St. Giles Hospice

St Giles Hospice - Walsall

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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on 9 September 2015 and was unannounced.

St Giles Hospice - Walsall is a 12 bedded inpatient facility providing specialist palliative and end of life care for up to 12 people over the age of 18 who have cancer and other serious illnesses. People are able to receive care and treatment when they are too ill to remain living at home or to relieve their symptoms as well as on a respite basis. At the time of our inspection eight people were using the hospice service.

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

People were protected from harm and abuse due to the arrangements in place to make sure risks to people were reduced. Where people were at risk due to their health

Summary of findings

and physical needs these had been identified with measures put in place to help people to manage and reduce any known risks. Staff and volunteers had been suitably recruited and there were sufficient staff with a variety of skills to meet people's individual needs and to respond flexibly to changes.

Staff received the training and support they needed and were highly motivated to perform their roles and deliver sustained high quality care. This included staff having the skills to effectively manage people's medicines so that these were available and administered safely to people. People were extremely confident and positive about the abilities of staff to meet their individual needs in the right way and at the right time for them. The management team supported staff to undertake relevant research and development, to ensure best practice and make improvements in care when required so that it remained effective in meeting people's needs.

People told us they were supported with their nutritional needs with the assistance of the chef. They checked people's choices with them as they served meals which were both nutritious and presented in a way which met people's needs so that they could enjoy their meals comfortably.

Staff were kind and thoughtful to people. People told us staff spent time listening to them, did not rush them, and did all they could to meet people's individual wishes and requests. People's individual needs were assessed and staff always encouraged people to make their own choices about their care and treatment. Where this was not possible issues of consent and decisions were made in people's best interests by people who had the authority to do this.

People were treated as individuals and staff were motivated and committed to providing people with the best possible palliative and end of life care. Staff worked with people to enable them to live as full a life as possible and supported people in achieving their wishes with key comments from staff who believed they went the extra mile. People were supported to receive end of life care that met with their needs and wishes and to achieve a private, dignified and pain free death. People, their family members and staff were provided with the emotional and bereavement support they needed.

People were at the centre of the management and staff's core values of personalised end of life care aimed to provide quality of care and life to all people. To achieve this staff formed close partnerships with external health and social care professionals, educators and national organisations involved with end of life care. This helped to ensure that people received the right care at the right time and knowledge was appropriately shared and used to influence best practice for people's care. This included care and treatment planning to make sure it was inclusive to meet the diverse and changing care needs of the local population.

People and their family members, staff, board of trustees were actively informed and involved in developing the service. Their views were used to continuously inform service improvements and development and to influence the services people received so that these remained innovative, effective and raised quality where needed. The management team were developing the hospice services so that they were inclusive and responsive to the needs of all people including those people who may not have traditionally used hospice services.

There was a strong leadership team which listened and supported people who used the service and staff. Staff at all levels were involved in the quality checks where a varied range of methods were used to determine the quality and safety of people's care and treatment to maintain improvements so that people received the best possible care. This included checking services people received against inventive recognised standards for end of life care. This is also reflected the recognition and achievements of good practice awards which promoted high quality, safe and advanced care and treatment for people who used the hospice services.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were kept safe because there were sufficient staff to meet people's assessed needs. Individual risk assessments were prepared for people and measures put in place to reduce the risks of harm. People medicines were stored, available and administered safely.

Good

Is the service effective?
The service was effective. People's choices were respected and they were involved in decisions about their care and treatment. Staff had training and support to provide meet people's needs effectively. People's food preferences and any requirements around being supported to eat and drink. People were supported to access healthcare services when needed to promote their health and wellbeing.

Good

Is the service caring?
The service was caring. People were supported in a caring way with dignity, respect and kindness. People were supported to have choice and to be involved in all aspects of their care. People were treated with the utmost care and compassion and received a dignified and pain free end of life care and support.

Good

Is the service responsive?
The service was responsive. People were enabled and encouraged to express their views and shape their support to reflect their own individuality. This included devising their own advanced care plans which recorded their end of life care preferences and choices so that care was responsive to their needs. Effective partnership working meant people's care and treatment was inclusive, consistent, flexible and responsive to their needs. Feedback was sought from people who used or visited or had an interest in the service to monitor and improve the quality of care.

Outstanding

Is the service well-led?
The service was well led. People believed the service was well managed and they received high quality care which effectively met their needs. The leadership team and staff shared strong values and beliefs centred on offering a personalised service to each person to fulfil their wishes. There was a focus on continual improvement using research and best practice to ensure the services people received were creative, effective, safe and of a high quality.

Good

St Giles Hospice - Walsall

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 was planned to check 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 9 September 2015 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor who is a nurse with experience of palliative and end of life care.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We spoke with three people who used the service and we looked at the care people received in the communal areas of the hospice. We also spoke with the registered manager, clinical nurse manager, quality and audit manager, doctor, two nursing sisters, two staff nurses, two health care assistants and the chef.

We looked at two people's care documentation, medicine records and reports relating to the management of the service. They included checks of the quality and safety of people's care, projects and pilot studies, compliments and complaints.

Good

Is the service safe?

Our findings

People we spoke with had no concerns about their own safety during their stay at the hospice and felt staff helped them to feel safe due to being there when they needed them. One person told us that they felt safe because staff made sure their pain was relieved and staff were always available to meet their needs during the day and at night. They told us, "I feel safe and secure here, the staff give me reassurance when I need it, this means a lot to me right now. If I need staff they come, make sure I am safe; it doesn't matter if it is day or night. Staff have showed nothing but kindness, I have never once felt neglected by them."

Staff told us about how they would protect people's safety from the risks of potential harm and abuse. Staff explained how they would recognise and report abuse. One staff member told us they had never witnessed any harm or abuse to people at the hospice. They said that they could, "Honestly say patients have never been harmed here none of us would tolerate them being harmed." Staff consistently told us they would report any harm or abuse they witnessed to the appropriate senior staff on duty and felt confident appropriate actions would be taken so that people's safety was maintained.

We saw risks to people's safety and welfare had been considered whilst they received their care at the hospice. We heard examples from staff where possible risks to people's wellbeing had been assessed and actions identified to reduce risks. One staff member told us how people's individual needs were assessed before and on arrival at the hospice. They were able to provide examples of where people may need support due to their deteriorating health condition which could impact upon their skin and walking abilities. We saw different risk assessments were used to both indicate the level of risk to a person and what preventative actions staff took to reduce risks to people. The registered manager gave us examples of where some people's sore skin had been helped to heal which was positive as people were at times very poorly.

Another staff member explained how people's physical abilities were assessed to make sure all staff knew how to assist each person so that people received safe care consistently. Staff spoken with knew how to manage the risks to people who were using the hospice service at the time of our inspection. One person we spoke with told us how they would be at risk of falling without the support of staff. They said, "The care they give me really helps me to feel safe, if I need any aids we talk about how they will help me and they make sure I have them but only with my agreement." We saw staff had specialised equipment in order to meet people's needs and reduce risks, such as, bed sides. Staff told us all equipment used was reviewed daily during each shift to further ensure people are not placed at risk due to the specific equipment in place.

The registered manager and staff gave us examples of how they assessed and balanced the risks associated with what people wanted to achieve in their lives. One example was when a person suddenly changed their mind about where they wanted to die and wanted to go home. To enable this person's wishes to die at home to be realised equipment and support was put in place in a timely way so that risks to their safety were managed and reduced. One staff member told us, "All the team here will always make sure patients are safe. We discuss safety and risks with patients and gain their views." One person we spoke with confirmed this was the case. They told us, "The doctor has spoken with me about plans for when I leave here, so that I can get the care I need and I am safe." We also saw the hospice environment supported people to meet their individual lifestyles so that people were not discriminated against whilst risks were reduced for other people. For example, we saw some people used the dedicated room for smoking which was situated away from the main rooms in the hospice so that this did not compromise other people's needs and wellbeing.

Staff told us, and records showed that when accidents and incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, when people had a pressure ulcer or when people experienced a fall the outcomes from the analysis were used to influence consistent staff practices. Staff told us and we saw from the last quarterly report specific equipment had been introduced so that the risks to people from falling and sustaining injuries could be reduced. This included movement sensors when these were assessed as appropriate for the person.

People we spoke with did not have any concerns about the availability of staff to meet their individual needs at times they required assistance and support. One person told us, "When I need staff they are here immediately, I never have to wait which is what I need when I am in pain or need

Good

Is the service safe?

support to use the toilet." We saw this person knew how to use their call alarm which was in their reach. Staff came within one minute to support this person with their needs and this happened for other people when they used their call alarms. When we spoke with staff they told us they felt there were sufficient staff to meet people's individual needs and spend time with people. One staff member told us they had time to sit and comfort people when this was required or massage people's hands. Another staff member said it was important to be able to have the availability of staff in the day and at night. They confirmed, "Sometimes patients are emotionally frightened to sleep at night. Nice staffing levels so we can be with the patient." We saw people's needs were met in a timely way during our inspection and the registered manager assessed and reviewed staffing levels so that the services provided to people were flexible, responsive and safe.

The staff team was made up of people with a range of skills and experiences in order to meet the safety and individual needs of people who used the hospice services. For example, a doctor, nurses, health care assistants, chef and domestic staff. One staff member confirmed, "Before I started here my suitability to work with patients was checked." Another staff member said nurse's registration was checked to confirm they were safe to provide nursing care to people. We saw volunteers helped to support and complement the care people received. Staff told us suitability trained volunteers helped people in different ways, such as, taking menu's to people at the start of the day so that people could make their meal choices.

We saw that the arrangements for the storage of medicine were in line with good practice and national guidance. For example, medicines were stored securely and accessed by authorised staff. All medicines were checked in by staff, recorded in a personal medicine plan maintained for each person. We saw two staff members prepared a controlled medicine, which is a strong type of medicine, to be given to the person by injection. They followed safe procedures in preparing the injection. For example, staff checked and counted the medicine in the controlled medicine book and wrote out the medicine to be given and the number of containers available. They had also checked the medicine against the persons prescription chart. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them at the right time. We saw this was the case as one person asked for some medicine for pain and care staff said they would tell the nurse so this person's request could be actioned appropriately by the staff qualified to do this. We saw and heard there were various arrangements in place to promote the safe handling and use of medicines. For example, a pharmacy technician came to the hospice daily and checked medicine stocks and prescriptions. In addition to this liquid controlled medicines were checked twice weekly by the night nursing staff and documented appropriately. If there is a discrepancy this is noted in the controlled medicine book, then checked and reviewed by the pharmacist so that the appropriate action is taken. People who used the hospice service wore medicine alerts and allergy wristbands. These practices provided additional safety precautions and checking mechanisms for staff. The registered manager confirmed to us that a learning approach was taken if staff had made a medicine error. They said this was managed positively, such as, spending time with the staff member to look at how the error could have occurred. This provided staff with learning opportunities so that they continued to administer medicines in a consistently safe way.

Good

Is the service effective?

Our findings

People we spoke with did not have any concerns with the ability of staff to meet their needs. One person we spoke with shared their experiences of the treatment and care they had received during their stay at the hospice. They felt all staff knew what they were doing when they provided care to them at times they felt in pain and when they needed some assistance in meeting their skin needs. Another person said, "Can't fault the staff they are marvellous."

There was a stable team of staff as most of the staff we spoke with had worked at the hospice between two to four years. Staff told us they had received training which included an induction that provided them with the skills they needed to meet people's specific needs. One staff member said, "I had a mentor at first, training is always on-going as learning never stops." Staff also told us that their training had enabled them to provide more effective care. Another staff member said, "Training is based around patients' needs and is very varied so we meet their needs." They told us the training included people's specific health needs and end of life care needs, such as, cognitive behavioural therapy. Another staff member said that they felt supported and encouraged to complete a nationally recognised qualification which they gave them added confidence when assisting people. A further staff member said, "Everyone is so different but what we learn helps us to help patients in the best possible way for them."

Staff we spoke with confirmed to us that there were link nurses at the hospice for specific conditions, such as, heart failure and tissue viability (specialists in people's skin care needs). Staff told us that these nurses were a good resource for them as they provided educational updates about people's specific conditions to make sure they were up to date on best practice. One staff member also told us to they had excellent links with a team of professionals from different clinical backgrounds so that people's individual needs could be met. For example, they were going to refer one person for a massage as this was really beneficial for people with lymphedema. Lymphedema is a long term condition that causes swelling in the body's tissues, usually affecting the arms and legs. Another person came to the hospice as they had symptoms of confusion and with the effective treatment provided by the staff team they were now well enough to return home. We also saw staff liaised with community nurses to make sure they were aware this person was returning to their own home so that they could follow up this person's health care as needed.

We saw in people's care records and staff told us people's day to day health and wellbeing needs were assessed and monitored regularly. For example, the assessment and management of people's symptoms which included pain were documented. There was a pain chart which identified where people were experiencing pain and the types of pain.

Staff were able to tell us about the individual needs of people who were using the service, such as, how their mental or physical health might affect the way they provided care. One staff member said that by talking with a person and supporting them to write down their feelings in letters to family members had eased their physical pain. We saw staff used their communication skills effectively whilst they supported one person to meet their needs and this person told us staff always made them feel better. We also saw the hospice environment provided people with areas where they could relax. For example, there was a projector in the bathroom which showed films on the wall of bubbles and other things and music can be played during a bathing session as the person wishes.

Staff we spoke with were able to tell us how their training had helped them to understand the importance of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) in their roles. Staff spoken with told us people's consent to their care and treatment was always sought and we saw this was the case. Where this was not possible this was done in people's best interests with people who knew them well and were authorised to do this. One person we spoke with told us staff had involved them in the decisions about their care and treatment. They told us the doctor had also spoken with them about their plans for when they leave the hospice so that they could make decisions about how their needs would be met. We saw staff gained people's consent during the day of our inspection about their everyday decisions, such as, asking about medicines for pain relief and what to eat and drink.

We also saw people had been supported to make advanced decisions about their future care in the event of them not being able to make that decision at that time. These included agreements which provided staff with the

Good

Is the service effective?

information about what action should be taken in the event of people's health conditions deteriorating or if they suddenly experienced heart failure. The registered manager told us and we saw they had worked with other organisations such as, the local clinical commissioning group who commission people's services. They jointly developed 'resuscitate' documentation so that this could be linked to each person's care journeys whether in the hospice, hospital or at home.

The registered manager was aware of the current Deprivation of Liberty Safeguards (DoLS) guidance. They knew about their responsibilities to make applications to the supervisory body for people who did not have the mental capacity to agree to any restrictions placed on them to promote their safety and wellbeing. The registered manager had informed us previously of one person who had a DoLS authorisation in place. However, when this person's mental capacity to understand their care and treatment returned the DoLS was no longer relied upon.

People were supported to eat, drink and maintain a balanced diet. All the people we spoke with told us they enjoyed the food at the hospice and they appreciated the varied and flexible menu. One person said, "The food is superb." Another person told us that the food was, "Excellent and they had really enjoyed their lunch." We saw the chef took the meals to each person which gave people the opportunity of changing their minds if they wished about the meal they had originally ordered. When we spoke with the chef they told us about how they tried to meet people's individual food likes and dislikes. They gave us examples of how some people may need smaller meal portions and these would be offered on smaller plates if this was the person's preference. They told us, "I always make sure there is a vegetarian option on the menu because I think it is important that people have a choice." They also confirmed if people's diets were based around their cultural needs they would be able to cater for these without any problems at all. We saw staff had the skills to request specialist support from a dietician or a speech and language therapist if a person's eating and drinking deteriorated. We saw that people had nutritional plans which staff used to assess and monitor whether people's nutritional needs were being met effectively.

Good

Is the service caring?

Our findings

People said they had good relationships with staff who took time with them, understood their needs and preferences, treated them with respect and ensured their dignity. One person told us about how impressed they were with staff practices that had supported them with may aspect of the care without making them feel embarrassed. This person said, "Staff just did it without making a fuss and for this I am so thankful to them as they did not make me feel uncomfortable at all. They just did it with such understanding and treated me like a human being." All staff spoke positively about spending time with people and their family members having time to listen to people and respond to their wishes and not to be rushed. A staff member said, "We like to talk to patients to find out what makes them special. The best thing is being with the person and asking them about their journey."

We saw staff were respectful and made sure people's dignity was promoted whilst they provided support and care to people who used the service and their family members. For example, when one person needed staff to assist them staff came without any delay and were caring in their approach as they gave the person time so that they could express their wishes. We also saw when one person died staff showed respect and dignity for this person. The hospice included its own mortuary with three spaces to provide care and support for family members and friends at the time of a person's death. Staff told us when the funeral directors came to collect the person they or another staff member who had cared for the person, would come to the mortuary and stay with the person until they had gone with the funeral directors. There was a discreet entrance for the funeral directors to ensure sensitivity and respect was maintained.

The staff were suitably experienced and skilled to identify when people required end of life care. We saw that people received their end of life care in private at the hospice. People's families could

stay with them during this time and the staff offered family support. One staff member said, "It is important to look after relatives and to try and understand their needs." One person told us, "My son visits and he is made welcome. We are able to talk in private and they (staff) all respect this." We saw this happened on the day of our inspection.

People received their end of life care in accordance with their care preferences. One staff member told us, "We offer holistic, individualised end of life care". This was reflected in the different care and support people told us they received. People's plans were followed and showed their personal preferences and choices. One staff member said, "It is really important people's choices are written down and we are always led by the person when we do this so they have the care they want." Another staff member gave us examples of how they helped people to express their wishes and feelings. They told us how they had supported a person who wrote letters to their family members to read at different times in their lives, such, birthdays in the event of their death.

Staff we spoke with told us they helped people to ensure their feelings of pain were managed and controlled so that people were as comfortable as they could be. One staff member said, "If a patient needs pain control it is done immediately, they do not have to wait." One person said, "They really help me with any pain I feel which is of a great relief to me."

People who used the service said they were always consulted about their care and treatment and their views were respected and acted on. Staff told us and we saw people's care records reflected this. Systems and guidance were also in place for staff to follow for the protection, handling and processing of personal confidential information relating to people's care. Staff recognised and understood these.

People's emotional and spiritual needs were shown in their care records which were reviewed with each person whilst they stayed at the hospice. One person told us, "I am always asked about every aspect; what I say is taken seriously, in a respectful and sympathetic manner."

We saw people and their family members could access a range of support services across the hospice and community setting to suit people's preferences and needs. For example, art and complementary therapist support and bereavement support. People were able to access a chaplain so that they could gain spiritual and bereavement care and support. One person told us they knew they could see a chaplain if they wished whilst they stayed at the hospice but did not want to at this time.

Outstanding ☆

Is the service responsive?

Our findings

People we spoke with told us they were very happy with their care and how staff consistently responded to their care and support needs. One person told us that staff were extremely thoughtful and knew how to meet their needs. They said staff massaged their back which was of great relief to them as they lay a lot on this area of their body. This person said, "I don't even have to ask staff to do my back because they know how much I benefit from their support which is so thoughtful of them. Really does make a difference when staff know what I need and what I like." We saw staff responded promptly to people's care and treatment throughout our inspection which included talking with people's visitors.

Before people received care and treatment at the hospice their individual care and treatment needs were assessed to help make sure these could be met. People's care plans were personalised to the individual and gave clear details about each person's specific needs expectations and wishes. One person shared with us that staff were excellent in how they met their needs. They told us staff knew their likes and dislikes really well without them having to remind them and said, "Being here has meant a lot to me, I get the care I need when I need it, they are all excellent." One example this person gave us was how certain items of their food was presented to them so that they could comfortably eat and enjoy their meal. We saw staff spent time with one person to discuss their medicines and plan of care in readiness for returning home so that any anxieties they were experiencing did not impact on their sense of wellbeing.

Staff we spoke with were able to tell us the needs of all people who were using the service at the time of our inspection and how they responded to people's care, emotional needs and wishes. For example, one person had clear wishes about who they wanted to visit them when they were at the hospice and all staff knew this was their wish so that this was met consistently. One staff member told us how sometimes people may be fearful of going to sleep and how staff had time to sit with people if this happened to try to help them to cope with their feelings. One person we spoke with told us how it was a relief to them to know staff were there if they needed them through the night. They said, "If I have a bad night I know the staff are here and I can call on them for their help and the main thing is that they understand."

Another staff member provided an example of where one person enjoyed bonfire night and although they were poorly staff supported them into the garden area to light some sparklers. They told us this person enjoyed this experience. Another person went home as they wanted to see their children starting school and then returned to the hospice. One staff member said, "We can provide those extra bits to make people feel better" and "We really do strive to do our best and never let patients down." This staff member told us about the wedding of one person who used the service and how there were decorations to celebrate this occasion and a reception organised.

Staff spoken with told us about the various ways information about people's care and treatment was provided to all the team at the hospice. One staff member explained to us that they had information sharing meetings each day where staff discussed people's care and treatment and any changes in people's health conditions. People's plans for when they left the hospice were also discussed so that people's discharge arrangements involved all the different professionals who needed to be aware. We also saw staff could access people's health records electronically. Staff told us this helped to provide them with valuable information about the care and treatment people had received in hospital or living in the community before they came into the hospice.

People's future care wishes were recorded in their care plans. This included where and how people wished to receive their end of life care and treatment. For example, in their own homes or at the hospice. One person told us, "The doctor gave me open and honest answers to my questions and fully consulted me about my wishes but also made some suggestions for me to think about." We spoke with the registered manager about the dilemmas they may experience due to the time limited stay for people when they came to the hospice for their care and treatment. They confirmed to us they would always take into account people's needs and wishes together with the available rooms at the hospice at any given time. We saw this had

Is the service responsive?

happened so that a person was enabled to have time to consider their future care options whilst consideration had also been given to people in the community who needed hospice care.

We found that attention was paid to details, so as to really care for people individually. One staff member told us, "It is important to see each person as an individual and we try to make things happen for people to meet not just their needs but wishes as well." One example we were given was one person wanted to go home to say goodbye to their garden and staff arranged this so that they were able to fulfil their wish. There was also a very supportive and caring approach to the wider family, as staff spoken with told us they recognised that family support was extremely important for people's wellbeing. This included facilities available so that family members and friends could stay overnight at the hospice. We saw people could visit when they wished to including children with toys available for them to play with. Each individual room also had outside decked spaces with table chairs and bird table for people and their visitors. People we spoke with felt that these spaces were a lovely idea.

The registered manager and staff spoke about their roles with commitment and enthusiasm to providing the best possible quality end of life care and support for people. Staff told us about the training and creative initiatives, in particular around improving dignity and compassion and responding to people end of life care needs. The registered manager and staff actively worked with other health and social care providers and commissioners of people's services to promote on-going service development and improvements for people's care. For example, involvement in a local joint project had helped influence local health and social care providers to use the same approaches for the discussion and recording of people's end of life care and wishes. We saw people who used the hospice service had advanced care plans in place to determine people's care and treatment in the event of their sudden collapse and for their end stage of life. Staff we spoke with told us these plans were important as they protected people from receiving end of life care which did not meet their needs or wishes. The registered manager and staff had also done a lot of work with other health colleagues to ensure important information, such as, do not resuscitate documentation would be recognised by all local agencies so that people would not be always having the same conversations about their end of life wishes unnecessarily with different professionals.

The registered manager told us and showed us there had been developments within the services at the hospice to be creative in responding to the diverse and changing needs of the local community. This included working with other agencies to focus upon the transition for young people into adult hospice services and people with a wide range of health conditions. For example, an initiative had been developed to enable seriously ill people to be referred by hospital consultants to have their treatment at the hospice without having to go to hospital. There was specialist equipment and staff were skilled to meet people's different health needs. People were able to have their treatment at the hospice which included blood transfusions and scans where in the past there would have needed to go to hospital for these intervention procedures. We saw that the hospice had been recognised for this initiative and shortlisted for an international award. There was also provision for people to be discharged rapidly from hospital if they wished to die at the hospice.

We saw people had made compliments about their experiences of the services they received which were used to provide the leadership, staff and the board with an insight into how effective and responsive services were in meeting people's needs. One person commented, 'The quality of the care received allows us to look back with contentment and satisfaction that everything was done that could be done and that brings its own comfort and peace of mind.' Another person commented, 'There are not enough ways to say thank you for all your kind, caring compassion and support to my wife. We will be forever grateful and appreciate all that you did to make sure she was able to go back home and be surrounded by her family in her final days.'

A range of information was provided for people, their family members and friends, which helped them to understand the hospice and relevant external support services and agencies. Accessible information was provided for people about how to make suggestions or complaints about their care. One person we spoke with us was positive about the staff and the care they received however they did identify an issue they had. We saw a member of the management team went immediately to speak with this person to

Outstanding ☆

Is the service responsive?

alleviate any issues they had. Another person shared with us they had no complaints about staff had responded to their care and treatment as they told us the care provided, “Meets all my expectations and more. I feel valued by them all (staff), what more could I wish for in this special place.”

Good

Is the service well-led?

Our findings

People we spoke with were aware of the staffing and management arrangements. One person told us, "Staff must be well managed otherwise the care I have received would not have been as excellent as it has been. I don't want to go anywhere else." Another person said they had no complaints about the staff and the, "Place is spotless and food is superb." Staff spoke with us about their roles in supporting people in an enthusiastic and positive way where people and their family members were central to the care they provided. We also saw this in the practices of staff during our inspection even when at times they had some difficult experiences to manage, such as, one person's death. We saw they did this with full respect of this person and in a dignified way so that other people's feelings were also taken into account which included this person's family members and people who were using the service.

There was a defined structure to the organisation with a board of trustees and layers of senior managers, managers, staff and support services. Staff we spoke with were aware of the roles of the management team at the hospice. They told us that the managers were approachable and had a regular presence at the hospice. All the managers we spoke with demonstrated they had an excellent understanding of the care provided which showed they had regular contact with staff and people who used the service. The registered manager was able to tell us stories about people's care and treatment journeys. They showed they were passionate about promoting hospice services to wider groups of people who may not have traditionally used hospice services, such as, people with dementia.

The registered manager showed they led by example. They provided us with examples of a person's hair being tinted as they liked this done and a person having their eyebrows done to enhance people's wellbeing. They also said they believed it was important all staff had time to spend with people which included the nurses who told us they also massaged people's hands due to having time to spend with people. The registered manager told us staff, "Spend time, talk with people and listening we make a difference every minute of every day" to people. Staff spoken with told us they worked as part of a team which included the management team and felt valued in their roles. Staff told us they were happy in their work and knew what was expected of them. One staff member told us, "I'm always encouraged to better myself." Another staff member said, "Patient care is brilliant here, we work together as a team and doctors ask me for advice about people's care. You can always come to the managers. If I came to the hospice I know I would be quite safe, happy and well looked after." A further staff member told us, "If I was ill I would want to be looked after here."

Without exception all staff spoken with told us they felt supported in their roles. Staff told us there were different arrangements in place where they were able to gain support to do their work. One staff member confirmed they could access clinical supervision to support them within their nursing role where they were able to reflect upon their practice. However, they also said there were times when staff needed support due to the emotional nature of the end of life care they provided to people. They told us, "Very emotive job, sometimes we need five minutes" and they believed that the registered manager and staff were supportive at these times. Another member of staff said they always felt supported by the registered manager and other staff and confirmed, "Always feel valued." A further staff member told us, "They (the nurses and managers) are very good here we are well supported. "They look after us. "When I was ill they came to see me at home I have worked in health care for thirty two years, this is the best place I have ever worked."

Staff and people who used the service were enabled to share any concerns about the care provided. All staff we spoke with were aware of their role in reporting any concerns and they told us they would report concerns in accordance with the provider's whistleblowing policy. One staff member told us, "I would follow the whistleblowing policy if I needed to and I would happily report concerns to external agencies if I needed to." The management team involved people in the development of the service. This included people who used the service and the local population. Feedback was gained from people in a variety of ways which included patient care reviews and satisfaction questionnaires and service development consultations. We saw the recent feedback was very positive and this was shared with staff to extend best practice across the services people received and one member of staff told us this helped to promote good staff morale.

Information following investigations were used to aid learning and drive quality across the services people

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received. Staff spoken with told us about the daily team briefings they had and how meetings were also used as time to reflect on their own standards of practice and make suggestions. The registered manager confirmed that meetings were also utilised for reflecting on the emotional parts of the work staff did at the hospice. For example, if a person's death particularly touched a staff member in some way. One staff member explained to us, "We always have time to reflect so that we are able to improve and share good care."

We also saw an analysis of the cause, prevention and promotion of people's skin needs was used to drive through the effectiveness of the care and treatment people received. In the last quarterly report we saw the results showed all people's pressure ulcers were unavoidable. However, one staff member told us if there was learning for staff about their practices around the care and treatment of pressure ulcers the analysis would pick this up. Another staff member felt by reflecting on the causes of pressure ulcers they could measure how effective the care and treatment people received so that any changes in staff practices could be followed through. The registered manager told us and we saw that a wound treatment booklet had been implemented which had helped to inform staff practices in identifying the treatment required. We saw research was also used to enable staff to provide effective care and treatment, such as, the pressure ulcer prevention skin documentation which was completed daily for all people during their stay at the hospice. Staff told us this helped to monitor and review people's skin care needs.

The leadership team and staff worked in partnership with key organisations to support people both whilst they were staying at the hospice and living in the community or other health and social care settings. One staff member told us they worked very closely with community nurses and district nurses who were invited into the hospice to talk through people's on-going needs and plans to meet these. We also saw the registered manager and staff worked in partnership with other commissioners of services to participate in project work and research with the aim of improving the quality of care people received. For example, dedicated staff were identified to help improve dementia care and end of life care for people living in care homes locally. This project included enabling care home staff to use evidence based tools to help people with their pain management and to develop end of life care plans which are personalised to each person's needs. The registered manager told us, "We go out to people so they don't have to move to receive end of life care."

The registered manager showed they were passionate about people experiencing high quality hospice care and told us people were at the heart of what they were striving to achieve. They told and showed us they had developed a culture for all staff to have a desire to continually improve their practices. For example, an awards scheme had been developed which acknowledged staff for their excellent work and staff attended a ceremony to collect their certificates. The registered manager talked passionately about how staff made a difference to people's end of life care. They told us, "I am immensely proud as i sit here. Good staff, striving to develop and grow. They also said how staff were encouraged to bring their suggestions and ideas of how to enhance people's care. For example, one staff member had spoken with them about providing acupuncture and this was an idea the registered manager was considering. Staff showed they shared the registered manager's enthusiasm and compassion. They talked with us about how they went the extra mile so that people's wishes could be met as their neared the end of their lives. One example that was shared with us was about how a staff member had been imaginative when a person wanted to experience a special teatime at a well-known hotel. However, this person was unable to travel due to being poorly but the staff member contacted the hotel and they sent some items to create a special memory for the person. Although the person died before they were able to see these items they were thoughtfully passed to their family as a keepsake.

Effective quality checks were undertaken to drive continuous improvement for the benefit of people who used the service and staff. Checks were used to review and measure the performance of the hospice services people received and included care and clinical treatment. The audit checks were seen by all the management team, staff and reported to the board of trustees. Quarterly checks were also sent to the Care Quality Commission which showed where there were any areas of concern these had been identified and action plans were put in place where needed so that the quality of care was not compromised. We saw any actions to be undertaken were followed through to see how effective they had been. For example,

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staff had improved their practices around wound care documentation following the last quality check. Staff received praise around their work in this aspect of people's care.

The management team spoke with us and showed us how they used and was part of research and different pilot studies to help make sure they continually sought ways to improve. This included staff being part of a pilot to focus upon the aspects of hydration at the end of people lives and the achievability of this in a person's last few days of life. Another example was a research study by Kings University College London to look at the outcome measures of people's symptoms improving or being managed by using a tool to define this work. The research was used to help raise staff awareness and their own learning around different aspects of hospice care which in turn helped to promote the individual needs of people who used the service.