

## The Myton Hospices

# Coventry Myton Hospice

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 October 2016 and was unannounced.

Coventry Myton Hospice provides care and treatment to people over the age of 18 with life limiting conditions who require specialist palliative care (palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illnesses) in their 16 bedded inpatient unit or their day service. At the time of our inspection 13 people were using the inpatient service. The day hospice is open on Mondays, Wednesdays and Fridays and six people were in attendance at the day hospice at the time of our inspection visit. Initially people attend the day hospice for one day per week over a 12 week period. The hospice services provides people with access a range of care and support which includes, children and family support, occupational therapy, physiotherapy, chaplaincy, counselling and bereavement support.

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

The leadership team continuously looked at the local community to see how best they could respond to people's needs. Excellent work was being done in identifying the needs of the local population by developing services to meet those needs.

The registered manager was passionate about raising the profile of the hospice and created opportunities for different ideas to meet the diverse needs of people with palliative and end of life care needs. There was a strong commitment for the hospice services to be inclusive and responsive to the needs of all people including those people who may not have traditionally used hospice services.

People and their family members, staff and the board of trustees were actively informed and involved in developing the service. Their views including complaints and compliments were used to continuously develop and influence the services people received so these remained effective, caring and raised quality where needed. People were involved in the development of the service and asked for their views.

There was a very positive atmosphere within the hospice and people were very much at the heart of the services offered. Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People who attended the day hospice were very appreciative of how staff and volunteers had made their days memorable and filled with therapeutic and fun times. People's privacy and dignity was respected by staff who worked to a set of values around providing care centred on each person.

Staff were supported to develop in their roles through a positive culture and idea of teaching and sharing skills within the service as they had link roles in various subjects and in the wider community. Staff worked

closely with the staff at the local hospital to educate and promote high quality palliative and end of life care.

People were supported with their nutritional needs with the assistance of the catering team who actively sought and welcomed people's feedback. There was a shared commitment between all members of the staff team to sharing how meals remained nutritious and people enjoyed these in comfort. Staff made sure changes in people's dietary needs could be effectively catered for and creatively met in different ways.

Staff knew each person well and understood how people may feel when they were unwell or approached the end of their life. People and their relatives were enabled to be involved in the care and staff were motivated in ensuring people were treated as individuals and had a good as life as possible. People were able to see their friends, families and pets when they wanted as there were no restrictions on when they could visit and they were made welcome by staff.

People were supported to receive end of life care in their preferred place of choice which met with their needs and wishes and to achieve a private, dignified and pain free death. People, their family members and staff were able to access the emotional, psychological, spiritual and bereavement support they needed.

Staff knew how to protect people and reduce accidents and incidents from happening by ensuring people's needs were met in a safe way. Staff knew how to recognise and report any concerns so people were kept safe from harm and abuse. Recruitment checks had been completed before new staff and volunteers were appointed to make sure they were suitable to work with people who used the hospice services. People were supported by sufficient numbers of staff with the right skills to meet their needs and reduce risks to their safety.

Staff practices around the administration and management of people's medicines reduced the risks of people not receiving their medicines as prescribed to meet their health needs. This included making sure all people's medicines to ease their pain and symptoms were consistently available to them should they choose to have these. People also had access to a range of healthcare professionals when they required specialist help.

The provider showed a strong commitment to actively listen and support people who used the hospice services and staff. Staff at all levels were involved in the quality checks where a varied range of methods were used to determine the quality and safety of people's care and treatment to maintain improvements so people received the best possible care. The leadership team planned to share good practice and initiatives they had developed across the provider's other two hospices.

The registered manager showed an open and responsive management style. They provided strong leadership to the staff team and encouraged them to be ambitious in continuously improving their knowledge and skills. People were at the centre of the management and staff's core values of personalised palliative and end of life care aimed to provide quality of care and life to everyone.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from potential abuse and harm by staff who had the knowledge to do this.

People were kept safe because there were sufficient staff whose suitability had been checked to provide care and to meet people's assessed needs.

People were supported to have their needs assessed so any risks to their safety were highlighted and reduced.

People's medicines were well managed and administered to meet their needs safely and reduce any negative impact on their wellbeing by managing their symptoms and pain.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and consistent support from the management team in order to meet people's needs, wishes and preferences.

Staff worked in partnership with health professionals, sharing end of life expertise, to ensure processes benefitted people and supported their choices in a timely way.

People were provided with food and drink in an individualised way depending on people's particular needs.

### Is the service caring?

Good ●

The service was caring.

People consistently praised the staff and felt they mattered as staff were highly motivated to provide individualised care with kindness.

People were supported with their palliative and end of life care needs to assist them in experiencing a comfortable, dignified and

pain free death.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people.

### Is the service responsive?

Outstanding 

The service was responsive.

People received personalised care and support which was based on best practice and was responsive to their changing needs.

The leadership team continually used knowledge of the local community to develop services which best met local needs including people who may not have traditionally used hospice services.

People's care and support was planned and reviewed in partnership with them to reflect their individual wishes and what was important to them.

People benefitted from the leadership team developing a strong culture where their experiences, concerns and complaints were routinely listened to and used to make further improvements.

### Is the service well-led?

Good 

The service was well led.

People consistently described the management structure as inclusive and they felt welcomed, listened to and valued.

The registered manager had strong leadership skills which they used to inspire the staff team in providing palliative and end of life care based on best practice.

Staff were encouraged to share ideas about the hospice services provided and quality checks were used to drive through continual improvements to enhance people's wellbeing.

# Coventry Myton Hospice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 October 2016 and was unannounced. The inspection team consisted of an inspector and a member of the Care Quality Commissions medicines team. A specialist advisor who is a nurse with experience of palliative and end of life care and an expert by experience with knowledge of end of life care were also part of the inspection team.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The previous registered manager had submitted the information as we requested in May 2016. We took this information into account when we made the judgements in this report. We sent out questionnaires to people who use the services, their relatives and community professionals and staff seeking their views about the hospice services. Nine questionnaires were returned to us. We took people's responses into account when we made judgements in this report.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We sought information about the quality of service from the clinical commissioning group (CCG) who purchase care and support from the provider on behalf of people who lived at the home. We also asked Healthwatch for their views. Healthwatch is an independent consumer champion who promotes the views and experiences of people who use health and social care.

We spent time with people who were inpatients and with people who attended the day hospice on the day of this inspection and saw the care and support they were offered. We spoke with four people who were inpatients and six people attending the day hospice about the care they received. We looked at sections of care records of four people to see how their care and treatment was planned and delivered. Consideration was given to how medicines were managed which meant we looked at medicine charts and administration

records.

We spoke with the registered manager and a range of 12 staff across the inpatient and day hospice services. These included a deputy director of nursing, day hospice sister, ward sister, doctor, nurses, health care assistants and volunteers. We looked at a range of records related to the management and the quality of the service. These included projects, compliments and complaints, incident reporting and the latest quality assurance checks which were used to monitor and assess the quality of the service provided.

# Is the service safe?

## Our findings

People we spoke with shared their experiences of feeling safe and secure. One person told us, "I am confident that staff understand my feelings about things." Another person told us, "They (staff) make sure you have everything (the person was referring to having everything they needed within easy access, such as a table, drink and call bell)." A further person described to us how they felt, "safe" and "at peace with the world" as soon as they came through the hospice doors to attend the day hospice because of the staff and volunteers care practices.

Staff we spoke with were able to tell us how they kept people safe and protected them from potential harm and abuse. They had received relevant training and understood the possible signs which might indicate people might be at risk of harm, such as poor care, physical or emotional abuse. Staff knew who to report any concerns to and would do this immediately to more senior staff so any action required could be taken. One example provided was of how staff had escalated their concerns appropriately when a person had reported concerns about a community professional care worker. This practice supports people's safety from potential harm and abuse.

People we spoke with told us how risks to their safety and welfare had been considered and managed whilst they received their care at the hospice. One person told us they needed some support when walking so they felt confident and safe from the risk of falling. They told us, "I occasionally need a little bit of support which I readily receive from all the wonderful staff and volunteers when I am here." Another person said they were confident staff knew their needs and helped them when they were in pain to reduce the risk of discomfort and to, "feel less anxious." We heard from staff how they supported people to balance their own choices associated with taking risks. One example provided by a staff member was when a person had declined a mattress which was specifically designed to reduce the risk of people getting sore skin. The staff member told us they had explained the risks to the person who had capacity to make this decision and their wishes were fully respected by all staff.

We heard examples from staff where possible risks to people's wellbeing had been assessed and actions identified to reduce risks. One staff member told us how people's individual needs were assessed before and on arrival at the hospice. They were able to provide examples of where people may need support due to their deteriorating health condition which could impact upon their skin, walking abilities, eating and drinking. For example, staff regularly offered people drinks where appropriate and referred people to other professionals when they had any concerns about their eating and drinking or distressing symptoms this might cause people. Staff told us and we saw people's rapidly changing needs were discussed and regularly reviewed by a group of professionals in multidisciplinary meetings, such as doctors and nurses. These practices supported staff to review and update risk management plans so people had the right support to meet their changing needs.

Staff told us, and records showed when accidents and incidents had occurred they had been recorded, investigated and analysed so steps could be taken to help prevent them from happening again. For example, when people had a pressure sore or when people experienced a fall the outcomes from the

analysis were used to influence consistent safe practices and learning. For example, if a person had experienced a fall staff would work in partnership with them to look at measures to reduce further falls. One staff member told us equipment would be discussed with each person to help reduce their risks of falling and a referral for physiotherapy support was completed when appropriate to do so. Another staff member said they had access to preventative aids, such as sensor alarms to alert staff to a person's movement in order to support people's needs and help to make them feel as safe as possible. Accidents and incidents were also discussed at the various clinical and governance meetings and shared with the staff team to make sure any lessons needed to be learnt were consistently put into practice.

Additionally we saw a booklet had been devised by staff about the identification, management and treatment of pressure ulcers. This was as a direct result of an incident as outlined in the PIR the provider sent to us where they stated, 'Following a clinical incident in 2015 a Patient and Carer Guide to preventing Pressure Ulcers was introduced and is provided to patients as part of the risk assessment process. One staff member said, "The learning from incidents do help us all in making certain practices are as effective as possible."

We asked people in the day hospice whether they had confidence the volunteers and staff were suitable to work with them. One person said, "I feel safe, they are all nice here and they would never hurt any of us." Another person told us, "I have no doubt the management have checked their suitability before they even come here to work." One staff member and volunteer told us about their recruitment and how they had to undergo background checks before they started to support people. These included requesting and checking references about the prospective employee's character and criminal records check so people who used the hospice services were not placed at risk through the provider's recruitment practices.

People were very positive about the availability of staff and/or the skill mix of staff to safely meet their needs. One person who was an inpatient described to us, "Doctors and nurses are great. I press my buzzer and they are there!" Another person attending the day hospice pointed towards staff and volunteers and told us, "If I need any of them they are always here right by my side so I have the help I need when I come here. They are always here to help us to enjoy our time and know exactly what to do if I became unwell which is very comforting." We saw staffing levels were needs led and accommodated people's wishes, which was also confirmed by the leadership and staff team we spoke with.

At the time of our inspection a newly appointed pharmacist was based part time at the service. They told us they would be involved in people's individual medicine requirements to ensure good clinical practice was followed. For the previous six months the service had received support from different interim pharmacists from University Hospital Coventry and Warwickshire. A staff member said, "It has been very difficult with different people coming in' to ensure consistency".

Policies and procedures for the safe prescribing of medicines in palliative care were available and kept up to date. All nursing staff had received a copy of the Medicine Policy dated January 2016. We were told that the service was currently doing a medicine management audit however the results were not yet available. Nurse competencies in medicine management were checked annually.

We found an open culture of reporting medicine incidents with arrangements in place to ensure they were documented and investigated. Medicine incidents were discussed every month at the Clinical Forum meeting and then also at the Clinical Governance Committee to discuss outcomes from the incidents. Following an identified pattern of drug administration errors and medicine storage issues the medicine storage room was altered with improved storage. We were shown how only two nursing staff were permitted access into the room to undertake medicine preparation without any distraction. We observed nurses taking

time to check medicines were correct before administering them to people. Lessons were learnt and new systems for medicines safety and therefore people's safety were implemented.

Arrangements were in place for recording the administration of medicines. Overall prescription charts were clear and fully completed which showed people were getting their medicines when they needed them. We were shown how medicines prepared in a syringe driver were checked and recorded by two nurses at regular time intervals. This helped to ensure the correct amount of medicine was being given to people.

When medicines were prescribed to be given 'when required' we found it was not always possible to determine the reason a medicine had been given. We looked at one person who was prescribed a medicine that could be given for a variety of reasons such as 'nausea and vomiting or agitation'. Although nursing staff had recorded that it had been given on four occasions we were unable to determine from the person's notes the reason it had been given on three of these administrations. On discussing this with the management team it was agreed that this would be investigated.

Medicines were stored securely with access only allowed to authorised clinical staff. Medicines were stored within the recommended temperature ranges for safe medicine storage. Daily temperature records were available which recorded the temperatures for the medicine refrigerator and the medicine room temperature.

Controlled drugs (CD) are a group of medicines which are subject to strict legislative controls due to their potential for abuse and harm. We found that an Accountable Officer for CD had responsibility for ensuring safe storage and recording of CD. The AO also attended the regional CD Local Intelligence Network meeting to share good practice across the region. Although we found CD medicines were stored safely we found that the CD for destruction were not stored in an approved CD cabinet. We were told action would be taken immediately and they would be destroyed following approved procedures.

## Is the service effective?

### Our findings

People we spoke with were complimentary about how through the staff and volunteer team's abilities and skills they had received effective care and treatment. One person told us, "I get a sense they are well trained and skilled at what they do." Another person said, "The treatment they are giving me is helping me go forward and feel better." People we spent time with in the day hospice were similarly positive in their comments about the care and support they were offered. One person told us, "They (staff and volunteers) make such a difference to my day and how I am feeling. I can be really down some days but on the day I come here I feel there is light at the end of sometimes a very dark tunnel." Another person said, "Medicine is not always the answer because just through their support here for one day I feel better, so much better."

Staff told us they had received training which included an induction which provided them with the skills they needed to meet people's needs. One staff member told us they felt supported through their induction. They said, "The shadowing and mentoring are great as it helps when you start a new job." Staff also told us their induction together with their training and one to one meetings had enabled them to provide more effective care.

Staff told us how they had completed nationally recognised qualifications which gave them added confidence when assisting people. For example, one staff member had completed a male catheterisation course (this is a procedure to drain a person's bladder and collect urine through a flexible tube). The staff member told us they had used their new skills in practice to meet people's particular needs. Another staff member gave us the example of how they had attended courses on particular aspects of their role which included grieving, continence training and communication in end of life care. They shared with us how the communication course had a direct positive impact on their confidence to have sensitive conversations with people about their end of life care. A further staff member told us they attended a conference as an update about the recent National Institute for Health and Care Excellence [NICE] guidelines which, "helped me think about the evidence behind hydration at the end of life and changed how I talk with patients and families about this." NICE provides guidance and advice to help in driving up quality of care standards in health and social care.

We saw examples of how staff effectively used their training and experiences when they supported people to be as comfortable and free from pain as possible. One person told us they believed their symptoms of pain were well managed by staff at the hospice. People attending the day hospice also said if they were in any pain on the day they came to the hospice staff would immediately take action. This was to ensure they had relief from pain and any other symptoms which made them feel uncomfortable. One person said they had not felt well as they were in some pain but with complementary therapy, such as massage they had felt more comfortable. We saw staff and volunteers were very attentive to this person's needs and had made sure they were able to access complimentary therapy on the day to provide them with a way of improving their wellbeing.

People's health, their condition, their mood and appetite were recorded and planned for by the leadership and staff team. For example, staff we spoke with confirmed to us there were established link nurse roles at

the hospice for specific conditions, such as, motor neurone disease, tissue viability (specialists in people's skin care needs) and nutrition. Staff told us these link roles provided a good resource for them as they provided educational updates about specific health conditions to make sure best practice was maintained. One staff member also told us they had excellent links with a team of internal professionals from different clinical backgrounds so people's individual needs could be effectively met. For example, having direct access to a lymphoedema specialist who they could obtain advice and support from. Lymphoedema is a long term condition that causes swelling in the body's tissues, usually affecting the arms and legs.

Every person we spoke with told us the quality of the food was good. One person said the menu was varied and flexible so if they wanted to they could ask for something which was not on the menu. Another person told us, "My husband can buy a meal and eat with me. This makes eating more enjoyable and I'm happy knowing he is getting a good meal as well." A further person said, "My appetite is now much better because of the standard of the food." We saw and heard staff effectively supported people in an individualised way so when people wanted to eat small amounts of food or meals they particularly liked at the time this was facilitated. One person confirmed this by telling us, "I don't have an appetite, but they offer me food and help me drink." Staff told us how the cook sat with people and gave support with menu choices or offered alternatives if required which included catering for people with meals to meet their cultural needs. We saw and heard from staff at the day hospice how they took the opportunity to discreetly monitor people's eating and drinking to make sure where they required additional support this was sought. One staff member told us, "We can see changes in people's eating and drinking just by people coming to day care and we can support them in gaining weight and supply aids they may need or specialist input from a dietician."

We saw people had nutritional plans which staff used to assess and monitor whether people's nutritional needs were being met effectively. Staff told us about the various meetings where people's eating and drinking needs were shared with the different professionals. This was done as part of people's overall care and treatment plans. Staff showed us that they had the knowledge to request any specialist support people may require if their eating and drinking deteriorated. We heard an example of where this had happened from one staff member. They told us staff had requested a review for a person to help improve their quality of life as they were concerned about their eating with regards to their weight and feeling thirsty. We saw people had drinks within their reach throughout the day. Choices of hot or cold drinks were offered. One person told us, "I really love a nice cuppa when I come here which is especially made for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes, hospitals and hospices are called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. At the time of our inspection people using the service had capacity and did not require any DoLS. People were encouraged to make decisions and choices for themselves and their consent to care was obtained and noted in their care plan. Staff had received training in relation to the principles of MCA and DoLS and they were able to demonstrate how this was applied in practice. One staff member said, "It is our responsibility to always gain consent. We can't restrict people but we need to have an awareness if someone is losing the capacity to make their own decisions". People's capacity was assessed if there was any concern about their ability to consent and we saw people's care records included reference to their capacity. Where people approached the end of their life and may have lost capacity staff described how medical staff would assess the person's mental capacity. This

practice ensured discussions took place as to whether decisions in the person's best interest should be made. Records we looked at showed the multidisciplinary team considered people's mental capacity throughout their stay at the hospice.

We saw choice and consent was embedded in everything which happened within the hospice. We saw all staff consulted with people and their relatives about proposed care and treatment. One person told us, "They (staff) always involve me in all decisions which require being made. We sit and have a conversation about my treatment, what the options are. I am always in the driving seat as to what decisions I make and consent to." Another person said, "They (staff) always check what my symptoms are with me and discuss options of any further treatment. It is entirely up to me how I proceed." Discussions held with people and care records we looked at showed this. For example, any important advance care and treatment decisions they had made, such as where people wanted to be resuscitated in the event of their sudden health deterioration where their heart stops beating.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with kindness and compassion. One person said, the care they received was 'fantastic'. Another person told us they were, "Waited on hand and foot." A further person said they did not have very long left to live and went on to say, "I feel I can speak to them (staff) about anything. I just feel so lucky to be here. I'm very happy."

Throughout our inspection visit we saw staff had conversations with people in a kind and considerate way. For example, one person became cold so staff immediately took action to make sure the heating was at the right temperature and asked the person if they would like a blanket. We saw from the person's facial expressions and body language that the actions taken by staff and volunteers had made them feel better. Another person said, "It is such a special and caring place; we are so lucky to have such a place on our doorstep."

People we spoke with told us there were many things staff did which made them feel they mattered. One person told us they felt "very well cared for" and "staff just cannot do enough here for me." Another person said, "They (staff) are very aware of my husband as my carer. They involved him in the discussions." A further person explained how the care they were provided with was valued by their relative as when they were at the day hospice their relative was able to have a rest. We saw relatives had complimented the care their family members had received. Testimonies seen included, 'The day centre was mums private sanctuary' and 'Thank you for caring for [person's name]. He has loved coming every week and I can see a difference in his mood.'

We saw and heard from people who used the hospice day service and staff about how people were supported to access the day hospice. For example, transport was arranged for people who needed support to be able to attend the day hospice service. One person told us this was, "Really valuable" as any stress people felt was, "Very much eased the feeling you are a burden. The little things often make all the difference to how people feel." We saw and heard how staff considered people's different needs when arranging transport which included whether people required a wheelchair.

Additionally we saw children were very much part of the hospice ethos with the access and availability of toys and games. Thought had also been given to supporting children where their family member has a life limiting and/or life threatening illness including offering after death care. This support came from 'Rainbow Ripples' where counsellors were available to offer individual support through various methods, such as on a one to one basis through talking, art work and play therapy. We saw a tree structure in the sanctuary room where children had displayed their cherished thoughts in memory of their family members.

Staff we spoke with told us how they kept people at the heart of the services they provided. One example was the staff 'champion' roles which had been created, such as the privacy and dignity champion which encouraged the sharing of best practice in all aspects of care. People were positive about staff and volunteers attitudes when speaking with them and providing care and comfort. Two people said staff asked how they would like to be addressed. One person confirmed they were asked, "How would you like to be

called." Another person told us, "Nurse took me to the toilet and waited for me very discreetly." Other people said, "They (staff) introduce themselves" and "They (staff) always knock on the door." We saw how staff chatted with people in a friendly and respectful way with people's preferred names used.

There was a strong commitment by the registered manager and staff team to giving people as much choice and control as possible. For example, care records reflected a personalised approach to supporting people to meet their individual end of life wishes. They contained information about people's preferences of support and the level of control they chose to maintain over their care. People told us they were involved in contributing to the care they received so this was personal to them. One person said, "Everything is explained well to me so I can make decisions." Another person told us, "I am confident that staff understand my feelings about things." Staff consistently told us they wanted to make sure people were symptom and pain free so they were as comfortable as possible. A specific pain management chart had been developed by the service. This was used to assess people's level of pain in order to determine what pain relief was required. We spoke with one person about their pain relief management. They told us they were fully informed and involved in any decisions about their treatment saying, "Pain is always with me but they have been great here. It is better managed."

One staff member told us, "We all work together as a team so people's wishes are also met as far as we possibly can. Families and friends are made very welcome and can stay here. Some people have pets they are very fond of and they are also able to come here. It all makes people's lives as good as they can be."

The PIR the provider sent us described how 'patients are supported if they wish to record their choices about their future care and treatment and/or an advance decision to refuse a treatment in specific circumstances.' We saw this had been put into practice as we saw from people's care records they had been involved and/or their representative in their preferences and wishes about their end of life care. For example, people had been supported to develop advance care plans which were personalised to each person for staff to follow as they neared the end of their life. By having this documentation in place any unnecessary distress was reduced for people as their choices regarding their end of life care and treatment including resuscitation was shared between services.

A range of information was provided for people, their family members and friends, which helped them to understand the hospice and relevant external support services and agencies. One person told us, "I can read information about the hospice and staff always explain anything I have questions about." Accessible information was provided for people to look at on display boards within the inpatient unit. For example, skin care and infection control to provide people with opportunities of learning about different health needs. The leadership team told us they would review this information to make sure it was in a format everyone would understand.

We saw people and their family members could access a range of support services across the hospice and to suit people's preferences and needs. For example, art and complementary therapist support and bereavement support. People's well-being was seen as key and people we spoke with at the day hospice had been offered complementary therapies which they said were, "fantastic," "soothing" and "relaxing." One person told us they could also have their hair done which made them feel, "human again and well."

People were able to access a chaplain so they could gain spiritual and bereavement care and support. One person told us they knew they could see a chaplain if they wished. We also saw the leadership and staff team understood the importance of on-going support for people and their relatives at the end of their lives and following their family member's death. For example, every year there was a 'light up a life' service where people came together in memory of their family members. We heard from staff how this was successful and

well attended each year.

## Is the service responsive?

### Our findings

The leadership and staff team had a strong commitment to work together so the hospice services offered were inclusive and responsive to the diverse needs of people and were led by what people wanted. People we spoke with told us how they had benefitted from this ethos and were consistent in their comments about how staff's responsive attitudes towards meeting their needs had made a difference to their wellbeing. One person said, "Right now I feel better by just coming for the day, they don't realise how they make a difference by their support. I know if I wish I can die here too which brings so much solace." Another person said, "This is the best bed I've ever slept in" when referring to the mattress which was designed to relieve the pressure on their skin. A further person told us, "They [doctors] definitely listened...explained everything, what it is, what it will do, what the side effects are."

Relatives sent their compliments by letter and thank you cards. There were consistent themes running through these of appreciation of how staff practices had made a difference to people's experiences of their end of life care. One such relative's testimony read, 'The nurses and volunteers are amazing and nothing is too much trouble for them. They made my mum's last week of life comfortable, peaceful and happy. Our family is very grateful for the care and attention given to mum and us at what was an incredibly difficult time.'

The registered manager supported staff in actively engaging with the local community to create opportunities to improve the access people had to quality end of life care. We heard from the registered manager and staff how opportunities had been created to respond to a demand for nurse led palliative care beds. The management team worked with health care commissioners to offer a solution to the reduction of nursing home accommodation for people with complex needs at the end of their lives but did not meet the requirement for specialist palliative care. Staff members we spoke with were enthusiastic about how up to six people at any one time could choose to have their end of life care needs met due to the 'nurse led' approaches which had been developed. This initiative had been introduced in 2015 which staff told us had been successful and was an opportunity to provide high quality end of life care to a wider population. One staff member said, "We have the expertise here to be able to support people to live well until they die and people can choose to die within a hospice."

Services were offered to people to help reduce the risk of depression, anxiety and social isolation. These included access to the day hospice, psychological support services spiritual support and complementary therapies. One person told us, "The complementary therapies are tremendous in easing my feelings of pain; they make a real difference in helping me to face life again when I return home." Comments like this were being reflected upon by the leadership team when they were considering the development of new ideas which had been applied. This was to help ensure these were effective, responsive and led by people's needs. The changes being made were outlined in the PIR the provider sent to, such as taking into account current thinking around palliative and end of life care to help ensure care and support was centred on each person's needs.

The registered manager was influential in bringing to life new initiatives which promoted people's resilience

and wellbeing. One such initiative was how the physiotherapist and occupational therapists offered their expertise to support a 'self-manage' programme for up to six weeks to educate people with symptoms of fatigue and breathlessness. Another idea was a living well project which supported people earlier on in their palliative care journeys to develop new skills and coping strategies in relation to their health conditions. The registered manager and deputy director told us the successful initiatives would be extended to the provider's other two hospices to benefit a wider population. People's testimonies showed there were consistent themes which confirmed their appreciation of how staff responded to their individual needs. One person commented, 'I couldn't have dreamt of a better place to have sorted out all my problems. My needs are catered for. The nursing staff are a lot of fun.' Another person said their family member was supported to watch a football match on the large television in the lounge area with their other relatives. This was achieved despite the person being weak due to their health needs because of the staff's practices in assisting people in a personalised way to achieve as good a life as possible. The person's relatives commented included, 'What gems you were.'

The registered manager showed us how people's views had been sought about the new café area which was being designed so people had the opportunity of a pleasant place to sit with family and friends. We saw how both people who used the hospice and staff had been able to feel part of the design of the café area. For example, they were able to give their views and suggestions about the different styles of furniture and colours. These were prominently displayed so they could be shared with all people. One person told us, "It will be marvellous when completed, what a vision to have and all because they all want to make a difference. I for one feel very lucky to be cared for here."

Staff were passionate about providing people with palliative and end of life care which reflected their preferences. We heard consistently from people how doctors and staff members worked in partnership with them when listening to their views about planning their care and support. One person shared their experiences with us about how doctors and staff had made sure their own wishes were fulfilled which included attending the day hospice. Another person said, "They (staff) explained all the services available such as counselling, psychology and complementary therapies. They (staff) are giving me time to think about what I think I might want." A further person told us staff were very considerate and they, "give lots of time to settle. It helped me acclimatise to the surroundings."

The hospice was very close to an acute hospital and the leadership team told us staff had worked hard to form good working relationships with the hospital staff. This was to share best practices and influence people's palliative and end of life care. We also saw there was extensive link nurse programmes with a list of 25 link nurse roles which assisted staff in sharing their learning and best practices so they were able to respond effectively to people's needs. For example, the link nurses for Motor Neurone Disease [MND] were involved in helping to run the monthly MND clinic in collaboration with the acute hospital trust MND service. Another example was the Deprivation of Liberty Safeguard [DoLS] nurse who currently worked with one of the doctors and the Coventry DoLS team to develop consent forms (for treatment or care that might deprive liberty in the future) for patients who might lose capacity in the future.

The leadership team were reviewing the day hospice provision to make sure it was inclusive to all people and responded to people's needs now and in the future. All people who attended the day hospice were overwhelmingly positive about the care and support they received from both staff and volunteers. One person said, "If I had to rate their attention to my needs, it would be well over 110%. They all bring sunshine to my life with their support." Another person told us, "Everything they do is on my terms and they respond to me in the most friendly and professional way to whatever I need." A further person said, "They are all great, we have a lot of fun and I don't have to talk about my illness if I don't want to. I know if I have a problem they will always help me with it so I don't worry when I leave here." We saw people enjoyed their

time at the day hospice on the day of our inspection visit, for example staff supported people to participate in different activities, such as, quizzes and reading passages from books where laughter was shared by all.

We found that attention was paid to details, so as to really care for people individually. One staff member told us, "It is important to see each person as an individual and we try to make things happen for people to meet not just their needs, but wishes as well." One example we were given was where the granddaughter of a person who used the hospice services was getting married but the person was not well enough to go home to get ready to attend the wedding. So they opened up the day hospice at the weekend so the family could come in and get dressed with the person who was an inpatient and take them to the wedding. Additionally one person was impressed with how their needs were responded to, they said, "The doctor was very good, hit on the main issues straightaway...made changes to my drugs...already helped my swollen feet." A further person described how their wellbeing needs were met. They told us, how the sanctuary room was a special place as the sunlight through the windows was so, "Pretty, it has a very serene feel to the room and is a place to go for some quiet reflection."

People and those close to them were supported by staff to develop individualised care plans which reflected how each person wanted to receive their care, treatment and support. Staff assisted each person, if they wanted to, to develop an advance care plan, so people's wishes about their preferred place of end of life care were written down. Staff consistently told us advance care planning was sensitively introduced at the time people came to the hospice if the person does not already have one. One staff member told us, "Advance care plans often started in day hospice." One staff member told us, "We do have conversations with people about their future care wishes but this is done sensitively and they very much lead this." Another staff member said, "Our communication skills are very much a part of our everyday work and my hope is that we are always compassionate in our responses to people's wishes and questions about their future." People's comments showed they appreciated how staff were mindful of their fears about their future. One person told us, "Nurses were aware of my nervousness (related to fear of not leaving the hospice) when I came in and sensitive about conversations with that in mind." Another person said, "I can burst into tears and staff understand the position I'm in."

We heard examples of how through monitoring and reviewing people's changing needs staff were able to support and respond to people's needs. For example, staff kept daily records of the care and treatment they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at daily group meetings and regularly updating care records. One staff member described to us how they had noticed one person's relatives were struggling to meet their needs at night. Due to the staff member involving other professionals the person and their relatives had the support they required to avoid a crisis situation.

The leadership team showed they were passionate about wanting the services they offered to be continually improved upon and strengthened with feedback provided by other people so they were responsive to all people's needs. For example, the leadership and staff team showed they were responsive and valued our inspections as a positive way of making improvements. They had adopted changes as a result of our recent inspection visit to one of the provider's other hospices.

There was an accessible and effective complaints process in place which enabled staff to make improvements when required. People told us they would be happy to approach staff to share concerns or make a complaint. One person said, "I've had no cause to complain, but I would tell the staff if I did." The registered manager led by example as we saw they had a strong commitment in using complaints as an opportunity to learn lessons from. For example, changes were made to the ambulance booking service

following a complaint received about a person's discharge.

## Is the service well-led?

### Our findings

People who used the hospice services were consistently positive in their feedback. They told us they valued the friendliness of staff at all levels and volunteers. People described a culture within which their views were valued and said staff were attentive, caring and communicated with them well. A person told us, "As a patient, can't fault it (the hospice)." A further two people told us, "They (staff) give me time, they (staff) listen" and "They (staff) don't overwhelm me."

There had been many changes in the leadership team since our previous inspection visit. The registered manager who was also the director of nursing, care and education and chief executive had been appointed over the last year. All staff we spoke with knew the organisation and leadership structure which included the chief executive and board of trustees. The registered manager had worked hard to strengthen the leadership team by recruiting to crucial positions, such as deputy director of nursing. The registered manager had a clear vision to ensure the hospice services were inclusive and creative to meet the needs of all people with life threatening and life limiting illnesses now and in the future. One example provided was the review which had been undertaken of the day hospice service to ensure it met the diverse needs of the local population now and in the future.

The comments in the PIR the provider sent to us stated, 'Real time patient surveys are undertaken weekly; patients and/or their relatives are provided with the opportunity to comment on a number of factors in relation to patient experience.' We saw alongside these surveys people's comments from other sources, such as during their care and treatment were also shared between the leadership, staff and the board to provide them with an insight into how effective and responsive services were in meeting people's needs. One staff member told us they had a sense of pride when they read people's comments and they felt, "Privileged to be able to support people at such important times in their lives." There were consistent themes reflected in the comments received from by the provider from people who used the hospice services and their relatives which spoke about the value and difference staff had made to their lives. One person's comments read, 'For all my Friday playmates thank you all for making me smile, and laugh again'. Another person commented, 'Today is my last day and I will feel very sad. With your support I will be able to go forward with a positive view for the future. You are all very special people who I will miss'. One relative's views read, 'Words are not enough to express how much we appreciate the care and support you gave to my late husband.'

Staff we spoke with told us they worked as part of a team which included the management team and felt both supported and valued in their roles. Staff told us they were happy in their work and knew what was expected of them. One staff member told us, "Meetings with my manger are ad-hoc, but I can knock the door at any time. I feel well supported." Another staff member said, "I love working here. The team sticks together and support each other." A further staff member told us, "We have a very supportive (ward) sister...she always tries to sort things out." Staff told us about their experiences of when they all worked as a team with their colleagues from the providers other inpatient hospice when it closed for a short time so vital work could be completed. We consistently heard from staff how by working together they had successfully ensured people continued to receive the care and treatment they needed.

We saw the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care and treatment people received. There was a culture amongst the management and staff team where suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the organisations whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team. Staff we spoke with talked about a culture where the registered manager led by example in making sure staff were open and honest when reporting incidents. We heard consistent themes when talking with the registered manager and staff, such as we, 'treat every error as an opportunity to learn' and 'amazing team, we work so well together.' This culture had been successful as we saw staff were being supported to reflect on, refresh and extend their knowledge. This was to ensure the care and treatment people received was underpinned by best practices. One example was the reporting of medicine errors which had resulted in different actions being taken and lessons learnt. This included a flow chart being developed to aid the administration of medicines.

The registered manager was committed to providing all round high quality care. We saw evidence of regular quality checks being completed. These checks included care plans and infection prevention and control. The registered manager celebrated with staff any praise they received from stakeholders. We saw positive feedback had been received from the community palliative care team who were appreciative of the staff and volunteers efforts because they believed the day hospice service supported people to live longer in their own homes. The registered manager's comments read, 'Always makes me very proud to hear such high praise which is very well deserved, well done.' The hospice newsletter also shared stories of where staff had made a difference to people's lives, such as when family members commented their relation was able to make special memories due to the care from staff.

Staff practices was an area the registered manager was passionate about continually developing to support people with palliative and end of life needs to live as full a life as possible. This culture of learning and sharing knowledge was embraced by the leadership and staff team alike through the link roles which had been developed which were centred on delivering high quality care. One example of staff sharing their knowledge with people who used the service and visitors was through the display boards we saw around skin care. Although this was a good initiative to encourage people and visitors to learn more about their health needs the registered manager readily took on board comments about how this could be further enhanced.

The registered manager had a strong commitment for making sure all staff had education opportunities relevant to their roles and to developing their career. As one way of promoting staff's education and development opportunities the registered manager shared with us their excitement at recruiting to the post of practice facilitator who would as outlined in the PIR, 'provide staff development, provision of education, support and competence of the clinical team.' The registered manager described how this person would be dedicated to empowering staff to reach for their educational goals and career development. This was a positive development as staff shared with us some of their future hopes of being supported to undertake educational opportunities at university

Although we heard about the many differences in the provider's three hospices we also saw there was clear reference made to the values of the organisation which were noted in the PIR the provider sent to us as, 'Respect and dignity for all, value every individual and ourselves, - One Myton, One Team, One Goal - Professionalism in all that we do.' Staff talked to us about feeling proud of their work and showed through the examples they talked about how, the values of the organisation shone through. One example staff shared with us was the nurse led approaches which had been developed in response to the end of life care needs of the local community. One staff member told us how proud they were of how they believed by

having this provision people were able to choose to receive their care at the hospice. Another staff member said, "I feel like I can give the patients the care they deserve." Another staff member spoke about how there was an evolving culture to support people to be resilient and assist them to reach their goals so they were able to, "Live life to the full."