

## Harlington Hospice Association Limited

# Harlington Hospice

### Inspection report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always control infection risk well.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.

We rated this service as good because it was effective, caring, responsive, and well led although safe requires improvement.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Hospice services for adults

### Rating

Good



### Summary of each main service

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- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always control infection risk well.

# Summary of findings

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.

We rated this service as good because it was effective, caring, responsive, and well led although safe requires improvement.

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# Summary of findings

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# Summary of this inspection

## Background to Harlington Hospice

Harlington Hospice is operated by Harlington Hospice Association Limited. Harlington Hospice is a community hospice working throughout the London Borough of Hillingdon. The hospice is situated in a refurbished Victorian detached house and provides a range of facilities including a purpose-built day centre and bespoke treatment rooms. The ground floor has 4 treatment and 2 counselling rooms, the first floor is offices. There is also a second building which is the wellbeing centre.

The hospice provides a lymphoedema therapy service, a wellbeing service, and counselling services providing support to patients and their families. Lymphoedema is a chronic condition that causes swelling in the body due to an accumulation of fluid in body tissues. The hospice does not have any inpatient beds, hospice at home, or community care services.

Harlington Hospice Association Limited provides other services such as an inpatient unit, hospice at home, and community care, however they are registered under another location and therefore were not included as part of this inspection please.

The service is registered for the treatment of disease, disorder or injury and has a registered manager in place to oversee this. We last inspected Harlington Hospice in November 2017, this was a follow up inspection to review progress in addressing concerns raised during the inspection undertaken in August 2017. We rated it good in all domains.

## How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. Our inspection took place on 24 November 2022 with staff interviews taking place by telephone and video conference on 01 and 12 December 2022.

The inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During the inspection, we visited the hospice's lymphoedema clinic and wellbeing centre. We spoke with staff from the hospice as well as patients and their families. We observed care and treatment, looked at patient notes, and reviewed other information and data provided by the hospice. We did not inspect the counselling services as part of this inspection as CQC does not regulate this activity. Following our inspection, we spoke with several senior staff members who were unavailable on the day of our inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The service provided by this service was hospice care for adults.

You can find information about how we carry out our inspections on our website:

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

# Summary of this inspection

## Areas for improvement

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

### **Action the service MUST take to improve:**

- The service must ensure that all premises and equipment are clean, suitable for the purpose for which they are being used, and properly maintained. This includes equipment that may be used in an emergency. **Regulation 15 (1) (a) (c) (e)**

### **Action the service SHOULD take to improve:**

- The service should ensure that prescribed medications are returned to patients or appropriately disposed of when no longer required.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Hospice services for adults

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

## Are Hospice services for adults safe?

Requires Improvement 

Our rating of safe went down. We rated it as requires improvement.

### Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included, but were not limited to, basic life support; infection prevention and control; safeguarding; disability awareness; dementia; moving and handling; equality and diversity; and preventing radicalisation.

At the time of our inspection, overall compliance with mandatory training for the various modules was 99%, which met the service's target of 85%. The lowest areas of compliance were Basic Life Support and the Mental Capacity act which both had a completion rate of 88%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

### Safeguarding

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

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff.

Staff and volunteers received training specific for their role on how to recognise and report abuse. Training records showed that 100% of all staff were trained in safeguarding adults and children. The service had a safeguarding lead who was trained to Level 3 alongside senior managers. Staff kept up to date with their safeguarding training. There was a system to alert managers and staff when they needed to update or refresh their training.

# Hospice services for adults

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. They could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff said they felt confident to raise issues with the senior management team. They knew when they should make referrals to the local authority.

## Cleanliness, infection control and hygiene

**The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep equipment and the premises visibly clean.**

The lymphoedema clinic was not always clean and tidy. Equipment including treatment tables, treatment chairs, and dressing trolleys were dusty and visibly dirty, with one treatment table having cobwebs underneath. Two trolleys used to hold equipment had visible rust. This meant that there was a risk that dirty equipment could be used when delivering care to patients.

The service did not have a cleaning schedule or checklist in place for the cleaning of equipment in the treatment rooms. This meant there was no assurance that the equipment had been cleaned and there was a risk that dirty equipment could be used when delivering care to patients.

Managers told us that 'I am clean' stickers should be used to indicate the equipment had been cleaned, however these were not always used meaning there was no assurance that the equipment had been cleaned.

Hand washing posters were displayed around the hospice. Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff adhering to being bare below the elbow. We saw evidence that hand hygiene audits were undertaken by the service monthly. The scores ranged from 94% to 100% compliance.

The communal and reception areas were visibly clean. The service used an outside company to clean the premises and we saw this service was regularly audited.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff managed clinical waste well.**

The service had enough suitable equipment to help them to safely care for patients. All clinical equipment had been suitably maintained and electrical safety testing had been completed. However, the premises were not always well maintained.

The ceiling in one treatment room had a water leak. Staff told us this had only recently started leaking. The room was in use on the day of the inspection and there was a mobile patient trolley underneath this part of the ceiling, meaning patients could be at risk of injury. On being made aware of this by the inspectors, managers decommissioned the room so that it could not be used.

Not all sinks had mixer taps in place and water from the hot taps was found to be scalding. There were no notices above the taps warning people of this. This meant that patients and staff were at risk of injury from burns. Managers told us the increase in water temperature was due to a recent increase in the building's heating due to cold weather. Since the inspection the provider has added 'caution hot water' stickers to warn people of the hot water temperatures.

# Hospice services for adults

Staff managed clinical waste well. Waste was appropriately disposed of in line with the organisation's policy. Disposal of all waste was monitored by the organisation, and audits showed staff were compliant with their waste disposal policies and procedures.

The management of control of substances hazardous to health (COSHH) standards within the organisation was in line with best practice. The equipment was locked away and stored appropriately. Storerooms were clean and clear of clutter.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient attending the lymphoedema clinic. These included infection prevention and control, mobility, skin integrity, and safeguarding. Assessments were completed prior to the patients first appointment and updated at each appointment they attended.

The services provided by this location were a lymphoedema clinic and a wellbeing service for patients who were not acutely unwell. Staff did not take routine observations of vital signs for standard appointments but were aware what to do if a patient became unwell.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a safe and effective escalation process for deteriorating or seriously ill patients. All staff knew what to do in the event of an emergency.

The service had emergency equipment available including an automated defibrillator. The service had a weekly checklist in place to indicate that emergency equipment had been checked, maintained, and was ready for use in the event of an emergency. However, the single use CPR pocket mask had expired on the 1 November 2022 meaning that in an emergency it may not be fit for purpose, and we could not be assured that the equipment was being checked correctly.

## Nurse Staffing

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

The service had enough nursing staff to keep patients safe. The service employed three lymphoedema nurse specialists. The nurses worked across both the Harlington Hospice site and the hospice's inpatient unit. Managers could adjust the staffing levels according to the number of patients needing to attend the lymphoedema clinic. The service had no vacancy rates, and low staff turnover rates.

The service did not use agency nurses. The nurses were able to cover each other's clinics in times of sickness or leave.

## Medical staffing

**The service did not employ any medical staff.**

## Records

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

# Hospice services for adults

Patient notes were comprehensive, and all staff could access them easily. Patient notes were electronic and could be accessed from either Harlington hospice or their sister site. This meant there was no delay in accessing notes or treatment plans when needed.

The patient notes we reviewed were clear, concise, and contained appropriate risk assessments. Communications with other members of the multidisciplinary team such as GPs were well documented.

Records were stored securely. We observed that all computers were locked when not in use. This meant patient records were kept secure and confidential.

## Medicines

### **The service used systems and processes to safely administer medications.**

The only medications used by the service were specialist bandages. These were prescribed for the individual patient by their GP on the advice of the specialist nurse. Patients bought the bandages with them to the clinic. The service did not provide the prescriptions or dispense any medications. Staff told us they would check the prescription against the prescribed bandage prior to applying the bandage to the patient.

We saw a bandage that had been prescribed for a patient in 2021 on a shelf in the locked storeroom. This meant that the patient's own prescription had not been returned to them and the bandage could be used for a patient that it was not prescribed for.

## Incidents

### **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

The service had not reported any serious incidents in the 12 months prior to our inspection, however, staff knew what incidents to report and could describe the process for reporting incidents. All staff we spoke with were clear about their duty to report incidents and knew how to do so using the reporting system.

Staff understood the duty of candour. They could give examples of when they had been or would be open and transparent. They were also aware of when they would give patients and families a full explanation when things went wrong.

Managers described the process used to investigate incidents thoroughly, including the involvement of patients and their families in these investigations. The service had a clear process for reporting and investigating incidents. When necessary, incident review meetings would be held to explore all actions taken following an incident to avoid similar incidents occurring.

## Are Hospice services for adults effective?

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

# Hospice services for adults

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured that guidelines and local policies were available for staff to access easily.

The lymphoedema nurses were members of the British Lymphology Society (BLS). This is a charity run service which produces guidelines and policies that are adhered to as best practice. Their guidance was used by staff in their lymphoedema clinics.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff we spoke with were able to describe the process to follow if they had concerns about a patient's mental health.

Staff routinely referred to the psychological and emotional needs of patients, their relatives and carers, and shared information with the wider multidisciplinary team as necessary including GPs, hospital consultants, the inpatient unit, and community care.

## Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during their appointments.**

Patients' nutrition and hydration needs were considered and there were arrangements, such as fresh water, hot drinks, and biscuits, which could be given to the patient if required. Appointments were planned so that patients could arrange these around their dietary needs if required. Staff considered the needs of individual patients taking into consideration any special dietary requirements.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and ensured that pain relief was prescribed. They supported those unable to communicate using suitable assessment tools.**

Staff assessed patients' pain using a recognised tool. The service did not prescribe or administer pain relief; however, they would contact the patient's GP if pain relief was required. Staff encouraged patients to take their own prescribed pain relief in line with individual needs and best practice.

## Patient outcomes

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

The service was registered with the British Lymphology Society. Outcomes for patients were positive, consistent and met expectations, such as national standards set by the British Lymphology Society.

The service participated in a local audit programme that included monthly, quarterly and bi-annual audits such as the environment, call bell system, emergency equipment and patient records. Managers and staff used the results to improve care and treatment. Outcomes of the audits were fed back to staff through staff meetings and emails.

# Hospice services for adults

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through constructive appraisals of their work. Staff we spoke with told us they had a recent appraisal and that they found it useful. Two members of staff had not had an appraisal for the current year, however dates had been scheduled for these to be undertaken.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they attended funded conferences and training courses relevant to their practice.

Staff told us, that managers made sure they were able to attend team meetings or had access to full notes when they could not attend.

## Multidisciplinary working

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

Although the service did not have medical staff on site, staff could access medical staff at the inpatient unit if required. Staff held regular and effective cross site multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The lymphoedema nurse specialists would regularly liaise with GPs to discuss patient's care and treatment and advise on any changes that needed to be made to their treatment plan.

Staff referred patients to the service's own psychological service when they showed signs of mental ill health, depression. The psychological service would refer patients onto mental health services if needed.

## Five-day services

**Key services were available six days a week to support timely patient care.**

The hospice was open Monday to Thursday from 8am to 6pm, and 8am to 4pm on Friday. The service did not open on the weekends. A 24-hour advice and support line specialising in lymphoedema care was provided to all users of the service.

Staff could call the cross site inpatient unit for support from doctors and other disciplines, 24 hours a day, seven days a week.

## Health promotion

**Staff gave patients practical support to help them live well.**

The service had relevant information promoting healthy lifestyles and support in all areas of the hospice including the foyer, well-being centre, and treatment rooms.

## Hospice services for adults

Staff assessed each patient's health when attending the lymphoedema clinic and provided support for any individual needs to live a healthier lifestyle.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004, and they knew who to contact for advice.

Staff made sure patients consented to treatment based on all the information available and consent was clearly recorded in the patient's records.

Staff we spoke with could describe the mental capacity act and knew how to access the policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

The service did not treat anyone who was currently deprived of their liberty under the Mental Health Act.

### Are Hospice services for adults caring?

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

### Compassionate care

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

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed staff interacting with patients in a way that enabled them time to ask questions, gain clarity and an understanding of treatment and care.

Patients said staff were very kind and caring and treated them with dignity and respect. In the lymphoedema clinic, staff would darken the room and play relaxing music while the patients underwent their hour-long treatment. Staff checked patients were comfortable, warm, and had everything they required before leaving the room.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff were able to accommodate appointments around patient's work schedules, and religious activities such as prayer times for those of Islamic faith. Staff told us they were able to seek support if they were unsure of the cultural needs of any patient.

# Hospice services for adults

## Emotional support

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

We saw staff were positive and attentive to the needs of patients at the hospice. We observed staff providing kind, thoughtful, supportive and empathetic care, support and advice. Relatives also commented on how supportive the staff were.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The service emphasised that family or a caregiver's emotional needs were equally important to that of a patient. The service put both patients and their family at the centre of their care and made sure people received the support they needed. Staff promoted support for patients as well as the needs of family or caregivers. Activities at the well-being centre were available for both patients and their families such as aromatherapy massage.

## Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff told us they had enough time to sit and talk to patients about their care and answer any questions they may have.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families told us they always had opportunities to express their views in conversations with staff and knew who to contact if required.

Staff supported patients to make informed decisions about their care. Patients and their families gave positive feedback about the way staff supported and involved them.

The hospice worked directly with a carer's support charity to help deliver their therapeutic care programme for carers, running regular wellbeing workshops and offering individual complementary therapy.

## Are Hospice services for adults responsive?

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

## Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. Managers told us they worked with system partners to find the gaps in service provision and attempted to resolve them. Clinics were provided at both this location and the service's sister location. Patients were able to choose which location to attend to reduce their requirement to travel.



# Hospice services for adults

Facilities and premises were appropriate for the services being delivered. The location had good transport links. A car park was provided for patients and their family/carers.

Managers monitored and took action to minimise missed appointments. Patients were sent a reminder text message the day prior to their appointment which contained their appointment time and which clinic they were attending.

The service had recently started a monthly 'Legs Eleven Club' for chronic lower limb oedema to see patients in a social setting. Managers told us patients could benefit from peer support, troubleshooting, garment measurement, exercise and education in a one-stop drop-in session.

## Meeting people's individual needs

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

The service was able to meet patients' individual needs and preferences. All clinics were located on the ground floor to assist patients who had limited mobility.

Staff in each of the clinics told us they liaised with other health care professionals involved in patients care and treatment. They obtained consent from the patient prior to doing this. For example, the Lymphoedema service worked closely with the District Nurses and the Tissue Viability Nurses and could arrange joint home visit assessments for housebound patients.

To improve staff knowledge and skills, staff had completed training on learning disability and autism, which included how to interact appropriately with autistic people and people who have a learning disability. This is now a national requirement for all health and social care providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had received training on the accessible information standard.

The service was able to provide information leaflets in languages spoken by the patients and local community.

## Access and flow

**Patients could access the specialist care service when they needed it. Waiting times from referral to achievement of preferred place of care were in line with good practice.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Most referrals for the lymphoedema service came from GPs. The service held weekly meetings to discuss new referrals. The service had a triage system in place and patients were accepted according to clinical priority. The service operated a waiting list however there were no patients waiting at the time of the inspection.

Managers told us their lymphoedema contract required people to be seen within 4 weeks of referral and the most people had waited is 2 weeks.

## Hospice services for adults

Wellbeing referrals were discussed at the weekly referral meeting and a key worker assigned. Managers told us that wellbeing referrals did not always have to wait for the meeting to be accepted, and contact could be made with the patient before the meetings. Managers told us patients are contacted within a week of their referral and an appointment made to see the patient at a time convenient to them.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

### Learning from complaints and concerns

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

The service had a complaints, concerns and compliments policy and procedure which was ratified by the board in June 2022 and due to be reviewed in 2025. Staff understood the policy on complaints and knew how to handle them. They understood the system and had access to the policy and procedures to guide them in managing complaints. Staff we spoke with knew how to acknowledge complaints and concerns. We saw evidence concerns were managed in line with the policy.

Patients, relatives and carers knew how to complain or raise concerns. In patient areas the service clearly displayed information about how to raise a concern. The patients and family members we spoke with told us they knew how to make a complaint or raise concerns and felt comfortable doing so.

The service had received one formal complaint in the 12 months prior to the inspection. We saw the complaint had been fully investigated and lessons learnt had been fed back to staff involved. Staff we spoke with were aware of the complaint and the learning that came from it and told us it had been shared with them in emails, team meetings, and the weekly staff update.

Staff could give examples of how they used the concerns patients or their families raised to improve daily practice. Staff were expected to report and escalate any concerns, so that they could be resolved or addressed immediately. If this was not possible the concern was discussed, and a solution was fed back. The weekly staff update included details of concerns raised and what the service had done to resolve them.

### Are Hospice services for adults well-led?

Our rating of well-led stayed the same. We rated it as good.

### Leadership

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

# Hospice services for adults

There was a clear management structure with lines of responsibility and accountability. The board of trustees had overall responsibility for overseeing the hospice's business. They delegated day to day operations to the chief executive officer.

Staff we spoke with were very positive about the leadership team and told us that managers were approachable and visible. Staff knew the different managers and their areas of responsibility. Staff said they felt supported and gave examples of when they had received support with personal circumstances. During the inspection, we observed positive interactions between staff and managers. Staff told us they felt comfortable and able to raise any concerns they had with the management team.

## Vision and Strategy

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

The service had undertaken a strategic review between July and November 2020, it was aligned with Hospice UK guidance, national strategy and the local sustainability and transformation partnership for end of life care.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with some relevant stakeholders. The vision and strategy were focused on sustainability of services and were aligned to local plans within the wider health economy.

Leaders were committed to implementing the strategy, and part of which was to work with others to meet people's needs. The service had been developing sustainable partnerships with the wider health and social care economy. The senior leadership team and the board of trustees had the experience, capacity and capability to ensure the strategy could be delivered. The service was in the process of reviewing its strategy at the time of the inspection.

Strategic objectives were supported by measurable outcomes which were reviewed bi-monthly and reported to the board through the quality and governance subcommittee meeting. The service had a monthly staff newsletter with a section dedicated to vision and strategy to ensure staff were aware of the strategy, kept up to date with its progress, and were able to be involved.

## Culture

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

Staff we spoke with felt respected, supported, and valued by their leaders. Staff reported a no bullying culture and felt able to raise any concerns or issues they may have. The service had a whistleblowing policy which was available to all staff and information on how to raise concerns was available within this document.

Patients and their families felt able to raise concerns through various means. We saw evidence of them doing this and how the service responded.

When speaking with staff it was clear that their priority was focussing on the needs of the patients they cared for. Staff were passionate about making sure the service the patient received worked well for them.

# Hospice services for adults

The service's August 2021 staff survey results demonstrated staff felt supported, listened to and asked for their ideas to improve the service. Staff could share feedback with managers during the weekly 'Feedback Friday' sessions.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed, and improvements made as required. We reviewed audits and minutes of monthly or quarterly meetings where staff discussed these and other topics. When standards fell below the provider's accepted levels, actions were taken and improvements seen. For example the equipment cleaning audit showed the service did not meet their 90% expected standard for August. An action plan was put in place and the service achieved 100% in subsequent monthly audits.

We saw all levels of governance and management function interacted with each other appropriately and effectively. The subgroups fed their main points from each of their meetings into the board meeting. We reviewed minutes of several meetings, for example, the patient safety group meeting and minutes of the quality governance subcommittee, and saw that the highest risks and concerns were raised and discussed by the service.

Staff at all levels were clear about their roles and accountabilities. The senior leadership team shared information with all staff through Feedback Fridays and 'The Big Topic' newsletter. The governance lead visited the site every two weeks to meet with staff to discuss any concerns and provide feedback to staff.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was a developing systematic programme of clinical and internal audits to monitor quality, operational and financial processes and a system to identify where action should be taken. A summary of the audit results was reported to the board via one of their subcommittees.

Arrangements for identifying, recording and managing risks, issues and mitigating actions had been devised. There was alignment between the recorded risks and what senior staff said was 'on their worry list'. We saw evidence of the risk register and each risk was given a score, the higher the score the more of a risk. We saw the risk register was up to date and each risk was reviewed, and a new score allocated that reflected the current risk.

Potential risks were considered when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. The service had a business continuity plan to manage specific risks relating to service delivery.

## Information Management

**The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

# Hospice services for adults

Information governance training formed part of the mandatory training programme for the service, and staff we spoke with were able to discuss their responsibilities in relation to information management.

The service had appointed a Caldicott Guardian who understood the Caldicott principles. Caldicott principles are fundamental rules and regulations that guide a patient's confidentiality. They are the basic rules every healthcare personnel must follow to ensure there is no breach of confidentiality.

## Engagement

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

The service engaged with patients through patient surveys. The feedback from these surveys was reviewed and themes and trends identified to improve the future service the hospice provided. Feedback was overwhelmingly positive and identified the care and support given to all patients using the hospice's services.

The hospice held events to gather feedback from the community on their experience of care in the area in partnership with other third sector and charitable organisations. For example, the hospice held meetings with a Somalia women's group who used the garden for a picnic. The hospice had funding to bring local community and groups together and reached 18 different community groups.

The hospice worked collaboratively with the local health and social care groups to deliver services needed in the area. The service also worked with the local NHS hospital to identify suitable patients for referral to the lymphoedema service. This ensured that patients received the right care in the right facility and aimed to reduce hospital admissions for people who could otherwise receive their treatment in the community.

The service actively engaged with staff, to ensure their views were reflected in the planning and delivery of services and in the shaping of the culture.

## Learning, continuous improvement and innovation

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

Leaders and staff strived for continuous learning, improvement and innovation.

The staff for the lymphoedema clinics were members of organisations for their specialities and attended relevant study days.

The wellbeing centre had recently introduced tripod movement sessions as a form of gentle exercise and relaxation for patients and carers.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  The service must ensure that all premises and equipment are clean, suitable for the purpose for which they are being used, and properly maintained. This includes equipment that may be used in an emergency. <b>Regulation 15 (1) (a) (c) (e)</b>