicines, pressure ulcer management, records and information governance. Findings from these audits were presented to the various committees described above. Where an issue had been found, an action plan was put in place to rectify the concern and make improvements. For example, an 'alert dashboard' was used to keep track of which clinical alerts had been actioned.

Managers, heads of departments and staff met through various groups and committees and shared their discussions and findings with the quality and governance committee so any areas for improvements could be implemented. These groups included patient safety, medicines optimisation, nutrition, infection control,

skin and wound care, safeguarding, data management, equality and diversity, health and safety, patient feedback, and the staff forum. The quality and governance committee whose members included Trustees from the board, the executive team and senior managers met every two months to review all the hospices performance indicators including any reports and improvement plans that related specifically to the quality of care patients and their families received from St Christopher's.

The provider was keen to continue developing the hospice into one of the leading hospices in the country and the world. They had reviewed their governance systems working in partnership with the Cicely Saunders Institute at Kings College London by piloting their Outcomes Assessment and Complexity Collaborative (OACC) programme. This is a quality assurance approach that focusses on measuring outcomes of care for patients and their families, such as good pain and symptom control, family support, well-coordinated and integrated care and continuity of provision. During the last 12 months St Christopher's surveyed patients, people receiving a hospice at home service and people living in care homes about their dependency levels, the 'burden' of their symptoms, the stage of their illness and the 'burden' of caring experienced by their families. Outcomes for patients were regularly analysed and reviewed through presentations from the OACC team and on-going discussions with academics, the hospice's Board of Trustees, clinicians and managers to assess their approaches to care for people and to identify any learning.

The hospice used innovative approaches in an attempt to reach more people in the local community who would otherwise not access hospice services. For example, the Bromley Care Coordination (BCC) was a service specifically designed by St Christopher's to enable people, thought to be in the last year of life, to receive timely and coordinated care. The majority of these people would not have met the referral criteria for "specialist palliative care" services and therefore had previously been excluded from receiving hospice services. Community nurses told us nearly 200 people who had chosen to receive palliative care at home are in regular contact with members of the BCC team. Nurses told us the aim of the service was to address inequalities in access to services for dying people in Bromley, prevent unnecessary hospital admissions, provide support to their families and carers, and to help people die with dignity in the place of their choice.

St Christopher's had also set up of a new committee to review the extent to which the organisation reached people who would not normally access the hospice's services because of their diverse backgrounds such as some hard to reach communities within South East London. The consortium of commissioners gave us a good example of how St Christopher's took into accounts the needs of the wider community by introducing a single point of access system which made it easier for external health care professionals to refer people into their end of life pathway.

To demonstrate that St Christopher's was one of the leading hospices in the country it took part in piloting and implementing the Integrated Personalised Plan (IPP). This was a new end of life care plan targeted at people in nursing homes. The provider helped staff working in local nursing homes to implement this initiative. To date the hospice had provided training to over 600 nursing and care staff from 17 nursing homes within Bromley, Croydon and Lewisham. A recent appraisal of the project concluded the IPP had been successful because there was evidence that the IPP document had helped to deliver better outcomes for people living in these nursing homes who were nearing the end of their life.

The hospice played a leading role in promoting end of life care within the local community and worked in close partnership with external community professionals and bodies. Feedback we received from community health and social care professionals was very positive about the working relationship they had with St Christopher's. The consortium of commissioners told us, "We have forged a strong working relationship with St. Christopher's. As many of St Christopher's services form part of a strategic out of hospital transformation programme, they have worked hard to integrate with other community providers, to

ensure a smooth transition into their care". A care home manager also said, "We have a fantastic working relationship with the hospice. Staff are always so willing to offer you their expert advice and support." Managers confirmed St Christopher's was represented on many of the local end of life care development groups, which included the End of Life Care Steering Group in Bromley and the Lambeth and Southwark End of Life Care Strategy Group.

hospice was actively involved in building links with the local population. For example, the hospice involves local schools and art galleries, including the Royal academy, to regularly participate in art exhibitions and projects at St Christopher's. A patient's relative told us, "I love it when the school children visit the hospice and sing for us." The hospice also has a comprehensive social programme that operates out of the Anniversary centre that is open to the public. This ensures local people can join in social events at the hospice with people from the local community, their families, staff and volunteers. This helps the local community have a better understanding of the work St Christopher's does end of life care matters. Weekly social events at the centre include a community choir and pizza night, a curry and arts night, a quilting project, a series of concerts, a drama group, and tours of the hospice and Sunday lunch. Several staff and volunteers told us they felt the social events described above helped dispel a lot of the myths and preconceptions people who have never visited a hospice might have about St Christopher's.

St Christopher's plays an outstanding role in leading research and developing evidence based practices in the field of end of life care and palliative care. It works in close partnership with the Government and other national and international organisations, including various academic and research institutions to develop the field of end of life care. The hospice's medical director is the honorary chair at the Cicely Saunders Institute, Kings College London and leads research on behalf of the organisation. They also work closely with the research team based at the Florence Nightingale Faculty of Nursing and Midwifery at Kings College and with a number of academics from across Europe interested in developing new approaches to end of life care. Examples of some of the research projects that are currently on-going at St Christopher's and which people using the service can benefit from include, music therapy and spirituality, delivering quality and cost effective care for people with advanced conditions, informal carer's experiences of providing bladder and bowel care to patients with palliative care needs, the changing face of memorialisation and bereavement and theatre in the community.