St. Luke's Hospice (Basildon & District) Limited

St Luke's Hospice Thurrock

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

We carried out a short announced comprehensive inspection of St Luke's Hospice Thurrock as part of our inspection programme. We inspected all our key lines of enquiries: safe, effective, caring, responsive, and well led.

This is the first inspection of this service since they registered this location in July 2021.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service managed incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it, and some did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service was innovative in response to the COVID-19 pandemic and changing landscapes. We heard lots of examples of innovation, continuous improvement, and learning. Well-being was very much on the agenda for the management team, and they worked hard to make the hospice a good place to work.

However:

- There was no audit programme in place to monitor quality, operational processes, and systems to identify where actions should be taken, however this was currently under development.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Good 	We have not previously rated this service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to St Luke's Hospice Thurrock

St Luke's Hospice provides specialist care for people living with a terminal illness and their families. The service delivers care to patients who have been diagnosed with life limiting illnesses within the catchment area of Basildon, Brentwood and Thurrock. The hospice works in partnership with many organisations to provide joined up services and provides advice and support to other professionals on issues surrounding specialist palliative and end-of-life care.

St Luke's Hospice Thurrock is a purpose-built state-of-the-art modern hospice, with on-site parking for patients and visitors and has wheelchair access to all care areas, the site is accessible to patients of all abilities.

The inpatient unit is a spacious six bedded purpose-built unit where patients are cared for in private rooms, each with en-suite facilities. Dedicated facilities within the inpatient unit such as a specialist bath, terrace overlooking the grounds with views and free Wi-Fi for patients and visitors allows the service to deliver care that meets the specific holistic needs of all patients and support their families.

A dedicated family suite is also available. The specialist palliative care team provide a range of services tailored to the needs of each patient.

The hospice provides a counselling service for children and young people. The service provides early intervention, one-to-one counselling/creative therapies, and support work, with all services available to any child and young person up to 19 years old within South West Essex.

There is a carers support coordinator who provides support information and advice for anyone caring for someone living with a progressive life limiting illness. The service provides support groups, individual carers support needs assessment and outreach work with community groups that support carers.

The hospice provides an adult community counselling service where clients can access couples or group counselling and support with qualified counsellors providing emotional and psychological support for anyone who is caring for or adjusted to living with a life-threatening/life limiting illness as well as offering support for those who are bereaved from age 14 upwards.

Other services provided on a clinic basis at St Luke's Hospice Thurrock include the South Essex lymphoedema service (SELS) which provides therapeutic services and interventions which are aimed to assist the service user to treat their symptoms and maintain their independence and the Wellbeing information and support service. This service provides specialist palliative and end of life care for people with progressive life challenging illness, through a wide range of care, treatment groups and activities focusing on holistic, emotional and social support to promote resilience, wellbeing and independence.

Some of the services provided by St Luke's Hospice Thurrock do not fall under the remit of the Care Quality Commission.

At the time of our inspection, the 6 bedded inpatient unit was not commissioned and there were no patients there, so was not included as part of this inspection. At this inspection we only inspected the lymphoedema service as this is a regulated activity.

Summary of this inspection

The service has had a registered manager in post since August 2021 and registered with CQC in July 2021. The service registered with the CQC to provide the regulated activities:

- Personal care
- Treatment of disease, disorder, or injury

Activity for the lymphoedema service from December 2021-December 2022:

- Total number of new patient referrals - 662
- Number of initial assessments - 639
- Patients seen or assessed by phone - 2,321
- Home visits - 9
- Number of patients on waiting list in December 2022 -115

How we carried out this inspection

We carried out a short notice announced comprehensive inspection on the 14 February 2023. This was announced to ensure that clinics were running and there would be staff and patients available to speak to.

The inspection team included a CQC lead inspector, a second inspector and a specialist adviser with expertise in palliative and end-of-life care. The deputy director of operations oversaw the inspection.

During our inspection we spoke with members of staff, including two registered nurses, four volunteers four patients, senior managers, and the CEO. We attended a clinic and observed patient care. We reviewed hospice policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The hospice is the Lead Provider of Palliative End of Life Care (PEoLC) services and has collaboratively worked across the wider Health and Social Care system in Mid and South Essex.
- The hospice offered bereavement care to external service users, whatever the manner of death or the age of the bereaved person.
- A national children's charity approached the service to ask if they would participate in a surprise project. This was a very prestigious offer (only three in whole country). A successful outcome was achieved with good national television coverage for the St. Luke's Hospice and a funded Eco Hub or potting shed built for bereaved children and young adults which added to the care the hospice provides.
- The hospice staff created a series of podcasts called, 'Its time to talk'. The aim of the podcasts was to promote the hospices' role to patients with a learning disability, their carers and loved ones.
- The hospice staff visited community groups to talk about the hospice role and placed posters in the local library and community centres to promote an awareness of its services.

Summary of this inspection

- The hospice bistro is accessible to service users and the local community. In addition, the service organised tours of the hospice for members of the public.

Areas for improvement

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that that they have an effective audit programme in place to measure the clinical effectiveness of the services they provide. (Regulation 17(2)(f)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good	Good	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Good

Hospice services for adults

Safe	Good
Effective	Good
Caring	Good
Responsive	Outstanding
Well-led	Good

Is the service safe?

Good

This was the first time we inspected and rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff had access to a computer system to undertake learning, this system showed when staff had completed training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training compliance was 85% for all staff within the service.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Managers monitored monthly mandatory training compliance at service review meetings and alerted staff when they needed to update their training.

Safeguarding

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

All staff received training specific for their role on how to recognise and report abuse. Trustees and clinical staff received safeguarding training for adults and children to level 3. The executive team and one trustee where all trained to level 4 safeguarding, this ensured that staff had access to advice and support when required.

The hospice had a nominated designated safeguarding lead. The service had 12 members of staff who were all trained to level 4 safeguarding and were part of the strategic safeguarding on call team.

The service held safeguarding 'Hot Topic' monthly training sessions, the topic under discussion for March was Female Genital Mutilation (FGM). We saw that up to 12 members of staff had registered their interest to attend.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were able to tell us about the time when they had raised a safeguarding concern relating to a patient with a learning disability and how this was managed.

The service displayed a nominated safeguarding number on their staff and public noticeboards.

There was a safeguarding adults and children policy in place. The policy had links to relevant guidelines, roles, responsibilities, definitions, and indicators.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. All areas visited were visibly clean and clutter free.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). During a clinic we observed staff handwashing prior to patient contact and were using PPE.

We observed staff cleaning the room between patient appointments.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff completed I am clean stickers and attached them to equipment to show it had been cleaned.

During the 2021/2022 the Audit and Research programmes were scaled back due to the need for the Hospice to focus on core service delivery as a result of the resurgence in COVID 19 and associated system pressures. Certain audits such as Infection and Prevention Control continued to be completed. The service used the national Hospice UK infection and prevention control audit tool. This comprised of sixteen modules, programmed to run throughout the year.

Areas that were audited demonstrated an overall high level of compliance with the standards set out within each module. There were some recommendations relating to the environment for example, repair of a cracked ceiling, a door that required painting and clinical actions for example, ensuring sharps bins were closed after use. These were collated into an action plan, with named individuals responsible for the oversight of the actions and ongoing monitoring.

The hospice completed regular water testing for legionella. Water flushing and water temperature checks were completed weekly, documented, and signed. An external company undertook yearly checks.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The treatment rooms followed national guidance and all areas were well maintained.

Staff conducted daily safety checks of specialist equipment such as the automated electrical defibrillator (AED) based at the reception.

Maintenance records, risk assessment and audits demonstrated the environment was maintained and safe.

The service had suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients. Each treatment room contained appropriate equipment for the procedures completed in that area.

Staff disposed of clinical waste safely. There were sufficient clinical waste bins throughout the hospice.

Fire safety equipment was fit for purpose and in date. This included fire extinguishers, alarm system and emergency lighting.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Staff had processes to follow if a patient became unwell during a clinic session to reduce the risk of harm.

Staff completed risk assessments for each patient on their first clinic appointment, using a recognised tool and reviewed these at each clinic session.

The service used the Australian modified Karnosky Performance Status assessment tool for functional impairment. It can be used to compare clinical effectiveness of different therapies and to assess the prognosis in individual patients. alongside clinical judgement to monitor patients.

Staff knew about and dealt with any specific risk issues.

There was a medical emergency policy and guidelines in place, with pathways of care and algorithms for the management of these situations.

Staff were trained in level 2 basic life support, which included teaching staff to operate a defibrillator and how to perform effective cardiopulmonary resuscitation.

Staff shared key information to keep patients safe when handing over their care to others. Patient information was shared with the GP, consultant and other relevant health care professionals following their clinic appointments.

Shift changes and handovers included all necessary key information to keep patients safe.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe.

The staffing numbers for each clinic were two qualified nurses, five days a week.

The executive team held a daily safety surgery meeting where highlighted concerns of the day for example staffing levels, sickness and absence levels were discussed. Prior to the daily safety surgery meeting, service managers completed a 'daily service update' highlighting any concerns or service issues.

The hospice provided a senior on call rota, enabling staff to escalate any matters relating to clinical care that are a risk or concern. This included safe staffing levels and incidents.

Figures submitted for February 2023 show the service had a turnover rate of 7.7%.

Records

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

Patient notes were both paper and electronic.

When patients transferred to a new team, there were no delays in staff accessing individual records.

Paper records were kept in a locked cupboard within a locked room. Electronic records were stored securely using a digital system.

Incidents

The service managed patient safety incidents well. Staff recognised and would report incidents and near misses. Managers would investigate and share lessons learned with the whole team and the wider service.

From December 2021 to December 2022 the service had no serious incidents or never events. Never Events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

We observed the daily Executive safety meeting where incidents are reviewed in real time and appropriate actions are taken.

Staff knew what incidents to report and how to report them. The hospice had recently implemented an electronic system for reporting incidents.

Staff understood the duty of candour. Staff were aware to explain that it was about being open and transparent and would give patients and families a full explanation when things went wrong. The service had no reported duty of candour incidents.

Good

Hospice services for adults

Is the service effective?

Good

This was the first time we inspected and rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance (National Institute of Clinical Excellence (NICE) Quality standards for End of Life Care for adults and children and young people (updated 2021).

Staff delivered care based on guidelines and policies produced by the British Lymphology Society (BLS).

Patient outcomes

Staff monitored the effectiveness of care and treatment on national guidance and evidence based practice. But the service did not conduct a comprehensive programme of audits to check improvement over time and use the information from the audits to improve care and treatment.

The service was not able to participate in relevant national clinical audits as they provided palliative care, therefore they were not eligible to partake.

Outcomes for patients were monitored by the service lead for their clinics. The hospice used patient feedback tools to measure patient outcomes to highlight areas that needed to improve. Each clinic sent patients questionnaires and from these results they found patients had verbalised positive outcomes, feedback was documented and fed back to the senior management team.

Outcomes for patients were positive, consistent, and met expectations, such as national standards.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. All staff had to complete competency assessments to make sure they were able to meet the needs of their patients.

Managers gave new staff a full induction tailored to their role before they started work. A volunteer and member of staff described the induction process as comprehensive. They felt welcomed and supported.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Clinical educators supported the learning and development needs of staff. Education notice boards displayed current available training, topics included but were not limited to, Human Rights in End of Life Care (EOLC), complaints management training, talking with a bereaved relative and verification of death.

Managers made sure staff attended team meetings or had access to full notes if they could not attend. The service provided minutes from team meetings from December 2022- February 2023, topics included but were not limited too departmental update, governance, hospice update, risk assessments, health, and well-being.

Managers made sure staff received any specialist training for their role. We spoke with the lymphoedema practitioners who explained the extended training and competencies they had completed to undertake the role. The practitioners were members of the British Lymphoedema Society (BLS) and attended annual conferences as part of their continuous professional development (CPD).

Information submitted post inspection demonstrated when competencies were completed and when they had been updated, three of the five members of the team had updated 2021, one 2022 and one was booked onto the biannual update but had been unable to attend.

Staff had recently attended a course at the local NHS trust delivered by the lymphoedema academy on deep vein thrombosis (DVT) and compression bandaging.

Managers supported staff to develop through regular constructive clinical supervision of their work. Staff were able to access clinical supervision and provided positive feedback. A Clinical Supervision survey from November 2021 found 98% staff would recommend clinical supervision.

Managers recruited, trained, and supported volunteers to support patients in the service.

Multidisciplinary working

Nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Daily 'hub' meetings were held at the hospice.

Staff worked across health care disciplines and with other agencies when required to care for patients. Monthly meetings were held with the community Tissue Viability Nurse (TVN).

Twice a year staff attended a virtual meeting with members of all UK lymphoedema services to network and share experiences and good practice.

Five-day services

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

The lymphoedema service operated 5 days per week Monday to Friday and at different locations throughout South East Essex.

Health promotion

Staff gave patients practical support to help them manage their symptoms and improve their quality of life.

Good

Hospice services for adults

The service had relevant information available. Patient information leaflets were available in the clinics to support patients with their conditions.

Staff assessed each patient's health when first assessed at clinic and provided support for any individual needs to improve their lifestyle.

Information boards displayed information relevant to health such as information about nutrition and how to care for your skin, the hospice ran a well-being service.

The service led and organised 6 lymphoedema support groups annually.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients were referred to the service by other health care professionals. Patients were contacted prior to their first clinic appointment. Staff asked patients for their consent prior to starting any treatment.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the electronic patients' records.

Clinical staff received and kept up to date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service undertook a retrospective audit over a 30-day period during the month of December 2022. The outcome from the audit concluded that the hospice continues to operate safe practice when it comes to assessing capacity. Practices and procedures are regularly checked.

Annual MCA training was delivered via an E- Learning package, information received showed the service had a 95% compliance rate.

The senior management team have all received face to face training for MCA and DoLS.

To implement the new national guidance Liberty Protection Safeguards (LPS) the hospice has training scheduled for 18/04/2023.

Is the service caring?

Good

This was the first time we inspected and rated this service. We rated it as good.

Good

Hospice services for adults

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with five patients who all gave positive feedback about the care and treatment they had received. Patient surveys were consistently positive and complementary about the staff and environment.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said they were able to call the service if needed and that the service was responsive to their needs and always received a call back.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them; the hospice had a pre-and post bereavement service provided by their on-site well-being team, there was no time limit on how long after a bereavement people could access the service.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us that their relatives or friends could attend appointments with them or wait for them in the café.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Is the service responsive?

Outstanding ☆

This was the first time we inspected and rated this service. We rated it as outstanding.

Good

Hospice services for adults

Service delivery to meet the needs of local people

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

The service had a service level agreement with the local commissioning group. This had national and locally defined outcomes and key performance indicators that the service needed to meet.

Managers planned and organised services, so they met the needs of the local population.

Managers told us they worked with system partners to find the gaps in service provision and attempted to resolve them. For example, the lymphoedema clinics were provided at different locations to reduce patients' requirement to travel.

Facilities and premises were appropriate for the services being delivered. The hospice had a car park with disabled parking available. However, some patients told us that the hospice was difficult to get to by public transport and they relied on relatives to take them to their appointments. The service was accessible to patients who used mobility aids, with accessible bathroom and treatment room facilities.

The service had systems to help care for patients in need of additional support or specialist intervention. The service had extended its remit to include non-cancer lymphoedema and long term chronic oedema and lipoedema.

The hospice had a well-being team which offered patients psychological and spiritual support.

The hospice offered bereavement care to external service users, whatever the manner of death or the age of the bereaved person.

The hospice provided a counselling service for children and young people. The service provides early intervention, one-to-one counselling/creative therapies, and support work, with all services available to any child and young person up to 19 years old within South West Essex.

The service partnered with a national children's charity who offered to fund a bereavement space -an 'Eco cabin' or potting sheet for bereaved children, based in the hospice grounds surrounded by bird feeders and woodlands.

The hospice staff visited community groups to talk about the hospice role and placed posters in the local library and community centres to promote an awareness of its services.

The hospice staff created a series of podcasts called, 'Its time to talk'. The aim of the podcasts was to promote the hospices' role to patients with a learning disability, their carers and loved ones.

The hospice bistro is accessible to service users and the local community. In addition, the service organised tours of the hospice for members of the public.

The hospice bistro provided food and drink for patients and their families at a subsidised rate.

Meeting people's individual needs

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

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

To improve staff knowledge and skills they had completed training on learning disability and autism, which included how to interact appropriately with autistic people and people who have a learning disability. The service had six learning disability champions.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to a hearing loop.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff conducted home visits to patients who may be approaching the end of their life and were unable to attend the clinic.

The service employed a staff member who can work across two departments, the SELS service and the inpatient unit (IPU). This enabled IPU patients to access the lymphedema service outside of core working hours.

Staff described how they had managed a patient who needed a compression garment, the patient felt the garment was claustrophobic and unsightly. Staff contacted the company who visited the patient and made a bespoke garment for them.

Access and flow

Patients could access the specialist care and treatment care service when they needed it. Waiting times from referral to first appointment were in line with good practice.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. There was a clinical dashboard in place which detailed the referral figures and contact times of the service.

Any healthcare professional can refer to the service. Self-referrals were accepted. Priority was given to patients with palliative or advancing disease who are seen within two weeks or if required staff will visit the patient at home.

The service had an inclusion and exclusion criteria.

Referrals were received electronically, transferred onto a digital system, and shared with other relevant health care professionals.

Patients are offered a choice of appointment times; clinics can be adapted to meet the patients' needs.

Good

Hospice services for adults

There was a process in place for patients who 'did not attend' appointments.

When patients had their appointments/treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

A GP and advanced nurse practitioner provided cover for the out of hours service (OOHS).

Staff supported patients when they were referred or transferred between services. Referrals for patients with limb lymphoedema were a priority. Staff coordinated care collaborating with the community Tissue Viability Nurses (TVN) and District nurses (DN).

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, them and shared lessons learned with all staff.

The service clearly displayed information about how to raise a concern in patient areas.

Staff documented complaints on the service's electronic recording system. The services complaints policy detailed timescales and the role of the Parliamentary and Health Service Ombudsman (PHSO).

From April 2022 to February 2023 the hospice had received two complaints. The service investigated the concerns raised, with lessons learnt, actions and outcomes shared with staff.

One complaint related to a delay for a patient accessing a service. A letter was devised to inform patients when the service had received their referral.

The second complaint related to the identity of two patients with the same first name. The service implemented a change of procedure to ensure patients first name and surname were used when calling patients from the reception area.

Staff understood the policy on complaints and knew how to manage them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Is the service well-led?

Good

This was the first time we inspected and rated this service. We rated it as good.

Leadership

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

Leaders had the skills, knowledge, experience, and integrity that they need to run the service effectively. The director of care who was also the CQC registered manager had worked within the service for several years in various roles. Staff told us leaders were visible in the service and approachable. There was clear line of leadership with the Chief Executive Officer (CEO) leading the service. Staff were aware of who their line manager was and to whom they reported. The hospice had a Board of Trustees that held the executive directors accountable.

Leaders understood the challenges to quality and sustainability, and they could identify the actions needed to address them. The Hospice had recently undertaken a review to assess the need for the six inpatient beds. However, with the impact of COVID and a strong community demand the Executive Team felt that the current model of care was not a viable, and it would be beneficial to align Hospice Care Services (HCS) to the new locality hubs. This option allows alignment with locality frameworks that are becoming embedded.

During our inspection, we observed the management team, they were visible, supportive and had a good working relationship with staff. They told us they encouraged an open culture and actively sought staff feedback and opinions. Managers held regular staff meetings and open forums to communicate and engage with staff regularly.

All staff spoke very highly of the management team and felt they were always approachable and actively involved in all aspects of the service. Staff told us they were encouraged to develop their knowledge and skills and were supported to attend training courses.

Vision and Strategy

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

The service had a clear vision, (updated July 2022) and set of values with quality and sustainability as top priorities. At the time of the inspection the hospice had just launched its future hospice care shaped by its Care Strategy 2023 -2025.

The service had a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care had been developed. Senior staff told us they were approaching the end of their 3-year strategy and were due to share their next 3-year strategy with staff. An important part of their current strategy concentrated on how the service could deliver exceptional care to more people across South East Essex and surrounding areas.

During the COVID-19 pandemic many patients chose to remain at home and receive their care from the community palliative care service, allowing them to remain at home with their family for as long as possible. Post pandemic this trend has increased, that coupled with the growth of clinical outpatients with many procedures being undertaken in that setting has contributed to the un-commissioning of the inpatient beds. The hospice executive team continues to consider further models of care; however, it is anticipated that the future of Palliative End of Life Care will be to deliver care at home.

Post inspection the service submitted a proposed Clinical Outpatient Strategy Paper for 2022/23 with the intention to implement this by April 2023. The Paper outlines a vision for care for 2023 that is set against the changing national and local context of Palliative and End of life care (PEoLC), reflecting upon the demand on current clinical services representing the needs of the community served by the hospice.

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An important part of the strategy was to support the wider health and social care service by working in collaboration to design seamless pathways of care that strengthen integration of hospice care with the acute hospitals and other community services. Senior staff told us they worked closely with system partners to review the needs of people and planned services where there were gaps in provision.

Culture

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

Staff felt supported, respected, and valued. Several members of staff we spoke with had worked with the service for many years. Staff told us they liked working there.

The culture centred on the needs and experience of patients who used services. Staff were focused on providing the best care and treatment to patients to improve their symptoms and quality of life.

Staff and volunteers told us they felt positive and proud to work in the organisation.

The hospice strived to be a fully inclusive service, which every person in the community could fully access and benefit from the specialist care the hospice provided. The hospice had an equality diversity and inclusion group which met to drive forward policies and procedures.

Managers had access to policies, procedures, and support to address behaviour and performance that was consistent with the vison and values, regardless of seniority.

The culture encouraged, openness and honesty at all levels within the organisation, including with patients who used services. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Staff were able to raise any concerns with their line manager or other senior staff. The Assistant Director of Care and Quality was the Freedom to Speak up Guardian, who was supported by 12 Freedom to Speak Up champions, staff could contact them anytime and contact details were provided for staff.

There were cooperative, supportive, and appreciative relationships among staff. Staff and teams work collaboratively. Staff told us they worked well together to provide a high standard of care and treatment to patients. There was a strong emphasis on well-being within the hospice, with managers strongly advocating the importance of this. Staff could access clinical supervision and counselling. We saw several wellbeing initiatives from social evenings to a table in the staff room with cakes and wellbeing messages for staff.

Staff were aware of their responsibilities to meet the duty of candour. They had not been required to implement duty of candour at the time of our inspection. The service reported on duty of candour as part of their quality accounts each year to the Integrated Care Board (ICB).

Governance

Leaders did not operate an effective governance process, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The audit programme to monitor quality, operational processes, and systems to identify where actions should be taken was under development. Senior staff told us following the COVID-19 pandemic the 2022 audit programme had been reduced to Infection Prevention and Control (IPC) and Safeguarding audits.

Post inspection the provider submitted a draft 2023/24 audit plan which it plans to implement in April 2023. The plan encompassed all hospice services, named audits with timeframes, and designated responsible individuals to oversee the audit.

The hospice had various committees and groups which assured any information was discussed shared and cascaded to the relevant people.

Quality and risk information about the service was reviewed during board meetings included financial information, risks, and key performance indicators (KPI's) for the services offered.

We reviewed minutes of monthly or quarterly meetings where staff discussed these and other topics.

Staff at all levels were clear about their roles and accountabilities. The senior leadership team shared information with all staff.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register which detailed risks associated with the service and business continuity. Risks, actions, mitigations, and designated responsibilities of staff were recorded. We saw that the risks identified were reviewed regularly and any mitigations recorded. All risks were rated according to likelihood and impact, and actions to reduce risks were documented.

Risks were discussed regularly at team meetings and considered issues highlighted by incidents, complaints, and other occurrences. All staff were involved, could contribute, and were aware of actions.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to the organisation's computer systems and could access latest guidance and communication about changes for the service.

There were effective arrangements to ensure that data and notifications were submitted to external bodies as required.

The provider had arrangements to ensure the availability, integrity, and confidentiality of identifiable data, records, and data management systems, were in line with data security standards.

Data systems were secured and monitored.

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Engagement

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

Patients' views were gathered and acted upon to shape and improve the service. Feedback from Friends and Family's surveys completed between April 2022 to March 2023 showed positive feedback. We interviewed patients post inspection who spoke of how their health had improved because of the intervention from the hospice service.

There was a positive and collaborative relationship with external partners to build a shared understanding of challenges within the system and the needs of the relevant population and deliver services to meet those needs The Hospice conducted a pilot project with the local Clinical Commissioning Group (CCG) to improve access to end of life care planning for people with learning disabilities. This included the enablement, education, and empowerment of staff collaborating with this client group. It empowered professionals to have conversations with people with learning disabilities and their families or support staff, about Advance Care Planning (ACP), Preferred Place of Care (PPC) and Preferred Place of Death (PPD), thus putting necessary plans in place to ensure the person's final wishes can be observed and respected by those around the person with learning disabilities.

The Hospice continues to have a prominent position across the South West Essex locality, as lead provider of palliative end of life care services and has collaboratively worked across the wider health and social care system in Mid and South Essex.

The Hospice held a thank you event for all the staff especially the clinical staff who worked through out the pandemic tirelessly. The senior management and the CEO paid tribute to the staff who had to adapt and change working practices, redeployed to other services, and took furlough to ensure the Hospice could continue to provide care for the community.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Staff of all levels were supported to learn and develop, and managers encouraged them to suggest further training they wished to pursue.

There was a focus on continuous learning and improvement throughout the service with patient experience at the forefront. Learning was regularly shared in team meetings and the clinical educators were proactive in facilitating training opportunities.

Across the organisation the hospice has contributed to national bench marking as part of the Hospice UK National Benchmarking framework for in-patient services.

The Hospice successfully piloted and implemented a 'shared care pathway' for long term condition service users with Advanced Liver disease and their carers.

The project demonstrated a number of successful quantitative and qualitative outcomes. The project was so successful that it has been presented at a number of conferences including the Hospice UK National Conference and the British

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Association for the study of Liver Conference. The work was also published in journals and formally recognised by the Royal College of GP's as innovative practice. The Hospice worked to spread the innovation and has been approached by research fellows to share the outcome of the project. The pathways has since been developed and extended to Heart Failure patients.

As the hospice had grown, an initial scoping exercise identified, there were over twenty different ways a referral could be made to the hospice. The service set up a referral hub which made it much easier for those outside the organisation to refer into hospice. This meant the referral processes was simplified and therefore patients could access the right service. The introduction of the referral hub, the outcomes, and benefits for the service user, continued to be monitored.