

# St Luke's Kenton Grange Hospice Harrow and Brent

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## Inspection Report

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# Summary of findings

## Overall summary

St Luke's Hospice Kenton Grange provides care to the people of Harrow and Brent who have illnesses that are no longer curable. On the day we visited six people were using the in-patient hospice service. We saw this had 12 beds, six are single rooms with a toilet and hand basin; one four bedded bay with a shared toilet and hand basin but which is used as single sex accommodation only; a two-bedded bay with toilet, hand basin and shower. There are additional shower and bath facilities within the ward area.

The Hospice also offers a day service where people can be supported in a safe and uplifting environment, this is open every day with a different emphasis daily to meet different people's needs. Nurses, doctors and a social worker are available each day.

We spoke with three people who were using the hospice and three relatives during our inspection. Overall, people praised the hospice, comments included "It's a lovely atmosphere here," "the staff make me feel safe," and "it's very peaceful here and welcoming." Most people we spoke with told us that the hospice provided everything they and their relatives needed.

All the people and relatives we spoke with felt safe at the hospice and said the staff listened to them and responded quickly to their changing needs. They were involved in planning their own care and staff were aware of people's likes and dislikes and their cultural and religious needs.

We saw that people's important documents were kept up to date and they, as well as friends and relatives (if requested by the person), were involved in making decisions. We saw that people had the support of professionals and others when making difficult choices.

People said that staff were knowledgeable, kind, caring and approachable. People were able to quickly access doctors and other professionals such as physiotherapy and counselling services.

People had access to range of activities. They said they enjoyed having a massage or attending music or art therapy, we saw that relatives were also offered relaxing treatments.

We saw that the hospice had areas where people and their families could have privacy. People's rooms had access to a garden and a private patio area. Their beds could be taken outside on to this if they wished. Families and friends were able to stay overnight either in the same room as their relatives or in a separate room for family and friends.

We saw that people had well-co-ordinated care when they moved from different services. The hospice had good relationships with other services, such as the Clinical Nurse Specialist (CNS) based at the local hospitals, which ensured people received effective care and support.

People had their comments and complaints listened to and acted on. There was an effective complaints system in use in the hospice. We saw that complaints were reviewed by the manager, the senior leadership team and well as the board of trustees.

The hospice promoted a positive culture that was person-centred, open inclusive and empowering. People spoke positively about the approach of staff and managers. Staff we spoke with were aware of their roles and responsibilities. There was a consistency between what the managers, staff and board of trustees said were the key challenges, achievements and risks at the hospice.

The hospice had a registered manager who had the day to day support of the Chief Executive Officer (CEO) and an active board of trustees. They demonstrated good leadership of the hospice and it was evident that the manager was well known to the staff.

We looked at the prescribing of medicines, medicines storage and supplies and administration systems for medicines. We saw medication was kept securely. However, we could not be assured of safe practice with recording of prescriptions and prescribing of some medicines which could have led to medication being administered incorrectly.

# Summary of findings

We saw medicines were being kept securely and only accessible to staff authorised to handle medicines. Medicines were being kept in a locked drug trolley or in a locked treatment room. Controlled drugs were being appropriately stored.

However, we could not be assured of safe practice in the recording of prescriptions for controlled drugs and other prescriptions that were being used at the hospice. We saw that these were not being recorded in a way that that would assure that they were being used appropriate.

When syringe drivers were being prescribed, (these are used to give medication continuously under the skin, often used for managing people's pain) the prescription did not specify how long the medicines should be administered over. This could lead to medicines being administered over an incorrect time period and puts people at risk of receiving too much or too little medicine.

These problems were evidence of a breach of a health and social care regulation. You can see what action we have asked the provider to take at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Medicines were being kept securely and only accessible to staff authorised to handle medicines. However, we could not be assured of people's medicine always being managed so they received them safely. For example, we saw when syringe drivers (these are used to give medication continuously under the skin, often used for managing people's pain) were being prescribed. The prescription did not specify how long the medicines should be administered over. This could lead to medicines being administered over an incorrect time period and puts people at risk of receiving too much or too little medicine.

People were protected from bullying, harassment, avoidable harm, abuse and breaches of their human rights. People told us they felt safe and had complete confidence and trust in the staff to keep them safe. The hospice had systems in place to protect people and all staff were aware of these and had received training to ensure they understood the Mental Capacity Act 2005 and deprivation of Liberty Safeguards (DoLS).

Risks to individuals were managed so that people were protected and their freedom was supported and respected. There were systems in place to identify, assess and manage risks to people's health, safety and welfare of people who used the hospice as well as those visiting.

### **Are services effective?**

People received a comprehensive assessments and care was planned and delivered in line with individual care plans. People, families and friends (if agreed by the person) were involved in all decisions, for example frequent meetings with doctors and other professional involved in their care and treatment.

People's end of life needs were met, people, families and friends said, staff understood what they were going through and supported them to make decisions and plans. People told us they had access to specialist services and professional should they need them. Those who were able understood the medication they were taking and possible side effects and benefits.

People's individual needs and their privacy and dignity were enhanced by the adaptations, design and decoration of the

# Summary of findings

residential hospice. People told us the hospice was welcoming and peaceful and allowed all their needs to be met in a dignified way. Facilities were available should families and friends wish to stay over night.

People were protected from the risks associated with nutrition and hydration. People were asked about their likes and dislikes in relation to food and drink. Kitchen staff were available and flexible in preparing food that people liked. Relatives were able to eat at the hospice with their relatives and friends, we saw a choice of drinks frequently being made available to people and their visitors during our inspection. Staff were available to support people to eat and drink.

## **Are services caring?**

People told us they were treated with kindness and compassion and their dignity was respected by all staff they had met during their time at the hospice. We saw that staff had taken time to get to know people their relatives and friends this ensured peoples individual needs were known and met.

People's privacy and dignity was respected and promoted, we saw that staff gave people and families privacy when needed and treated everyone with dignity and respect. We saw information was recorded on people's records so staff were aware of personal choices such as requesting a female for personal care. Staff had undertaken training in privacy and dignity.

People were listened to and made to feel they matter, staff ensured they got to know people and their relatives. Staff had the flexibility to spend more time to support people who had no relatives or friends who could visit them. Staff made sure they knew about what was important to people and reflected this in the care they provided. People spoke positively about the caring staff who listen to them.

People were assured they received consistent co-ordinated, person centred care, when moving between services. Staff told us that if people needed equipment in their own home this was arranged so they were in place before the persons discharge. Staff told us that if equipment was not in place, discharge would not happen until they were satisfied the home environment was suitable. We saw that the residential hospice worked closely with the day and community services and this assured care was seamless between these services. People told us that they had met with day and community services before their discharge.

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## **Are services responsive to people's needs?**

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. We saw that people received personalised care that as responsive to their needs and preferences.

People and their relatives had access to activities that they said were appropriate for their current needs. People told us they had access to professionals to support them to think about and start to plan for their end of life wishes. However three of the Do Not Actively Resuscitate (DNAR) we reviewed had not been fully completed, to show that people and relatives had been involved in decision making.

People were confident that their concerns and complaints would be listened to and acted on. People said they would feel comfortable talking to staff if they had any concerns. We saw there was an effective complaints system in place at the hospice.

## **Are services well-led?**

The hospice promoted a positive culture that was centred on the individual, open, inclusive and empowering. People spoke positively about the approach of the staff. Staff were supported to discuss and question practice in different forums which included meetings with the board of trustees. We saw there were safe and effective systems in place to raise concerns and whistle-blow.

We saw the hospice learnt from mistakes, incidents and complaints. Investigations, where needed were thorough. The managers of the hospice were made aware of investigations by the manager on a regular basis.

The hospice ensured there were sufficient numbers of suitable staff to meet people's needs. We saw the hospice never used agency staff and had their own small bank of highly trained staff to meet people's end of life care. The management team had systems in place to review staffing and recruit further staff where needed.

Staff demonstrated good management and leadership, and were aware of their roles and responsibilities. There was consistency between what managers and staff said were the key challenges, achievements, concerns and risks at the hospice. The hospice promoted a positive culture that was centred on the individuals, open, inclusive and empowering. People spoke highly of skilled staff at the hospice, who met all their changing needs.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with three people who were using the hospice and three relatives during our inspection. Overall, people praised the hospice. Comments included “It’s a lovely atmosphere here,” and “the staff make me feel safe” and “it’s very peaceful here and welcoming.” Most people told us that the hospice provided everything they and their loved ones needed.

People told us they felt safe using the hospice. Comments included, “I was scared, but not anymore, the staff made me feel safe” and “as a relative I feel completely comfortable to leave my partner here as I know she will be safe.”

All the people we spoke with felt that there were enough staff to meet their needs, people said, “staff here are quick off the mark if anything changes” and “there always seems to be enough staff around.”

People and relatives had been included in planning and reviewing their care needs. People told us, “I feel very involved in my care planning, staff make sure that I understand what is happening,” and “as carers we have been involved in care planning and the care is reviewed regularly.”

Everyone we spoke with said staff understood all their needs, they told us, “staff listen to what I have to say,” “I feel that staff understand what I’m going through,” and “the staff treat me with dignity and respect, I have spoken about my goals and what is important to me.”

Some people told us they had access to activities the hospice provided, one person told us “I go to the day services and do art, I attended this when I was at home.” However, other people and relatives were unaware that activities were available for them to access.

People commented positively on the environment of the hospice, comments included, “it’s a lovely atmosphere here”, “I can visit and stay over anytime” and “you’re made to feel very welcome here, I feel that I belong, bit like a family.”

Everyone we spoke with said that staff were kind and caring people said, “the staff here are amazing”, “I cannot fault the staff they are perfect. I couldn’t imagine any better” and “the staff are very caring and professional, which has made it easier for us.” Another person said, “I think that all the sick people should get the kind of care my father is getting here.”

People said that the hospice was well-led, comments include “it seems well organised here,” “staff are always happy in their work” and “staff all seem to get on with each other and seem well supported.” Another person said, “the hospice runs smoothly and I think that most of the staff have the appropriate training.”

# St Luke's Hospice Kenton Grange Hospice Harrow and Brent

## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before the inspection we reviewed the information we held about the hospice. At the last inspection in June 2013, they were compliant in the areas we reviewed, which were, consent, care and welfare, nutrition, cleanliness, supporting workers and records.

We announced this inspection to the manager one day in advance of our visit. This was to ensure the manager would be present and allowed her time to inform people who used the hospice as well as their relatives and friends of the planned inspection.

We visited on the 08 April 2014. The inspection team consisted of a lead inspector, pharmacist, inspector and an expert by experience who had experience of hospice services.

On the day we visited, we spoke with three people who were at the hospice, three relatives, six staff members and two volunteers. We also met with the manager, Chief Executive Officer (CEO) and three members of the board of trustees. We observed the care given to people throughout the hospice. We spent time looking at people's care records, medication records and records relating to the management of the hospice.

Following our visit we spoke with a social worker and a family support worker. We asked the manager some further questions and reviewed the records the manager had given us during the inspection.



# Are services safe?

## Our findings

People told us they felt safe however, some medicines were not been kept, recorded and dispensed safely. The health and welfare of people may be have been at risk.

During this inspection we looked at whether people were able to manage their own medication at the hospice. We were told by the registered manager currently the hospice did not assess people's individual needs in relation to their medicines. This meant people were not given the opportunity to self-administer their own medicines if they wanted too. The registered manager told us that each room had a locked drawer which may allow people to self-administer; however she planned to review how the hospice could allow people more choice in managing their own medication in the near future.

We looked at how people's medication was managed. We could not be assured of safe practice due to the numbers of the Controlled drug prescriptions and prescriptions were not being recorded in a way that it could be ensured that they were being used appropriately.

Staff monitored the drugs refrigerator daily to ensure that medicines were stored at the correct temperature. However, records showed that the maximum temperature had been out of the safe range for the last month and there was no record of any action being taken. The provider could not be assured that the medicines stored in the refrigerator were fit for use.

Medicines were being kept securely and only accessible to staff authorised to handle medicines. Medicines were being kept in a locked drug trolley or in a locked treatment room. Controlled drugs were being appropriately stored. The hospice was reviewing the management of controlled drug to clarify the process as they felt the current recording of some controlled drugs could be improved.

When syringe drivers were being prescribed, the prescription did not specify how long the medicines should be administered over. Nursing staff who were administering the medicines in the syringe driver were assuming that it was to be given over 24 hours. We looked at the syringe driver policy, which was dated for review in October 2012, and saw that it did not clarify this point. This could lead to medicines being administered over an incorrect time period and puts people at risk of receiving too much or too little medicine.

While reviewing records we saw, administration of a topical medicine had not been recorded accurately. During handover it was discussed that the cream had been applied that morning but the prescription chart had not been signed. For a medicine that is administered as a patch, no record of the site of application was being used. This medicine must not be applied to the same area within 3 weeks.

During the inspection we looked at the management of medication incidents and saw that they were being recorded and that there was a system in place for effective review. The staff had highlighted the need to review controlled drugs and normal prescriptions as well as use of peoples own medication. We saw that staff competencies with regard to medicines were being recorded on a database but some of the records were not up to date. This meant that managers did not have an accurate record system to ensure that staff had completed the right competencies for their role. This meant there had been a breach of the relevant regulations (Regulation 13).

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards and to report on what we find. Staff told us they had frequent training provided by the social work team based at the hospice and understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were able to describe signs of abuse and who they would report this to, all were aware of the local safeguarding team. We spoke with the social worker who provided the training and she was aware of new guidance for DoLS and said she would be planning training soon to ensure all staff were up to date.

People told us they felt safe and had complete confidence and trust in the staff to keep them safe. The people we spoke with said, "it's definitely safe here" and "I feel completely safe here." We saw the hospice had systems in place to protect people, such as comprehensive risk assessments, that included falls assessments and behaviour changes; these were reviewed frequently and discussed at the nurse's handover of care each day.

There were systems in place to identify, assess and manage risk to health, safety and welfare of people who used the hospice as well as those visiting. Staff we spoke to said they encouraged people to make informed choices, one staff member explained, "you tell people all the facts and allow them time to think and ask questions, we would always encourage families and friends to be involved. We will

## Are services safe?

explain the safest option, but people have the final decision and we will always support them.” This was confirmed by people, one person said, “staff listen to what I have to say.” Another person said, “staff listen to our point of view.” The manager told us that when people had increased needs such as dementia she would increase her staff numbers to allow one to one support. This allowed staff to be available for the person with extra needs and would ensure other peoples care was not disrupted.

We saw how accidents and incidents were reported. The registered manager explained how these were reviewed in

team meetings. She looked for all the reasons the incident / accident may have occurred and if needed offered training to staff. We saw that all incidents and accidents were reviewed at weekly senior nurse meetings and where appropriate the CEO and trustees were informed. Staff told us that when an accident or incident had occurred such as a pressure sore this would be discussed in team meetings. These ensured lessons were learnt in order to keep people safe.

# Are services effective?

(for example, treatment is effective)

## Our findings

People said they received the care and support they needed. We saw people received a comprehensive assessment on admission to the hospice. Records showed that, the doctor and nurse had gathered important information from the person, their relatives and friends. This ensured care plans reflected people's individual needs, choices and preferences. Relatives and friends needs were also taken into account during these assessments. We reviewed documents in peoples care records and spoke with community staff these records showed that people moved between services smoothly, this was confirmed by one person who said, "the community nurses were at meeting before I was due to go home, so they know all about my needs."

The doctor told us and we reviewed records which showed that a doctor was available each day and people we spoke with were aware that twice weekly multi-disciplinary meetings (which could include doctors, nurses, social workers and community teams) took place to discuss their on-going needs. People and their relatives were encouraged to take part in these meetings.

People confirmed they were involved in their care. One person said, "I filled out a form that covered my likes and dislikes" and another person said, "I have spoken to the staff about my goals and what's important to me." People told us that staff kept relatives and friends who were unable to attend meetings up to date. One person said, "the staff regularly phone my wife to keep her informed as to what is happening." We saw that people were able to access other professionals such as physiotherapist and social workers who provided, emotional and psychological support as well as help with benefits and liaising with other agencies.

People's end of life needs were met. People, families and friends said, staff understood what they were going through and supported them to make decisions and plans. People told us they had access to specialist services and professionals should they need them. One person told us they saw a counsellor and another said they had been

offered counselling and said "she is wonderful." The social work team told us the type of work they can do with people if they wish, such as supporting younger adults to prepare 'memory boxes' to leave for their children.

People said they were confident discussing their health needs with the staff as they said they were all professional and knowledgeable. People told us that they were well supported when moving between services.

People told us their discharge plans were communicated with them and that staff ensured all equipment and support was in place before discharge. One person confirmed this, "I'm going home soon and the staff have organised everything for me."

People told us the hospice was welcoming and peaceful and allowed all their needs to be met in a dignified way. Facilities were available should families and friends wish to stay overnight. A member of staff explained how they would ensure the relative or friend, was comfortable and warm enough if they were to stay overnight. The registered manager told us they were looking at the environment of the whole hospice; rooms and corridors were due to be painted and new art work hung throughout the hospice.

We were told that people were asked about their likes and dislikes in relation to food and drink, one person confirmed this, "the staff know what I like as I told them and they wrote it down." Kitchen staff were available and flexible in preparing food that people liked and in line with people's religious needs. We saw the staff had access to the unit's kitchen day and night. Kitchen staff filled the fridge with a variety of food for people to use after the main kitchen had closed. We were told by staff that relatives could bring food for their relatives if they wished. Relatives told us they were able to eat at the hospice with their relatives.

We saw that people and their visitors were frequently offered a choice of drinks and snacks during our inspection. One person told us, "drinks are offered all the time and the food is really nice." Staff told us they assessed people's risk of dehydration constantly and we saw this was recorded in people's records. Staff knew which people needed support with hydration and how they had chosen for this to occur.

We saw there were enough staff available to support people to eat and drink.

# Are services caring?

## Our findings

People told us they were treated with kindness and compassion and their dignity was respected by all the staff they had met during their time at the hospice. One relative said, "I think that all sick people should get the kind of care my relative is getting here." We saw that staff had taken time to get to know people and their loved ones and this ensured people's individual needs were known and met. Staff we spoke with were able to tell us about the people they were caring for. People's likes and dislikes were known. For example, staff had spent time with a person, to understand their views about how their care should be provided. In line with their wishes, it was planned that they received assistance from male only care staff. We confirmed that the person's care was delivered in line with this plan.

We saw that handovers between staff shifts included important personal information being passed on, such as family involvement, language and religious needs, preferences for male or female care staff and future plans such as discharge plans or treatment booked. When we talked to staff they were able to tell us important information about the people they were caring for. This meant people received consistent care.

People's privacy and dignity was respected and promoted, we saw that staff gave people and families privacy when needed and treated everyone with dignity and respect. We saw important information was recorded on people's records, such as their religious needs and significant people who were to be contacted in an emergency.

Staff had undertaken training in privacy and dignity. They were able to explain how they would ensure people's privacy and dignity by for example, if appropriate asking relatives and friends to leave the room while care was being provided. Staff we observed talked to people and their relatives in a kind and supportive manner. They reassured people and relatives when they were upset, in pain or uncomfortable. Staff said they got to know people and their relatives. They told us there was flexibility in their work arrangements which enabled them to spend time supporting people who had no relatives who could visit them. Staff made sure they knew about what was

important to people and reflected this in the care they provided. People spoke positively about the caring staff who listened to them. One person told us, "staff here are amazing, I cannot fault them they are perfect I cannot imagine any better."

People were assured they received consistent co-ordinated care, centred on their individual needs, when moving between services. Staff told us that if people needed equipment in their own home this was arranged so it was in place before the person's discharge. Staff told us people were not discharged until they were satisfied their home environment was suitable. We saw that the residential hospice worked closely with the day and community services and this assured care was seamless between these services. People told us that they had met with day and community services before their discharge. We saw discharge was discussed at hand over of care and recorded in people's care files, this ensured everyone involved was up to date with people's discharge plans.

People told us they had access to professionals to support them to think about and start to plan for their end of life wishes. The social work team at the hospice told us they met with every person who accessed the hospice and their families this allowed them to get to know people well and support them. People and relatives told us that staff listened to their concerns and anxieties about their future care needs and felt confident that staff had the skills and knowledge to support them. One person told us, "I was worried about being in pain, but the doctors and nurses reassured me they would monitor my pain and make sure I was comfortable."

All the people and relatives we spoke with felt confident that the doctors and nurse were managing their pain. One person said, "the doctor and the nurse check to make sure I'm not in pain and that the machine I have to stop the pain is working correctly." Another relative said, "the doctors and nurses, have explained about the pain killers my relative needs and they explained all the side effects and benefits, this has made me feel in control." Nurses discussed people's pain during hand over of care as well as people having pain assessments which were recorded in care records. This ensured that people were being closely monitored to ensure they were as pain free as possible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. People told us they had access to professionals to support them to think about and start to plan for their end of life wishes. Staff we spoke with were fully aware of people's choices and end of life plans. They were able to explain the importance of people's spiritual needs, should they have them. We saw the hospice had contact with many religious representatives and staff had up to date training to understand different religious needs in relation to end of life care. We saw that people's religious needs were discussed at handover of care as well as being documented. Staff told us people their relatives and friends had access to emotional support from the nurses, social workers and counsellors, before, during and after the death of a loved one. Everyone we spoke with on the day of the inspection said staff had explained their illness and plans for their care and they fully understood what was going to happen.

Staff we spoke with understood the importance of ensuring people had the mental capacity to make decisions. They explained that if people did not have capacity, they would be assessed under the Mental Capacity Act 2005. This would mean involving people, their relatives if appropriate or advocates as well as professionals to ensure decisions made are in the person best interest.

We reviewed people's care records and looked at Do Not Actively Resuscitate (DNAR) orders. Of the three we reviewed only one of the DNAR orders had been fully complete the others were blank in the boxes where the doctor should record the communication they have had with the person or relative. The Resuscitation Councils UK guidelines states "Ensuring that all relevant aspects of these decisions are recorded and communicated with others effectively." We discussed this with the registered manager, who said she would review this with the doctors who completed the orders. This would ensure that people and their relatives would be fully involved in the completing of these important orders in the future.

People and their relatives had access to activities that they said were appropriate for their current needs. We saw that massage was available both to people and their relatives. Staff told us if they thought a family member would benefit from some relaxing treatments they would be offered. Staff said, "we look after family and friends so they can look after their loved ones." Other activities available were art and music, we talked to one person who had attended an art class, and they told us they had attended this when they were in the community. The hospice had recently introduced therapy pets, we were told by staff people had responded positively to this.

Some people we spoke with said they were unaware activities were available. The nurse explained and showed us that in each room a booklet was available that would tell people what activities were available each day, as well as staff informing people on the day. The manager was also aware that not everyone was aware of activities and she told us they were currently looking at ways of ensuring more people were aware of activities available and had plans to have a notice board that would detail all the available activities and times.

We saw relatives and friends were made to feel welcome in the hospice and could stay overnight if they wished. We saw that if people were sharing a room, other rooms were available for family and friends to have some quiet time together should they require this.

People had their concerns and complaints listened to and acted on. However, people we spoke with told us "I'm unsure how to complain, but I do not think I would need to make a complaint as the care was so good." People said "they would feel comfortable talking to staff about any concerns or complaint." Staff we spoke with were aware of how to support someone if they wished to complain and were aware of the hospices complaints policy. We saw advice on how to complain was available in each room as well as on the back of all the hospice's leaflets. This ensured people had access to an effective complaints system in place at the hospice.



# Are services well-led?

## Our findings

The hospice promoted a positive culture that was centred on the individual, open, inclusive and empowering. People spoke positively about the approach of the staff. Staff were supported to discuss and question practice in different forums such as supervision, team meetings as well as meetings with the board of trustees. We saw there were safe and effective systems in place to raise concerns and whistle-blow. All the staff we spoke with were aware of the whistle-blowing policy and knew what to do should they have any concerns.

During our inspection we spoke with three trustees of the hospice. They said they worked closely with staff to promote an open culture. We saw they had recently visited the hospice and spoken with staff to see if changes had occurred in staff moral since the change in upper management (registered manager and CEO) over the past six months and had completed a report on their findings. We reviewed the report which showed staff had confidence in the new Chief Executive Officer, registered manger and moral and communication across the whole hospice had improved since changes in senior management. We saw that the trustees had a list of recommendations from this visit which were being actioned as well as future visits planned to ensure they continued to support the hospices vision for the future.

The registered manager completed regular audits, we reviewed a recent medication audit, the manager told us they had completed this audit as they were aware that areas of medication management could be improved, such as controlled drugs and recording of normal prescriptions. They were currently reviewing the best options for the hospice to ensure the service they received was responsive to peoples changing needs and safe.

Staff told us “communication between management and staff had improved 100% since changes in senior management and commented that the registered manager and the lead nurse worked as a team and always gave the same message to staff.” They also said that “management treated staff with respect and listened to their ideas and they felt involved with the future plans of the hospice.”

We saw that regular surveys were completed by the hospice we reviewed five of the recent surveys which had been completed after events at the hospice such as the

celebration of life and bereavement support services. Compliments and comments were welcomed and recorded by the hospice. People were delighted with the service they had received. One person said, “I cannot thank you all enough for the support I received.”

The hospice learnt from mistakes, incidents and complaints. Investigations, where needed were thorough. The CEO and board of trustees were made aware of investigations by the manager on a regular basis. Staff told us that they had options to raise concerns, which they had done in the past and they said they were listened too. We saw that complaints and complements were documented and fed back to staff, to reflect on what went well and areas the staff or the provider could improve.

The hospice ensured there were sufficient numbers of suitable staff to meet people’s needs. The hospice never used agency staff and had their own small bank of highly trained staff to meet people’s needs. The management team had systems in place to review staffing levels and recruit further staff where needed. The manager told us they were currently advertising for more qualified staff.

We saw the hospice offered learning opportunities to student nurses and doctors who were doing GP training. This allowed them to gain hands on training, experience and an understanding of end of life care. Staff who worked at the hospice told us by having student nurses and doctors, enabled them to share their skills and knowledge and ensured that best practice occurred within the service. We spoke with a doctor who told us that the experience she had gained at the hospice would be invaluable when she became a GP. This showed the hospice was promoting a positive learning environment which would be reflected in the care provided to people.

Staff demonstrated good management and leadership, and were aware of their roles and responsibilities. There was consistency between what managers and staff said were the key challenges, achievements, concerns and risks at the hospice. The hospice promoted a positive culture that was centred on the individual, open, inclusive and empowering. People spoke highly of the skilled staff who worked at the hospice, one person said, “the staff are highly trained.” Staff we spoke with fully understood what was expected of them and the roles they had at the hospice. All staff told us they worked as a team, learning and improving the hospice together. We saw the staff team had monthly

## Are services well-led?

communication meetings and that the minutes for these meeting were made available for all staff. Staff told us these meeting were very helpful to understand what was happening in the whole of the hospice.