

Arthur Rank Hospice Charity

Alan Hudson Day Treatment Centre

Inspection report

North Cambs Hospital
The Park
Wisbech
Cambs
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Tel: 01945488052

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Alan Hudson Day Treatment Centre is a day hospice, based at the North Cambridgeshire Hospital in Wisbech, which supports people who are living with a life-limiting illness and their families. The Centre's multi-disciplinary palliative care team provides a service which includes day therapy; treatment and clinical days (including haematology and oncology work); complementary and diversional therapies; and bereavement and support services. Additionally the Centre supports people and their families with outpatient visits and provides clinical advice and support to people receiving palliative care on the adjacent 16-bed Trafford Ward.

The provider, Arthur Rank Hospice Charity, also provides a range of services, including a number of in-patient beds, at the Arthur Rank Hospice in Cambridge.

The Alan Hudson Day Treatment Centre (the Centre) has been offering a service to the people of Wisbech and the surrounding area for a number of years. The service was transferred from the NHS to the Arthur Rank Hospice Charity in August 2015. This is the first ratings inspection since registration. This inspection included two inspection visits to the Centre, on 21 and 27 July 2017.

This service requires a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place. She had been managing the Centre for 11 years and was registered with the CQC in January 2017 when the Arthur Rank Hospice Charity was registered as the provider.

The warm, welcoming and relaxed atmosphere at the Centre provided people and their families with a safe haven at some of the most difficult times of their lives. People were made to feel comfortable and were provided with care and treatment by an exceptionally caring and supportive staff team.

People had developed complete trust in the staff and told us they felt safe at the Centre. Staff had been trained to an extremely high standard and had developed skills to enable them to do their job safely and well. They were competent and confident to recognise and report if a person, or their family members, were at risk of avoidable harm or abuse. Potential risks to each individual were assessed and guidelines put in place so that the risks were minimised.

Staffing levels were very good and there were enough staff on duty, with a range of skills, to make sure people were safe. Staff underwent a robust recruitment procedure, which ensured that only staff suitable to work at this service were employed. Medicines were administered and managed safely and fully in line with national guidance.

Staff received a thorough induction, which included attending the provider's Cambridge service for some training topics. A very wide range of training, some of which was at degree level, was offered to staff to ensure they had the skills and knowledge to care for people in the best way possible. Staff's competence to perform certain tasks was monitored a number of times until the registered manager and the member of staff were both confident that the staff member was able to perform the task safely and well.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. Staff fully understood the principles of the MCA and DoLS and ensured that people were empowered and supported to make decisions about every aspect of their life.

People were supported and encouraged to eat and drink well and the food provided was nutritious, tasty and met people's special dietary needs when required. Staff liaised with a wide range of external healthcare professionals to ensure that each person's health care needs were met.

Staff were, without exception, kind, compassionate and caring. People, their relatives and external professionals could not praise the staff team highly enough. They gave numerous examples of occasions when they felt staff had 'gone the extra mile'. People, their relatives and the staff valued the mutually respectful, supportive and genuine relationships they had with each other.

Staff treated people with great respect for their privacy and dignity and confidentiality was maintained at all times. Each person was made to feel that they mattered by staff who knew them, their hopes and fears, likes and dislikes and what they needed, extremely well. Holistic assessments of each person's needs were undertaken and formed the basis for detailed and personalised care plans. People and their relatives were always involved in decisions about their care.

The service was exceptionally responsive to each person's needs and holistic and totally personalised care and support was provided by the staff. People had opportunities to decide on the care and treatment they wanted to receive, including plans for the end of their life when that was appropriate.

Staff provided clinical support to people who were admitted to the in-patient beds in the adjacent hospital ward. This meant that people received care and support from staff they trusted and knew well. It also meant that people were able to die where they wanted to because staff provided this service beyond the borders of the Centre.

There was a culture in the service that enabled staff to continually look at what more they could do for people. People were reassured that they were receiving the right treatment because staff undertook a number of additional tests to make sure that the treatment people had been referred for was appropriate.

The provider encouraged people to make comments about the service and had a well-advertised complaints process in place. No formal complaints had been received but people were sure that if they did need to raise any issues, they would be resolved quickly.

The registered manager provided very strong leadership and the Centre was exceptionally well-led. Staff worked within a culture of continuous improvement, which meant that they strove to find ways to improve on what was already an excellent service.

The registered manager was instrumental in developing the service. She had been involved in a number of innovative projects, including the development of a policy for medicines to treat high levels of calcium and

the reduction of skeletal related events in people with cancer. The policy had been adopted by the local NHS trust, which meant that the registered manager had directly influenced best practice in regards to the treatment for people with cancer locally.

The provider had a robust clinical governance system in place, which ensured that all aspects of the service were audited and monitored and improvements made where needed. The Centre had an excellent reputation within the local community and with other health care colleagues and was truly valued by everyone who came into contact with it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was very safe.

People were provided with care and treatment by a staff team who considered people's safety to be of the highest priority.

The provider had systems in place to ensure that people were protected from avoidable harm and abuse. Staff were trained and competent to recognise and report any concerns.

Risks were assessed and guidelines agreed with people so that risks were minimised without restricting people's freedom to take risks if they wanted to.

There were enough staff, who had all been through a thorough recruitment process, to ensure that people were cared for safely. Medicines were managed very well.

Is the service effective?

Outstanding 

The service was very effective.

The provider had recognised that highly trained and well-supported staff were motivated to provide people with a high quality service.

Staff fully understood the principles of the MCA and DoLS and used these to make sure people were involved in decisions about their care at all times.

People's nutrition and hydration needs, including special dietary needs, were met by the provision of appropriate nutritious, tasty and satisfying food and drink.

People were fully involved in any decisions about their health care. Staff liaised with external health professionals to ensure that each person's health needs were fully met.

Is the service caring?

Outstanding 

The service was very caring.

Staff knew each person extremely well, their likes, dislikes, preferences and wishes and showed how much they cared about each person who came to the Centre. People were made to feel that they mattered.

There were excellent relationships between staff and people who used the service, which showed how much they respected each other. Staff treated people with respect for their privacy and dignity and confidentiality was rigorously maintained.

Staff also showed that they cared for people's relatives and contact and support was maintained following the person's death. Relatives knew they could just drop in or ring if they needed to talk.

Is the service responsive?

Outstanding 

The service was very responsive

The service focussed on people's holistic needs and on them as a person, not on their illness. Fully personalised care and treatment was provided based on what the person decided they wanted.

Clinical support was provided to in-patient beds in the attached hospital so that people received consistent care from staff they knew and trusted.

Initial assessments of need formed the basis for highly personalised care plans, which the person and their relatives were fully involved in agreeing. These were constantly under review as the person's needs changed.

The provider had a complaints process in place. People and their relatives felt they would be comfortable talking to staff about any issues and were confident the issues would be resolved.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

There was a registered manager in post who demonstrated outstanding leadership skills and had systems in place to ensure that the service provided was to the highest possible standard.

Staff had a shared vision of continuous improvement and worked within a culture of striving to provide personalised, holistic care that met people's individual needs.

The provider had systems in place to gather the views of people, relatives, staff and others involved in the Centre. These views were valued and acted on wherever possible.

The Centre was a big part of the local community, highly valued by all who had need of its services.

Alan Hudson Day Treatment Centre

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 carried out 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.

The inspection visits to the service took place on 21 and 27 July 2017. On 21 July the visit was unannounced and was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had a wide range of experience of using health services and caring for someone who was dying. On 27 July the lead inspector was accompanied by a pharmacist inspector and the visit was announced.

Prior to the visits we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. We asked for feedback from commissioners and external professionals who had regular contact with the service.

In May 2017 the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used some of this information to assist with planning the inspection.

During our visits to the Alan Hudson Day Treatment Centre we observed how staff interacted with the people who were in the day centre. We spoke with eight people who were using the service, five relatives and three volunteers. We also spoke with two registered nurses; two student nurses; the receptionist; a consultant; and the registered manager. Six external professionals wrote to us to tell us their views about the service.

We looked at care and treatment records relating to two people as well as some other records relating to the management of the service. These included records relating to medicine management, complaints and compliments and some of the quality assurance audits that had been carried out.

Is the service safe?

Our findings

People who used the service were confident that they were completely safe while they were at the centre. People's comments included, "I know I'm in safe hands from the way I feel and from the way [staff] do their jobs"; "I'm always relaxed and feel so safe here. Every part of the process is done how it's supposed to be done"; and, "Whenever I walk through the door I feel secure in the knowledge I will be well supported in every way." One person, who told us, "I'm absolutely safe. Staff know what they're doing and I trust them absolutely" went on to give us an example. Staff had offered to put their hot soup in a cup rather than in a bowl so that they did not spill it and scald themselves.

Relatives were also very pleased to report that they were convinced that their family members were safe at the Centre. Relatives' comments included, "The place is brilliant. The way they support my [family member] gives me great comfort and takes a weight off my mind"; "I know I can leave [for the day] because [name of family member] is in safe hands – totally"; and, "[The service] feels friendly and it's safe – very safe." Relatives of a person who died recently said, "We always felt safe leaving [name] here, which was terrific."

External professionals consistently told us they felt sure that people were very safe when using the service. One external professional said, "I feel that the service is safe: they provide an excellent service for patients and their families." Another external professional told us, "[Registered manager] is extremely professional and is committed to putting patient safety first."

The service provided extremely safe care and treatment in a very safe environment, due to the measures put in place by the provider and the commitment of the whole staff team. These measures were robustly adhered to and monitored by the registered manager and the staff. The provider had policies and procedures in place to ensure that people were kept as safe as possible. Staff had undertaken training, in safeguarding both adults and children, to a higher level than would usually be expected for their role. Staff demonstrated that they were competent to recognise when people were at risk of avoidable harm and abuse. Staff's skills meant that they were able to pick up if people were vulnerable at home as well as during their time at the Centre. Staff said they would have no hesitation in reporting any concerns to the correct authorities and ensuring that actions were taken to keep the person as safe as possible. Posters, including relevant telephone numbers from safeguarding authorities, were displayed around the service so that everyone would know who to ring if they suspected someone, or they themselves, might be at risk of avoidable harm. This showed that the provider's open and transparent approach to safeguarding was made clear to everyone attending the Centre. One member of the staff team had been identified as the lead for child protection. This role, along with the training all staff undertook, meant that staff knew the signs to look for if children of a person using the service were showing signs of harm or distress. It also meant that staff were trained so that they could offer a service to young people under 18 years old if it were needed.

Staff fully understood their responsibility to keep people safe in all areas. One of the staff had completed a Master's degree module in the prevention and control of infection. Their expertise was used to check that everything possible was being done to keep people safe from infection. The environment was spotlessly clean and all staff actively promoted health and safety and infection control. For example, we saw that

cushion covers were changed and chairs cleaned with anti-bacterial products following each person's treatment and at the end of the day. Anti-bacterial wipes had been introduced for people to use to clean their hands before they had anything to eat and dining tables were thoroughly cleaned before and after meals. There was plenty of hand hygiene gel and sanitiser available and posters near hand wash sinks described clearly how to wash hands properly to reduce the risk of cross-contamination. Signs at the entrance to each area reminded everyone to use the gel and wash their hands. An audit of hand-washing techniques, using an ultra-violet light, had included volunteers and was carried out regularly. One person said, "[The Centre] is always clean, smart and tidy."

Robust sterile procedures were in place to ensure that treatments were carried out safely and hygienically and protected people from the risk of infection. Daily cleaning schedules were in place, listing every piece of equipment used in the Centre. Staff had signed the schedules to show they had carried out appropriate cleaning at the required frequency. 'I am clean' stickers were used to identify when equipment had been cleaned and was ready to be used again. This meant that the risk of people contracting any kind of transmissible infections through use of the equipment was minimised.

Records showed that staff were scrupulous in ensuring that each person's treatment was given safely and correctly. All treatments involved thorough sterile procedures to ensure the person was as safe as possible from infection. We saw the registered manager observing a student nurse as they carried out the procedures, making sure that each step was done correctly.

Many of the people who used the service only attended the Centre for a therapy session or for treatment, such as a blood transfusion or bisphosphonate infusion (for people whose cancer had spread to their bones). They only remained at the Centre for the duration of their treatment. Even so, the staff team assessed a full range of potential risks to these people, in the same way that they did for people who attended the Centre for day services. The registered manager had been instrumental in developing and introducing a pressure area screening tool. This had not only helped to protect people from developing pressure ulcers, it had also assisted GPs and community nurses to ensure they were providing appropriate and safe care to people in their own homes. For example, for one person who had only come to the Centre for a blood test the completion of this tool had provided early identification of a pressure ulcer. The person was given a pressure-relieving aid while at the Centre and a range of external support was organised for the person to receive support in their own home. This included community nurses and had been arranged before the person left the Centre following their day treatment. A wound management care plan had been put in place and the wound was followed up each time the person attended the Centre. This meant that the early discovery of this pressure ulcer and the treatment in place increased the chance of quick healing causing less distress and pain for the person.

Other potential risks, such as the risk of falls or risks of malnutrition and dehydration were fully assessed, using tools developed by the registered manager and the provider. These tools were based on nationally recognised clinical guidelines but were far more personalised to take into account the nature of the service and the needs of people using the service.

When a person started using the service, staff carried out a thorough assessment of risks. These were discussed in detail with the person and staff took each person's choices into account when they put guidelines in place to manage and minimise the risks. These personalised guidelines ensured that staff were clear about the ways in which each person wanted any necessary restrictions to their life dealt with. These risks were discussed, with the person's permission, with other health professionals involved in the person's care. This meant that staff did their utmost to ensure each person's safety at all times, even when they were away from the Centre. One person told us they had discussed with the staff their wish to go on holiday. Staff

had discussed all possible risks with them and ensured that they had information to take with them, such as services they might need in the area they were visiting, the treatments they were receiving and what to do in an emergency. This enabling attitude had meant that the person was kept as safe as possible, without their personal choices being restricted.

People were kept safe from the risk of fire. One member of staff had been trained as a fire warden and a second member of staff was about to undergo the training so that there would always be a trained fire warden on duty specifically for the Centre. A detailed fire risk assessment had been put in place and was kept updated. There was a fire evacuation plan in place for the Centre but the registered manager, although it was not a requirement, had decided to put a personal emergency evacuation plan (PEEP) in place for each person. This meant that staff and external services such as the fire service would know how much assistance each person needed in the event of a fire. Fire drills had taken place regularly and records showed that in June 2017 everyone had responded correctly to the fire alarms going off (which had turned out to be a false alarm).

As the Centre was part of the hospital building, the hospital was responsible for ensuring that all health and safety checks, including fire safety checks were carried out. Nevertheless, the registered manager also monitored that these checks were taking place, as part of their quality assurance and risk management system. If the staff team found any maintenance or health and safety issues there was a system in place to ensure these were reported correctly to the right person and that they were addressed. We saw that all equipment was properly maintained and serviced at the required intervals.

Staffing levels were very good and there were always enough staff on duty, with a range of skills, to provide safe care and treatment. The registered manager explained that agency staff were not used in the service. They told us that staff retention and sickness levels were both excellent. Vacancies created by annual leave or sickness were covered by other members of the staff team. Communication between staff was excellent and all staff were diligent in keeping up to date with any changes in each person's care, treatment, mood or personal circumstances. This ensured that people who attended the service, all of whom were living with life-threatening conditions, were always treated, cared for and kept safe by staff who knew them well and who they had learned to trust. Staffing levels and skill mix were regularly reviewed. A recent vacancy had been filled by a member of staff with a particular qualification, which the registered manager felt would enhance the service.

The provider had a robust recruitment procedure in place to ensure that thorough checks were done before new staff started working at the Centre. Staff told us that pre-employment checks such as references from previous employers, identity checks and a criminal records check had been carried out before they were allowed to start work. Volunteer staff told us they had undergone the same thorough checks before they started working at the Centre. This meant that only staff, including volunteer staff, who were suitable to work at the service had been employed.

The registered manager clearly demonstrated that learning from any incidents was an important aspect of constantly improving the service. There were protocols and procedures in place to ensure that any incidents were investigated thoroughly and objectively and learning shared with the whole staff team. The registered manager told us that an incident had occurred in which a bag of treatment in the form of a drip had emptied too quickly. It had taken a very in-depth investigation to find what had occurred and measures were put in place to reduce the risk of the issue recurring. One external professional told us, "They have clear protocols and procedures and [registered manager] in particular is meticulous in recording and learning from significant events." This learning extended to learning from incidents that had taken place outside the service. For example, there had been an incident involving the use of oxygen at a completely unrelated

service, which had been reported nationally. Following this sharing of information, the staff team developed a leaflet about the dangers of oxygen therapy and gave a copy to every person who came to the Centre, their relatives, carers and volunteer staff.

Medicines were managed very safely and fully in line with national guidance. People who attended the service brought their own medicines with them. This meant that the service only held a limited supply of medicines. These were overseen by the registered manager who was also an advanced practitioner and independent prescriber. There was an effective system in place for obtaining medicines both on the stock list and for individual people. Prescribing was clearly done on dedicated treatment charts and records of administration were documented on the charts. Allergies were recorded.

Medicines were stored safely and securely, in a locked medicine cupboard within a treatment room. There was a system in place to check that all medicines were within date and suitable for use. There were medicines available for use in an emergency and these were checked regularly. Medicines requiring cold storage were kept in a refrigerator and the temperature of the refrigerator was being monitored.

People self-administered their own medicines if they were able to do so. Sometimes staff needed to be involved in assisting the person to take their medicines. Staff performed reconciliation to ensure the medicine was correct and current before they assisted with administration. Systems were in place to monitor pain relieving patches when people used them.

There were regular medicine management meetings involving the registered manager and the pharmacist. There had been no medicines incidents at the service but incidents happening elsewhere were reviewed and learning was shared. The pharmacist was involved in the development of policies and procedures. The registered manager conducted medicines audits and we saw evidence of actions being completed when even the most minor issues had been identified.

The registered manager had been instrumental in developing a policy for medicines to treat high calcium levels in people with cancer. This involved the nursing staff ensuring the correct blood monitoring had taken place before medicines were given and ensured people were monitored for side effects. This policy had been adopted by the local NHS Trust, which meant that the registered manager had directly influenced best practice in regards to the treatment for people with cancer locally. Incidents of side effects with medicines were being reported through the yellow card system to the Medicines and Healthcare products Regulatory Agency (MHRA) when appropriate.

We saw that current references were in use, which provided information about the safe and correct use of medicines. There was a system in place to deal with alerts and recalls of medicines. Information given to people who used the service was clear about the medicines they were receiving. There was a safe system in place to allow people to collect medicines from the day unit to save a journey to the hospital. Prescription forms were safely stored and handled in accordance with national guidance. All staff involved in medicines administration were clearly identifiable from a signature list and all had training with regards to medicines.

We were fully satisfied that the provider had systems in place to ensure that medicines were managed extremely safely and that the people who used the service received their medicines safely and as they were prescribed.

Is the service effective?

Our findings

People were absolutely sure that all the staff, including the volunteer staff, had received sufficient training and had the skills and knowledge to enable them to do their job well. One person told us, "[Staff] should get five stars and a gold medal. I gave [name] a gold star for taking my blood." Another person said, "Everyone knows their job. A new nurse is always shown exactly what to do for me before [my procedure]." A third person explained, "My drugs are administered intravenously and the nurse knows exactly what to do. Everyone seems to understand what I need." A person who was having their first day at the Centre told us, "First impressions – I'm well impressed. It's all good, from the receptionist to everyone. We've been to a few places and I've got to say, this is the nicest. The staff know what they're doing." One person's relative reported, "They are all very skilled at what they do." Relatives of a person who had died told us, "[Staff] were absolutely amazing. The standard of emotional and nursing care was incredible." Another relative of a person who had died wrote, "I can't praise everyone enough for all their hard work. Their professionalism gave us confidence while their kindness and care gave us comfort and reassurance through a very difficult time."

External professionals also reported that staff had the skills and knowledge to do their jobs extremely well and provide an exceptionally effective service. One external professional told us, "I feel that the service is very effective. ...they give excellent support." Another said, "Effective? Yes, very much so." This external professional added that staff would also flag up any concerns or queries if they became aware that people were not following advice at home, or if there were changes required due to progression of the person's illness.

Staff, including volunteer staff, told us that when they started working at the centre they were given a very thorough induction. Each member of staff had an induction workbook to work through, which was signed off by the registered manager when it had been completed. Inductions were tailored to each new staff member's individual needs and to their role. There were some training topics that the provider considered 'mandatory' as part of induction, such as moving and transferring people, fire safety and infection prevention and control, so these were undertaken by all staff.

The provider had systems in place and worked with a number of external providers to ensure that every member of staff had all the training, including regular refresher training that they needed. The provider maintained an education centre at their Cambridge location. The education centre ensured that all training kept up to date with new research and developments, as well as ensuring that best practice was always promoted. This included working with external providers so that nursing staff had access to local university post registration modules and degrees and advanced practice and prescribing. For staff who were not registered nurses, external opportunities, including apprenticeships and vocational qualifications were available.

A nurse new to the team told us they had done some of their induction training at the education centre. They described the induction as "excellent" and said they had received "more than enough training to do the job." Following induction, a wide range of additional training was available and all staff were actively

encouraged to take up as many training opportunities as they wanted to. Another member of staff described an in-house training session as "very very good, very informative" and added that the trainer's humour had enabled the participants to learn better because their attention had been maintained. This meant that the provider had innovative and creative methods to ensure that the needs of the people using the service were met consistently by staff who had the right competencies, knowledge, qualifications and skills to do so.

The registered manager constantly checked if staff had the right skill mix so they could offer the care and treatment people required. They identified training needs and went to great lengths to ensure that staff were competent to carry out procedures once they had undertaken training. One member of staff told us that they had completed training to carry out blood transfusions. The training had consisted of a number of modules. They had been assessed by the registered manager at the end of each module and then several times when they had finished the final module to ensure they were competent. This had boosted their confidence to carry out the procedure. This meant that more people who needed this procedure were able to benefit from it in a safe way.

The service employed a therapist to offer complementary therapies to people, especially to bereaved relatives. This member of staff had undertaken a training course arranged by a bereavement organisation so that they were better equipped to support people to whom they provided therapy.

Staff told us that they felt extremely well supported by their line managers, by the registered manager and by each other. They had regular supervision sessions and an annual appraisal. However, they all said they knew the office door was always open and that they could approach any of the senior staff at any time if they needed to discuss something. They told us they felt very much part of the team. In the PIR the provider told us, "All staff have clear objectives, regular one-to-ones, regular appraisals and a personal development plan from which education/training is described." Volunteer staff also felt supported and had access to any of the staff and managers if they needed to talk to someone. The registered manager was very aware that everyone caring for people with life-threatening conditions or at the end of their lives needed to have a listening ear available when they needed support. This showed us that the provider had taken vigorous steps to ensure that staff had the knowledge, skills, confidence and support to provide effective and holistic care to the people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We discussed the MCA and (DoLS) with staff and the registered manager. We found there was an excellent level of understanding of the principles of the MCA and staff confidently used these to make sure people were involved in decisions about their care at all times. We saw that staff always asked for each person's consent before carrying out any procedures and always enabled the person to make their own decisions and choices. The registered manager told us about a person who had developed dementia whilst using the service. A full assessment had been carried out and any decisions made in the person's best interest were done with the full involvement of their representatives and other health and social care professionals involved in their care. Staff documented when people gave their consent for their care and treatment to be shared with their relatives and/or other professionals involved in their care.

Staff carried out assessments of people's nutrition and hydration needs and all staff, including volunteer staff were fully aware of each person's needs, likes and dislikes. All catering requirements for the service were provided by the hospital. The registered manager liaised with the hospital's catering staff to ensure that food and drink delivered to the Centre was personalised to the service, so that it met each person's dietary needs and their preferences.

People were encouraged to understand the importance of eating and drinking well. A three course lunch was provided for those who wanted it and people were offered a sherry before lunch to enhance their appetite. People were very satisfied with the quality and choice of food. People's comments included, "I get a lunch which is always tasty"; "I get a good lunch too so it's a real day out for me"; and, "Lunch is fine. [Name] always has a three-course meal." They described to us how they completed a choice sheet for the following week, but other food was always available if they changed their minds.

The service had developed excellent links with the dietetic service. People were referred to the dietician as soon as there was any indication that they were experiencing problems. Staff ensured that the dietician's advice was followed and we found that people's special dietary needs were met. One person said, "They know I'm diabetic and they offer me snacks and food that are suitable." Another person told us that they were trying to lose weight and that staff at the centre were very good at helping them choose a suitable diet. An external professional told us, "If they have concerns about people with deteriorating communication or swallowing they contact us promptly." Another external professional said, "If [staff] are unsure of guidelines, for example about thickener in someone's drinks, they will usually contact us before someone starts attending regularly, or if possible, we will go and discuss it in person."

People were empowered to have as much control over their healthcare as they wanted. They told us that staff always kept them fully informed about and involved in their health care. Staff at the Centre did not hesitate to contact other health and social care professionals, as part of their holistic support of the person, if they felt a person needed additional assessment, treatment or support. External professionals told us these referrals were always appropriate and in the person's best interests. Staff at the Centre had excellent working relationships with staff from a wide range of other services, including hospital consultants, GPs, community nurses, dieticians and therapists such as speech and language therapists. Any advice that affected people's care and treatment while they were at the Centre was incorporated into their care plan.

Staff took steps to ensure that the treatment prescribed for each person who was new to the service was appropriate. One person had arrived for a blood transfusion but blood tests done at the centre showed that the person was in need of a different treatment. The registered manager had discussed this with the person's GP and the treatment was changed. One person told us, "They do go the extra mile. I come every Friday. They give you an MOT and check you over. Nobody else noticed I was lacking in iron but they did here and sorted it out."

Is the service caring?

Our findings

Everyone we spoke with or contacted gave us consistently excellent feedback about the staff and about the service provided at the Centre. One person told us, "It feels like a home from home. Everyone is lovely in every way. It's the best place I've ever been to when needing treatment. I've not a bad word to say about them." Another person explained, "At first I was anxious about coming, but now it's a special occasion for me. They talk to me and I feel it's a special time. ...I got referred here and I am so pleased that happened." A third person described the Centre as "my sanctuary", adding, "If I'm in trouble I only have to phone or drop in and they help me."

The provider had a strong culture and ethos of caring, compassion and very high quality care and we saw these values demonstrated throughout the time we spent at the service. All the staff we met, including volunteer staff and student nurses consistently showed that these values underpinned everything that they did and that the values were embedded in their practice. Without exception, they showed how much they cared about each person who came to the Centre and about the person's family. A relative told us, "They treat me as if I am the one needing the support as much as my [family member] and that comforts me. They are interested in me and how I am coping. They have such a caring attitude. Everyone has the one purpose: to make everyone comfortable and fully supported." A relative of a person who died wrote, "The care he received was second to none. From the outset he was made to feel that he mattered."

External professionals, including consultants and GPs were equally effusive in their praise of the service and the staff. Their comments included, "There is no doubt in my mind that the Alan Hudson Centre is run by skilled and exceptionally caring staff who provide a much loved and caring service"; "They are a really great team, both as individuals and collectively, and I – and the patients I see who use their service – cannot rate them highly enough"; and, "[The staff are] incredibly caring, knowledgeable and committed to their patients. They are also upbeat and positive, and very approachable."

Relationships between people using the service and the staff consistently demonstrated that they all truly respected each other. Staff treated people with dignity and showed great warmth and compassion in their relationships with every person who came to the Centre. This atmosphere permeated the service throughout the whole day. Staff knew each person extremely well, their likes and dislikes and how they liked to be treated. Several people told us how much they appreciated this personal touch and in particular the light-hearted banter that they could have with the staff. One person said, "Everyone is so nice to me. They make jokes with me and I tease them back." Another person told us, "They [staff] are lovely to me. It helps make me feel fine – great in fact. Nothing's too much trouble for them. It's a joy to come and be treated so nicely. I can joke with them and you can talk about anything you like." A third person described the staff as "angels without wings" and added, "[Staff] are fantastic here, so sweet and with the patience of a saint. They keep an eye on each of us and look at you as a person. I'm a joker and I love to give cuddles, which they know." At the same time, as an external professional told us, "The staff are sensitive to individuals who don't want to be joked with, or who are emotionally fragile, or carers who are very defensive." This meant that staff understood the needs of each person and adapted their approach and care to each individual and family member's needs.

People and their relatives used a range of superlatives to describe the staff. One person said, "[Staff] are brilliant. Very very caring, very good people. They're good as gold and they do a brilliant job. [Staff] really care, for everyone. They look after [the poorly people] really really well. One lad wasn't well – they couldn't do enough for him."

On one of the days of our inspection visits one person had arrived for their first time using the service. Staff showed that they had read and retained information about the person, which had been fully detailed so that the person was made to feel that staff already knew them. This put the person very much at ease. They had very much appreciated that staff had involved them in every aspect of their treatment, down to which finger they preferred the monitor on. Staff had explained everything they were doing very clearly and constantly checked that the person was feeling okay.

The provider and registered manager had ensured that staffing levels and skills were appropriate so that staff were able to give people quality time. In the PIR, the provider wrote, "[We] are aware that staff who are empowered, educated and supported are best able to provide caring care." Staff were busy throughout the day, however they always had time to stop and have a chat with people using the day service or having treatment. They responded very quickly, with empathy and understanding, when a person using the service or their relatives needed to talk to them, either in person or on the phone. One person told us, "They know me, where I'm coming from and when I'm a bit down. They come and talk and encourage you to talk." Staff at all levels, including the registered manager, student nurses, the receptionist and volunteers responded to people's need for attention. If they were able to assist with the person's particular request they did so and if not they found someone who could. An external professional told us, "Every staff member, from the receptionist up is approachable, friendly and helpful." Staff tried to make each person understand how special they were, by showing they cared in numerous ways. For example, they ensured that each person's birthday was remembered, with a card waiting for them when they arrived. This meant people and their families had opportunities to develop meaningful, caring relationships with all the staff and they were made to feel that they mattered.

Staff, including volunteers, were also made to feel that they mattered, by a caring provider. As well as training and support from their line manager, the provider ensured that other supportive systems were in place to enable staff to do the best possible job they could do. For example, a confidential counselling service was in place 24/7, the registered manager had an open-door policy and was skilled at showing staff how much they cared about them and bonuses such as a Christmas party were in place.

People told us how important it was for them to be able to attend a local service and not have to travel to the nearest hospital. Not only did it save them the discomfort and time to travel but they felt it was a far more personalised service where staff knew each of them extremely well. They felt they could ring and speak with someone, or even drop in, if they needed support. The provider made sure that resources such as staffing and training for staff were provided so that people's needs were properly supported.

People told us that they (and their relatives if the person wanted them to be) were fully involved in the planning of their care and any decisions about their care. Records confirmed this and we saw that people were asked for their consent before any treatment was started. Everyone we spoke with told us that they felt listened to and fully in control of any treatment or changes to the treatment and support they received. One person said, "We talk together and discuss how things are going." People told us how staff had a real interest in their well-being and often made suggestions about things the staff felt would help them. One person said, "They got me on a Life Change programme, which gave me confidence and I got my life back." This meant that fully holistic care was provided to people to ensure their well-being was enhanced and they had the best possible quality of life.

Relatives of people who used the service were very grateful for the care their family members were receiving, but also grateful for the care and support they themselves received. For most relatives this had come as a surprise: they had not expected the staff to care about and help them. Relatives were offered complementary therapy sessions and counselling if they wanted it. One relative told us, "They will go that extra mile, like ringing the doctor's surgery to organise things for me." Another relative said, "If I want a meal I can have one and there are always cups of tea." A student nurse told us that the staff always worked "holistically", always making sure that relatives too were fully supported. This care and support continued after the death of the person, with telephone calls to relatives and cards being sent. Relatives were invited back to the Centre for complementary therapy sessions, counselling, or simply to chat to the staff.

Staff also showed they cared about each other. A student nurse told us, "They've really taken me under their wing. I felt really welcomed, they explained everything and haven't ever made me feel I was in the way." We saw that they worked well as a team and that they fully respected each other. The registered manager spoke in glowing terms about the staff team, of whom she was clearly very proud and with whom she felt privileged to work.

Volunteer staff were used to support the Centre's nursing staff. Each day, at least one volunteer was at the centre. The registered manager said that volunteer staff were treated, in many ways, in exactly the same way as the paid staff, in that recruitment checks were carried out and they were trained and supported. The volunteers we met told us how much they enjoyed working at the hospice and that they felt valued as part of the team. Some of the volunteers had started volunteering as a result of a family member or close friend having used the service. One volunteer said, "The service here is excellent. If I was ill I'd come here, definitely."

We saw that staff treated everyone with the utmost respect and fully respected people's privacy, dignity and confidentiality. One person said, "Everyone is always lovely and they treat me like a friend. They are respectful without being over fussy about things. Every visit is made pleasant... They chat to me and put me at my ease." One person who was not very well was moved to the treatment room where their condition could be constantly monitored with more privacy. Staff were also mindful of the effect that the person's deteriorating health might have on the other people using the service. They chatted with people and made sure they were feeling okay, and they kept people up to date with their friend's progress, without breaching confidentiality. This showed that staff were aware of how much people valued the relationships they had built up with other people using the service, and how important it was for staff to help people maintain those relationships. People consistently told us just how much they enjoyed attending the Centre and how they looked forward to their visits. Relatives fully agreed and one relative summed it up when they said, "Real friendships are made here."

Is the service responsive?

Our findings

We found that the service was exceptionally responsive to each person's individual needs and comments from people, their relatives and external professionals showed how much they agreed. One person told us, "They change appointments to accommodate me. We talk together and discuss how things are going. My plan changes regularly and my treatment has been extended but they sort everything out for me." An external professional said, "They have a very holistic care of people, not just medical management, and are hugely supportive emotionally to people who are having to come to terms with the implications of progressive illness, likelihood of premature death, pain, loss of independence or [medical] interventions." The registered manager said, "We work really well together as a team, providing holistic care responsive to patient need." They added, "Don't tell me what we can't do. Tell me what we can do."

The registered manager explained that there were no barriers to the service they could offer to people. They were very proud that their "responsiveness times are really good" and added, "We can move people around quite easily to meet theirs and other people's needs." In order to improve their responsiveness even further, staff had undertaken training to be able to meet people's particular needs. For example, the registered manager was an independent prescriber and had just completed Master's degree modules in advanced practice. The newest recruit to the staff team had a qualification that met a gap in the team's knowledge and experience. The staff operated an effective triage system, which allowed and prompted them to complete a priority list. This enabled them to identify people most in need of immediate support to avoid admission to hospital. This meant that the team was able to react very quickly and flexibly to emergency referrals.

Holistic assessments of each person's needs were carried out by the relevant professional most closely involved with the person. This meant that the Centre's staff worked very closely with a range of other professionals, such as hospital consultants, GPs, specialist community nurses and district nurses. The Centre then provided a very responsive service to meet each person's individual needs in the way the person preferred. Frequently this involved the Centre liaising with other professionals, such as speech and language therapists and dieticians in order to access additional services for people. Some additional services were provided by the Centre, such as complementary therapies, counselling and outpatient oncology appointments. An external professional told us, "The service is very responsive. They are always happy to discuss patients with us." This showed us that the service focussed firmly on people's holistic needs, not just on their diagnosis.

The registered manager told us about another way in which the provider had shown how responsive they were to the needs of people from the area. They had responded very effectively to the local need for in-patient beds. Staff from the Centre provided clinical support and advice to people who were using the Trafford Ward at the hospital. Many of these people were known to the staff at the Centre so staff's involvement when the person needed an inpatient stay helped enormously with consistency of care. A hospital consultant told us that it was only through the support of the Centre's staff that it had been possible to maintain beds for end-of-life care on Trafford Ward. This meant that people were able to die where they wanted to and in the care of staff they knew and trusted, because staff provided a service beyond the

borders of the Centre.

During one of our visits, staff demonstrated the speed at which they responded when someone was not well while attending the Centre. They calmly carried out observations, talked to the person and assisted the person to move away from the hustle and bustle of the communal lounge. They contacted another unit in the hospital, made an emergency appointment and arranged assistance to get there. When the person's condition deteriorated further, they called an emergency ambulance. The person's spouse, who was understandably distraught, came back to the Centre later, clearly feeling that this was the place where she would find the support and comfort she needed.

We saw that staff knew each person, their hopes and fears and their treatment needs exceedingly well. One person told us, "They know exactly what I need. They even give me extras like a hand or knee massage which is very nice. They don't see it as any trouble." A relative said, "The staff here meet a lot of people but my [family member] is known and supported so well. They know exactly what [my family member needs] and how to stimulate and encourage [them]." An external professional was very impressed at the effort staff went to, in order to get to know each person. They said, "Staff make an effort to know people's relatives and the person's personal preferences about food, drink, conversational topics and interests, and how they like to be approached and treated.... From feedback I have had, people seem to feel they can be open and honest about their fears, concerns and problems." This meant that people and their families felt comfortable that staff's knowledge about them would enhance their experience at the Centre.

There was a culture at the service which meant that staff constantly looked at what more they could do for people, over and above the person's initial referral. The registered manager told us, "We're always looking for what else we can do." For example, when people were referred for a blood transfusion by their GP, staff routinely undertook a range of other tests available at the Centre. This often highlighted other issues that people had and treatment was sought for this. People told us that staff had saved them time and made them feel less anxious and distressed. They were reassured that they were receiving the right treatment.

Staff were pro-active in empowering people to work in partnership with them and other professionals to plan their care and support. People, and their relatives if the person wanted them to be, were fully involved in making decisions about their care and treatment and how those decisions were included in their care plan. One person was very pleased to report that, "My family are allowed to come along and they can see for themselves the level of care and they get everything explained to them." Another person told us that staff had really worried about them when they said they were going on holiday. Staff explained what impact a holiday might have. The person said, "We discussed it and then they left it up to me to decide." A relative said, "[Staff] always keep us up to date with [family member's] treatment, ask us about any changes and they're always very clear on how he's doing."

Each person had a care and treatment plan. We saw that the plans were fully personalised and in place for the person's particular needs. For example, for one person care plans were in place which related to pain in particular areas of their body, weight loss, the chemotherapy they were having and the psychological support they needed. A student nurse told us, "I do think it's so lovely to come into a place that looks at the patient so holistically, their treatment, what's happening at home, do they need a referral: everything and everything." Another member of staff said that the plans were "in depth and individualised" to each person. They added, "[Care plans] are holistic. They look at everything in the person's life (as much as they want us to), not just at the [disease]."

Care and treatment plans were under constant review, due to the frequency of people's changing needs.

People were also fully supported to develop a plan to detail their end-of-life care wishes, if they wanted to. In the PIR, the provider told us that advanced care planning, advanced decisions to refuse treatment and Preferred Place of Care documentation was used with each person to support their end of life care choices. Communication between staff at the Centre and between other professionals involved in the person's care was excellent. External communication was achieved in a number of ways, including telephone calls and emails as well as the registered manager attending multi-disciplinary meetings weekly. This meant that everyone involved in each person's care was aware of their wishes, including last wishes so that they could work jointly together to respect and act on them.

Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place. It had been recognised that these had not always been easy to find, amongst all the other documents in the person's records. The manager had introduced a 'red sticker' system so that this information was always clearly available. Names of people receiving a service were on a board in the office and if a DNACPR was in place, a red sticker was attached to the person's name. Red stickers were also put on the outside of the person's care records file. This ensured that this vitally important piece of information was communicated in the best possible way to all staff and external professionals who needed to know, in order for the person's wishes to be respected.

When we asked people if they felt staff ever went 'the extra mile' they were absolutely certain that they did and they gave us numerous examples. One person told us how staff had followed up the person's application for a blue badge and had pursued this until the badge was issued. Another person had been upset by their financial situation so staff had referred them to Citizens Advice. A student nurse told us how they had recently supported one person to raise a complaint about another service.

We asked external professionals if they thought staff ever went 'the extra mile'. One told us, "Miles and miles!" They gave an example of a person whose health had deteriorated and whose carer was exhausted. The Centre's staff arranged an inpatient stay for the person so that a full review of their care could be undertaken. This allowed their carer a break, "safe in the knowledge that the patient was being cared for by a team who they were familiar with and knew the individual's needs." The external professional was convinced that this had enabled the person to remain at home and the relative to cope until the person's eventual death, "probably much later than if they had gone into a nursing home for respite." Another told us, "I have recently needed the support of the centre for my patients and the staff have tried very hard to meet the needs required. I feel they have gone the extra mile helping me with a difficult palliative case and organised an admission within a few hours."

The registered manager explained that they were currently looking at spiritual care. They were working with local churches and the overall church group to find out what support they could access for people who wanted spiritual support. They told us that they would also be looking at other faiths, but at present none of the people who used the service (and only a very small percentage of the whole local population) had a faith other than Christian. There were links with the Jehovah's witnesses to ensure any treatment was within their teachings. The registered manager was also building links with organisations experienced in dementia care so that staff would be prepared if a person living with dementia needed the Centre's services. This meant that people's spiritual needs, as well as their physical needs, were being addressed.

In spite of the limited space available, we saw people doing a range of art and craft activities. There was room for everyone who wanted to, to join in and people told us they were always given the choice. One person said, "There's lots to do during the day, there's lots of humour and we play silly games. We do activities like painting, making a 3D pig, Christmas cards and board games and there's a man who comes in and plays a keyboard." Another person told us, "I enjoy the craft work, cards, exercises and even a day out."

There's bingo and sing-songs. I don't feel under pressure to take part." A third person said, "We do artwork, it's fantastic. You can lose yourself in it and [staff] encourage you: it's like an adventure." Relatives were pleased that activities were provided because they saw how much their family members enjoyed what was going on. One relative told us that, even though their family member's condition was well advanced, the staff still tried to do activities with the person so "she feels she is taking part."

People also told us how much they valued the complementary therapies that were available. The registered manager had carried out a survey relating to these therapies and people and relatives had made numerous very positive comments about how much their therapy sessions had helped them. One person wrote, "Your complementary therapist, [name], is so good and she is so easy to talk to." Another person had said how much the reflexology helped the soreness in their toes and fingers: "I feel more relaxed and really enjoy it."

People knew that the provider had a complaints procedure but all told us they had never had to use it. They were all absolutely sure that if they had a problem it would be sorted out. One person told us, "I cannot fault anything here, I can assure you." Another person said, "I know for certain that if I had any concerns or wasn't happy they'd listen and act on it." Relatives were equally clear that they would not have a problem talking to any of the staff if they had an issue. One relative said they had seen the information about how to raise a complaint. They added, "But [staff] are so good and kind, we've never had to." The registered manager confirmed that although they had a process in place to record and respond to complaints, they had not received any formal complaints. One person had raised an issue, which had been dealt with quickly, to the person's complete satisfaction. An external professional told us, "I feel that all members of the team are caring and supportive. When patients discuss the time they have spent at the centre it is always positive and I have never heard anyone complain about the service they have received there." The complaints process included any investigations being carried out by a member of the provider's staff who did not work at the Centre. This ensured an independent and objective approach.

We noted that none of the staff were wearing a uniform. They were identifiable by a badge with their name and clinical role. The registered manager explained that this had been in response to a survey they had undertaken with people using the service. People had said that, because of their conditions, they spent a lot of time in places where staff wore uniforms. They very much appreciated how homely, comfortable and less clinical the Centre felt, even though treatments were carried out, because staff were dressed in ordinary clothes. This showed that the provider valued people's feedback.

Is the service well-led?

Our findings

The Alan Hudson Day Treatment Centre was exceptionally well-led. Our discussions with everyone involved with the Centre confirmed that the service had a truly positive culture that focussed firmly on responding to the needs and goals of each individual and was inclusive, open and empowering. One person wrote, "If I had to come somewhere, this was the place and you were the people." The registered manager was very clear about the service's values to deliver the highest quality service to people and these values were consistently demonstrated by the staff. People and their relatives told us how much the service meant to them and how much they depended on the support given by the staff through the most difficult times of their lives. In the PIR the registered manager wrote, "The staff take tremendous pride in the service delivered and there is a shared vision of continuous improvement."

As well as all the very positive comments that were made to us, the Centre had received numerous compliments from people and their relatives who no longer used the service. These included, "An excellent service, which meant a lot to my lonely, sick brother. The staff were all so kind and caring"; "Thank you so very much for the care, advice, help and joy you have given to [name] and me. His Tuesdays were what he looked forward to most and I could not have coped without you"; "Thank you for all the care you gave to [name]. You helped make his treatment so much easier and contributed to our having more time together"; "I felt I must write and thank you and your team for the wonderful care you gave [name] these last and very hard few weeks. Thank you for the amazing job you do"; and, "Thank you so much for all the care and support you gave to my mother. She loved coming to you...you made such a difference to the last two years of her life."

All staff, very competently led by the registered manager, went out of their way to ensure that everyone was fully involved in the service provided to them and to ensure that the service provided was delivered in the way each person preferred. People told us their views were always sought, and acted on whenever possible. An external professional told us, "The [registered] manager is always very helpful and knowledgeable and caring. As a team they do go the extra mile. They go to every length to make patients and their family feel well supported, ensuring that they have been referred to the right services for their needs." There were systems in place to encourage everyone to put forward their views. These included written surveys and comment cards available in the entrance hall, as well as the manager and staff making themselves visible and accessible at all times.

External professionals were lavish in their praise of the Centre and the way the Centre cared for people with life threatening conditions. One external professional said, "The service is essential for Wisbech. It provides treatments for our patients that saves them travelling, which is undoubtedly of huge benefit to our patients with complicated conditions." Another external professional told us about the excellent working relationship they had with the staff at the Centre. They said, "We can telephone them at any time for help with our patients and likewise they will contact us with queries concerning our patients they are seeing. This open flexibility is invaluable for the care of our terminal cancer patients in striving to make their lives as comfortable as possible." Several of the external professionals told us that their patients had nothing but praise for the staff and management of the Centre and gratitude for the exceptional care and treatment they

received there. A GP told us, "There is no question they go the extra mile and we would be lost without them."

People and their relatives found it hard to adequately express their admiration for and gratitude to the staff team and in particular the registered manager. Their comments about the registered manager included "marvellous", "brilliant", "lovely", "easy to talk to", "never intrusive", "well-organised" and "very dedicated." One person said, "[Name of registered manager] is always available and she ensures everyone behaves in a professional manner, including the volunteers. I know with absolute confidence I could raise any issue with her." Everyone knew who the registered manager was and knew they could speak to her at any time. A relative told us, "If anything worries me I can go straight to [name of registered manager]. She contacted my doctor and got [the problem] sorted."

The registered manager had been in post as manager for 11 years. She demonstrated outstanding leadership skills, whilst at the same time delegating responsibilities to other staff to enable them to develop. She was fully 'hands-on' and went about her work exuding calmness, competence and positivity. The registered manager had an in-depth, holistic knowledge of every single person who attended the Centre, and their families. She was happy to admit that she had made mistakes but felt that she had learnt from them. She showed that she had exceptionally high standards and said, "I have a relaxed approach, but an eye for detail. Nothing gets past me!" Staff and volunteers received training, supervision and support to maintain these high standards at all times. There was evidence that if it was suspected that a member of the team had fallen short of these standards, the circumstances were investigated quickly and appropriate action was taken.

Originally, the Centre's remit was to offer a local service to people who needed treatment so that people did not have to travel long distances to the nearest hospital. The service had developed hugely from that point and the registered manager was determined that the service provided to people at the Centre would continue to be constantly developing and improving. This would involve change, but the staff team at the Centre had already shown that they managed change very effectively. In August 2015 the service was taken over by the Arthur Rank Hospice Charity. The registered manager described how this had been achieved with as little disruption as possible to people using the service. One person told us, "You wouldn't have known there was a change." Another example was when a member of staff who had been with the service for a long time had left recently and had been replaced. One person who used the service told us that there had been "no ripples when one of the team left. The new staff fitted in seamlessly. We're all one big team." This showed us that the provider did everything in their power to ensure that people did not suffer in any way when changes took place.

Future developments at the service included an expansion to the premises. Currently very limited in space available, plans had been drawn up to extend the Centre. A large space, between the Centre and the ward, had become available and agreement to lease this from the hospital had been acquired. Everyone, staff and people using the service, had been involved in developing the plans and was really excited about the additional opportunities that would be available once the building work was completed. A hospital consultant praised the registered manager. They said she fully recognised the limitations of the current space but worked tirelessly to ensure that it did not affect the Centre providing the highest possible quality of service. They were sure the additional space would be well used and would make people's experience of the service even better.

The registered manager was really pleased to tell us about other developments that were in the pipeline. They said that, after a lot of hard work on their part, the Centre had been awarded funding to provide a community based care at home service and a project with GP commissioners was underway to develop the

Centre as a Palliative Care Hub. This would enable more people to die in their preferred place of death and to provide community based support for relatives during the terminal illness of their family member and afterwards. Their excitement about these developments was tangible and had rubbed off on other staff. They told us how much it would mean to the local community to have the palliative care service locally and in their own homes. External professionals were equally excited. A hospital consultant said, "I think the strong links which they have already built with the different parts of the service for terminally ill patients and carers puts them in an excellent position to take forward the development of 24/7 hospice at home care for Fenland." Another told us, "A community service would take the service to another level and would be of such benefit. We are very impatient for it to start."

The registered manager felt extremely well supported by the provider, the Arthur Rank Hospice. She felt the service had far more independence than previously and said, "It's been brilliant." As a charity, the Arthur Rank Hospice was run by a board of trustees, who had a diverse range of experience and expertise. The registered manager told us that the board had been strengthened when extra expertise was recruited in order to provide strong clinical scrutiny. The trustees were taking part in a board development programme, through the Kings Fund, so that they were fully prepared for their increased responsibilities to robustly and effectively monitor and manage the service. One of the trustees had specific responsibility for having oversight of the Centre and offering additional support to the registered manager. Strong links between the Centre and the hospice in Cambridge had been quickly developed and staff had benefitted from the excellent education centre and training opportunities, as well as the ethos and values of the organisation.

Staff and volunteers told us how much they enjoyed working at the Centre. They showed great respect for the manager and were very clear about her management style. They all felt fully supported, which gave them confidence to put forward their views and suggest different ways of doing things, or other opportunities for people. One member of staff told us that team meetings were held regularly. They said, "It gives us the opportunity to say anything we want to...our ideas are listened to."

The service demonstrated that it sustained improvements and was constantly striving for excellence. The registered manager gave a number of examples of innovative projects that they had led or been involved in. For example, the development of a pressure area care policy and assessment tool; development of a policy for medicines to treat high calcium levels in cancer patients; introduction of the red label system for DNAR records; and introducing data-collection systems to measure the value of the service they were providing. This meant that the registered manager directly influenced best practice in regards to the care and treatment for people with life-threatening conditions in the local community. They had plans to develop some of these projects further and were planning to discuss them in national forums. The Centre had strong links with Cambridge University Medical School and the Deanery and had actively provided training opportunities to a variety of trainee doctors and medical students.

Staff at the Centre kept abreast of current national developments in the care and treatment of people with life-threatening conditions. One external professional told us that staff were "approachable to discuss changes and new ideas." Currently there was a well-being project running alongside Change Point and Everyone Health (national NHS projects), for all people receiving palliative care and their relatives. The manager described this as "doing something that makes [the person] feel better", such as going for a walk or being supported to lose weight. People who used the service and their relatives were being supported to join in if they wanted to. This showed us that staff were very keen to offer people in their care any additional support that was considered to be current best practice in this area of care.

The provider had a robust system in place to monitor the quality of the service being provided and drive continuous improvement. A range of audits and checks were carried out by various members of staff,

covering every aspect of the service. Reports were written, information collated and the results fed up through the Director of Clinical Services to the governance committee and the board of trustees. Action plans and monitoring ensured that any shortfalls were addressed and improvements put in place to reduce the likelihood of recurrence. The registered manager commented, "We strive to be the best department in the East region for managing bisphosphonates." The service had also been involved in national audits, such as the Hospice UK audit of day treatment services and an audit of blood transfusion services. The registered manager explained that the student nurses had done data collection, to maintain impartiality. The results were still awaited.

There were strong links with the local community, especially with other health services such as GP practices, district nurses, hospital consultants and therapists. Other links were being developed, such as with local churches, a dementia organisation and other departments within the hospital.

The Centre had a truly excellent reputation, in the local community and with other health care colleagues. A hospital consultant said, "I have had very close links with the service since it first opened and have been very impressed with the ongoing development of supportive and palliative care....always a very rapid and efficient service for patients." Both GPs and hospital consultants told us that people asked to go to the Centre. Their comments included, "The patients cannot praise this service highly enough. The comments you hear back from them are always extremely positive" and, "I have no hesitation referring anybody to the Centre and it is always reassuring to know that they are in safe and capable hands." It was clear that there was open, honest and mutually supportive communication between the Centre and other services. External professionals reported that the "clinical traffic is both ways, with us looking for advice with treatments" and, "They are a brilliant source of information and advice when I have queries about resources or services that might help patients at an earlier stage of their illness." It was recognised that the staff team at the centre also provided a great drop-in service for people who needed information and support as well as practical help. A GP told us, "There is no question that staff go the extra mile and, as I say, we would be lost without them."