

Trinity Hospice and Palliative Care Services Ltd

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Inspection report

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Date of inspection visit:
13 July 2016

Date of publication:
28 October 2016

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection visit at Trinity Hospice and Palliative Care Services Limited was undertaken on 13 July 2016 and was announced. We gave 48 hours' notice of the inspection because of the sensitive nature of the service provided. We also wanted to ensure people, staff and visitors were available to talk with us.

Trinity provides palliative and end of life care for 33 children and adults with life limiting illnesses. The service supports people and their families, providing spiritual and holistic care. Furthermore, they offer a hospice at home service in the local community to assist individuals living at home. At the time of our inspection, there were eight people inpatient at Trinity. Additionally, the hospice supported approximately 500 individuals in their own homes within the Blackpool and surrounding areas. The service further employed two teams of clinical nurse specialists in the wider community who worked at the local hospital and with community services. They supported people who were inpatient and worked collaboratively with district nurses for those who lived in their own homes. The nurse specialists provided palliative care management, symptom control advice and facilitated complex treatment discussions with people and their families.

Trinity is situated in a residential area close to local amenities. The service supports people in three different units: the main hospice inpatient unit; Brian's House (the children's unit); and a day therapy unit. Bedrooms are for single occupancy, spacious and comfortable. Additional facilities include therapy areas, private consultation rooms and extensive gardens.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 20 August 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, staff, people and visitors said the service was organised to a high standard and had exceptional leadership. The registered manager worked jointly with other agencies to develop best practice and foster excellent partnership relationships. For example, they conducted various research studies with the local hospital that influenced and improved best practice and national care policy-making. We saw this had a major impact upon people's care, safety and welfare.

We found staff, people and relatives were at the heart of Trinity's quality assurance programme. The management team set up multiple forums to involve and gain their feedback. One comment we saw stated, "Nothing needs improvement." A relative fed back, "Fantastic support given by the hospice at home team." The registered manager had remarkable oversight of care provision, service quality and everyone's safety. This included multiple auditing systems, a range of different staff-level meetings and various structures to

review staff, people and visitor's views.

We observed staff provided outstanding support that had the person at the centre of their care and treatment. Without exception, people and their relatives spoke extremely highly of staff and their experiences of care. One relative said, "I really cannot praise them enough."

We found care planning enabled staff to work in a highly personalised and holistic approach. People told us staff were efficient at responding to them and their requirements. End of life care plans were very detailed and relatives told us related support was excellent. One relative fed back, "The memory boxes have been overwhelming since my [family member] passed away."

People and their representatives said staff worked collaboratively with them to ensure they received high standards of care. One person said staff advised them in ways that helped them to understand and be fully involved in their care. They added, "We were given lots of information to help us prior to and on the day we arrived, like leaflets and booklets."

We toured the service and found it had an exceptionally tranquil, warm, happy and welcoming atmosphere throughout. One person said, "I hold Trinity in my heart. I didn't want to leave." The hospice demonstrated a highly sensitive and compassionate understanding of protecting and respecting people's human rights. We found staff were passionate about providing a non-discriminatory service.

The registered manager had systems to monitor and manage accidents and incidents to maintain everyone's safety. We found people had risk assessments to minimise the risk of harm or injury to them. The provider ensured staff received safeguarding training to underpin their roles and responsibilities. One person confirmed, "I feel safe and supported."

We noted the registered manager had sufficient staffing and skill mixes to meet people's levels of support. People told us staffing levels were ample to meet their needs. We saw staff had extensive training to underpin their skills in supporting people at Trinity. The management team had not always followed their recruitment procedures, but took immediate action to address this.

People said they received their medication on time and when they required them. We noted two responsible staff administered medicines together without interruption to ensure a methodical and safe approach. Associated records we looked at were up-to-date and completed accurately.

We found the registered manager trained staff in nutritional support to enhance their awareness of associated risks. When we discussed the quality of meals with people and their relatives, they said food was of a good standard. One person told us, "If there's not something we like they always get something else from the kitchen for us and it's never too much trouble for them."

Staff received training about the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards and demonstrated good awareness of related principles. Care records held documented evidence of the person's agreement to care.

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.

Staffing levels were sufficient to meet people's needs and individuals we spoke with said there were enough staff to keep them safe. The management team had not always followed their recruitment systems, but took immediate action to address this.

Staff had a good awareness of safeguarding principles and who to report concerns to if people were at risk from harm or injury.

We observed people received their medicines on time and when they were required. Staff were skilled and managed medicines carefully.

Is the service effective?

Good 

The service was effective.

People told us they felt staff were experienced and skilled. Staff files we saw showed they received a wide range of training.

Care files contained nutritional risk assessments and control measures to minimise the risk of malnutrition.

Staff received training about the MCA and DoLS. People told us they were supported to make any decisions.

Staff worked with other healthcare services to monitor people's ongoing physical and mental health.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Without exception, people and their relatives spoke extremely highly of staff and their experiences of care. We found staff were passionate about providing a non-discriminatory service.

We toured the service and found it was an exceptionally tranquil, warm, happy and welcoming atmosphere throughout. People said this enabled them to feel exceptionally comfortable and

relaxed.

The registered manager worked with other healthcare services to provide relatives with dignified end of life care. Care planning was highly personalised and held details about the person's preferences and how they wished to be supported.

Is the service responsive?

Good 

The service was responsive.

Care planning was personalised and gave staff precise direction to care. People told us staff were efficient at responding to them and their requirements.

The provider maintained the environment to a very high standard to enhance people's wellbeing and stimulation. This included a range of activities, facilities and holistic therapies.

We saw the registered manager dealt with complaints competently.

Is the service well-led?

Outstanding 

The service was extremely well-led.

The registered manager acted with other agencies to develop best practice and foster excellent partnership relationships. They worked with the local hospital to influence and improve best practice and national care policy-making. We found this had a major impact upon people's care, safety and welfare.

Staff, people and visitors said the service was organised and managed to an extremely high standard. They told us the registered manager was very active in supporting and understanding their requirements.

The management team excelled at managing change in a coherent and cohesive approach. Staff said they felt fully involved in Trinity's ongoing development. They added the management team was extremely supportive and approachable.

We found people were at the heart of Trinity's quality assurance programme. They fed back they would not hesitate to recommend the hospice to others. The registered manager had remarkable oversight of care provision, service quality and everyone's safety.

Trinity Hospice and Palliative Care Services Limited

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.

The inspection team consisted of two adult social care inspectors; a specialist advisor, with clinical experience of hospice services and end of life care; and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Trinity had experience of caring for people who access hospice services.

Prior to our announced inspection on 13 July 2016, we reviewed the information we held about Trinity. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who accessed the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they planned ongoing staff training and support, as well as the development of their new clinical patient record system. They also said they would enhance their recently introduced staffing levels model; their clinical waste processes; and their auditing systems. They highlighted they planned to recruit new staff for additional treatment programmes and to assist with ongoing growth of their community services.

We spoke with a range of individuals about this service. This included twelve people who accessed Trinity, seven relatives, the registered manager, the chief executive, nine staff and two volunteers. We did this to gain an overview of what people experienced accessing the hospice.

We also spent time observing staff interactions with people who accessed the service and looked at records. We checked four individuals' documentation and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

Without exception, all the people we spoke with said they felt safe at Trinity. One person said, "I felt 100% safe in their wonderful hands. They were excellent." Another person told us, "I feel 100% safe and well supported. Everything is perfect and there is nothing to fault." A third person commented, "The staff understand what I am going through, which helps me feel safe."

We found people had risk assessments to minimise the risk of harm or injury to them. These documents covered, for example, movement and handling, pressure area management, falls, oral assessments and nutrition. The assessments held information about the level of risk and actions to manage the person's safety. For example, people, identified as a risk, had individualised falls prevention care plans to guide staff to their support needs. Documents were reviewed on a weekly basis or more frequently if required.

The registered manager had systems to monitor and manage accidents and incidents to maintain people's safety. This included records of accidents, any resulting injuries and actions staff completed to manage them. The registered manager audited incidents to analyse where they could make improvements to minimise their reoccurrence. We saw the service's safety certification and fire safety documentation were monitored and up-to-date.

The provider ensured staff received safeguarding training to underpin their roles and responsibilities. Staff had good awareness of related principles and who to report concerns to if people were at risk from harm or injury. One staff member told us, "I would report to [the registered manager] and if they did not act I would inform CQC and social services." Following any safeguarding incidents, we found the registered manager met with staff to debrief and explore system improvement and lessons learnt. Additionally, the management team discussed incidents at focused, quarterly meetings to review how procedures could be continuously developed. As an example of this, the registered manager introduced a process whereby staff were required to complete a 'cause for concern' form. This was then analysed as a part of management systems to protect people against safeguarding concerns.

We saw the registered manager had sufficient staffing and skill mixes to meet people's needs. We observed staff responded to call bells in a timely way. The registered manager had a traffic light system to monitor staffing levels, vacancies and recruitment. They measured this against the number of people accessing each department, such as inpatient, day therapy and community services. The model identified what the needs of the hospice were. This included the impact of vacancies upon the service and increased admissions and occupancy. The registered manager told us they had specific targets to ensure staffing levels met each person's complex needs. For example, we saw where staffing levels were low, the hospice suspended admissions

People, staff and visitors told us staffing levels were sufficient to meet their needs. One person said, "At the hospice there are plenty of staff and volunteers who attend to you straight away." Staff also confirmed staffing levels were ample for them to take their time when supporting people. One staff member stated, "We have safe staffing levels and the patients are safe. We have a traffic light system that means we can

always work to high standards." We saw Trinity employed 200 paid staff and over 800 volunteers. The registered manager told us, "Many of our volunteers are relatives of past patients." This meant people had access to others with shared experiences and an empathic understanding of what they were undergoing.

Four records we looked at held evidence that the management team followed safe recruitment procedures in the employment of staff. Documentation included references and criminal record checks obtained from the Disclosure and Barring Service. The provider confirmed personnel had full employment histories and verified, where required, they had a current professional registration in order to practice.

However, there was missing information in a fifth employee's file. We discussed this with the registered manager who assured us they would improve related systems. Within 24 hours of our inspection, they contacted us to highlight what action they took to prevent a reoccurrence of identified issues. This included a new protocol and audit system. This demonstrated the registered manager fully understood their responsibilities and took action to protect people against the employment of unsuitable staff.

We observed people received their medicines on time and when they were required. One person told us, "They gave me my medication even before I thought I needed it. It was fantastic because it meant they kept my pain under control." We noted two responsible staff administered medication together without interruption to ensure a methodical and safe approach. We found medicines, including controlled drugs, were stored in a secure, clean environment. Staff received medication training on a regular basis to enhance their understanding and skills.

Medication care records consisted of multiple forms to assess and meet people's requirements. These included the person's own pain assessment diary, medicine patch checklists and personalised pain management care plans. Records we looked at were up-to-date and completed accurately. The management team completed weekly prescription audits to review any prescribing and dispensing errors. We saw they tackled identified issues quickly to maintain people's safety. For example, staff were required to complete medicines management incident forms where procedural concerns arose. Sample records we looked at detailed investigations completed and actions taken, which was then explored with staff in a debrief session.

Is the service effective?

Our findings

People and relatives we spoke with said staff were effective in assisting them to meet their requirements. One person told us, "All the staff and the doctors were amazing." Another person added, "It's a wonderful place, surrounded by people [staff] that go out of their way to make sure everyone is well looked after." A relative who accessed the Hospice at Home service stated, "The team and service was so important to me. I couldn't have managed without them." Another relative said, "I am so impressed my [relative] maintains control over his care. Unlike [other healthcare providers], I am confident that all my [relative's] needs will be met."

We saw staff had extensive training to underpin their skills in supporting people at Trinity. This included the 'care certificate', which involved workbook, observation of practice and face-to-face learning. The guidance covered, for example, person-centred care, communication, environmental safety, dementia care and first aid. The registered manager provided further training in a number of areas. For example, mentorship, syringe driver guidance and blood transfusion management. These sessions were provided for Healthcare Assistants and demonstrated they were valued by the management team and encouraged to expand their roles. Records we reviewed held evidence to confirm at least 85% of staff had completed all the training available. One person who used the service said, "Oh yes, yeah, staff are very well trained. I could put all my trust in them."

Investors in People (IIP) had recently completed an assessment of the hospice. IIP is an external organisation that checks how services manage their staff against set standards. Their programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. Trinity Hospice achieved a silver award, which is a prestigious status in their accreditation. This recognised high standards in management, communication and training within the service. One person had fed back the service had, "Dedicated, professional staff."

The registered manager checked staff implemented their learning in their care practice through competency testing and supervision. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. At Trinity, this consisted of a Personal Development Review (PDR), which all staff were required to complete with their line manager. The PDR was an ongoing process completed over a year. This involved two-way discussions and reflective practice on their progress, clinical practice and role requirements. Furthermore, supervision meetings within group settings were set up on a regular basis. This gave staff a safe space to explore their very sensitive and often distressing work. A staff member told us, "Our work can weigh heavily at times, but we get lots of management support. They are really good, supportive and organised leaders."

Care records held documented evidence of the person's agreement to care. We observed staff consistently checked people's consent prior to supporting them, such as with meals or to mobilise. They initially explained tasks and then gained their permission to proceed. One relative confirmed with us, "The care provided is more than agreed." We discussed the principles of consent with staff and found they were knowledgeable and skilled. One staff member told us, "Care is about following the person's lead. It's about

whatever they want."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who used the service had complex, life-limiting illnesses, often involving emotionally and clinically difficult decisions. We saw evidence of good staff skills and tools used to support people and their relatives. This included information leaflets and discussions with clinical staff, counsellors and spiritual leaders. This assisted Trinity to prevent any limiting of people's freedom to make decisions. A person who used the service told us, "They discussed everything with me and helped me to make decisions about my treatment." When we discussed the MCA and DoLS with staff, they demonstrated a good awareness of related principles. One person confirmed, "I am free to do what I want to do and if I don't feel like doing anything that is also fine."

When we discussed the quality of meals with people and their relatives, they said food was of a good standard. One person told us, "The food was lovely." We observed lunch was well organised, enjoyable and promoted as a social occasion. Staff offered people meal options or an alternative if they did not like what was on the menu. One person confirmed, "I had plenty of choice and they did everything they could to give you whatever you wanted." A separate dining area was provided in the day therapy unit. A staff member stated, "We offer tea and toast when people arrive." We observed people were supported in a considerate and discrete way.

We noted the registered manager trained staff in nutritional support to enhance their awareness of associated risks. We observed drinks related to people's preferences, including alcoholic beverages, were made available to individuals whenever they wanted them. Care files contained nutritional risk assessments and control measures to minimise the risk of malnutrition. Where staff identified concerns, they acted immediately and updated associated records. People's nutritional needs were further discussed in twice-weekly meetings to ensure their support was effective.

Where issues with nutrition were identified, the individual concerned was referred to an external agency, such as the speech and language therapy team. Staff worked with other healthcare services to monitor people's physical and mental health. This included the local hospital, clinical commissioning groups and community services. Records we looked at contained concerns found, actions taken and a review of care planning and risk assessment. We saw evidence of staff involving people and their representatives in this process. A relative told us, "I am always kept informed of all [my relative's] needs, including any changes."

Is the service caring?

Our findings

People and their relatives spoke extremely highly of staff and their experiences of care. One person told us, "It was heaven. I'll never forget my experience. It was marvellous." Another person said, "The care is phenomenal. There is nothing lacking in the care and support at this hospice." A third person stated, "I wanted to come here in my final days because it's a beautiful place and the staff are beautiful." A fourth individual added, "Love and care for patients is outstanding." A relative commented, "The staff were compassionate and amazing."

The management team were clearly enthusiastic about supporting people with life-limiting illnesses and we found staff were infused with their attitude. This was evident by their innovative approaches to celebrating each person's life. The management team had installed two metal memory trees, one for adults and one for children. The leaves had the names of past patients as a way of commemorating and remembering them. The registered manager told us parents or relatives often dropped in to the hospice for a coffee and a chat with staff. They added, "Then they'll spend a bit of time at the tree in remembrance. They might be feeling a bit low that day and this gives them a little lift." A book of condolence was kept with photographs and comments from staff, relatives and friends about the individual and the care provided.

We discussed care with staff who demonstrated an outstanding understanding of people, their requirements and delivery of very sensitive support. We observed staff were patient, courteous, friendly and highly skilled at quickly developing strong bonds with individuals who accessed the hospice. One person said, "Staff are always available. They are there when I have a melt down and need comforting." A relative added, "It's like an extended family. The bonding between staff and [my relative] is always there and I am delighted when I see [my relative] smiling as a result." Staff constantly used eye contact and soft tones when they engaged with people. They expressed concern and care, without patronising individuals who accessed Trinity, and responded to them with warmth and empathy. Another relative said, "The palliative nurses were so knowledgeable and compassionate. It was just the little things like explaining things and being aware of what my [relative's] body language meant." One person who used the service fed back, "The whole experience has been of great love and caring."

The service demonstrated a highly sensitive and compassionate ability to protect and respect people's human rights. The registered manager provided equality and diversity training for staff, which we confirmed in records we looked at. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. We saw the diverse requirements related to the Act's protected characteristics were acknowledged in care records. Additionally, when we discussed this with staff we found they were passionate about providing a non-discriminatory service. A person who accessed Trinity told us, "They treated us patients as individuals. We are all different and they respected that."

Furthermore, we saw Trinity valued people's human rights, as set out in the Human Rights Act 1998. This included the 'right to respect for private and family life' and 'freedom of thought, conscience and religion.' For example, we observed a chaplain spent time at the hospice to provide a pastoral service and to chat with people of any faith. There was a large room for spiritual support and services of all religions. The

registered manager said they recently invited leaders from multiple faiths to discuss how they could improve people's end of life experiences. As a result, the management team implemented a number of actions, such as providing information leaflets and ceremonial washing facilities. One person fed back, "All aspects of care and treatment have been given with respect and consideration for myself." This showed Trinity highly valued people's diverse needs and strived to meet them continuously in very positive ways.

Staff additionally had high regard, training and awareness of the rights of children in relation to the UN Convention on the Rights of the Child. This included 'the right to life...that children survive and develop to their full potential'; 'the right to have a say in all matters affecting them and to have their views taken seriously'; and 'the right to relax, play and take part in a wide range of cultural and artistic activities'. We observed these examples when one staff member supported a child with play. They gave them a variety of toys and waited patiently until the child indicated which one they wanted. Other facilities were made available, such as sensory areas, an external, wheelchair-accessible playground and multiple arts and crafts opportunities. Staff listened carefully in all their engagements and checked each child understood and consented before supporting them. This enabled children with life-limiting illnesses to lead meaningful and happy lives.

Staff had exceptional knowledge about the principles of dignity in care. We observed they spoke sensitively and communicated with individuals as equals, discussing care and talking at eye level. One person confirmed, "My dignity is always maintained. I feel that I matter." Another person fed back, "All the dignity that a person required, and more, is given." A relative added, "The staff were so compassionate, dedicated and amazingly caring." Staff guided people and their relatives to private rooms when conversations were difficult to maintain their privacy and confidentiality. Trinity provided a counselling service for those who used the hospice and their families. This had a huge impact upon them because they were assisted to explore and manage their distress and other emotions. We found staff maintained people's dignity throughout our inspection, such as knocking on doors before entering. They engaged with individuals who accessed the service with a kind, compassionate approach and made appropriate use of touch and humour. A doctor said, "Our care is about providing dignified, respectful support. We can't do that without good, basic communication skills."

We toured the service and found it was an exceedingly tranquil, warm, happy and welcoming atmosphere throughout. For example, staff went about their duties calmly and with a smile. Individuals who used the hospice confirmed they found Trinity far exceeded other healthcare services they attended, which was extremely important to their welfare. For instance, a small kitchen was provided for relatives to make snacks or hot drinks at any time. The registered manager was exceptionally sensitive to relatives' needs to be close to people or for those who lived far away. For example, private accommodation of a very good standard was available for families and friends of anyone admitted to Trinity. One person told us, "This place is like a grand hotel." Another person said, "It was just peaceful, but also a happy place to be." A third person had fed back, "These lovely, lovely ladies are a credit to their profession."

The registered manager showed us a private area in Brian's House that contained a lounge and connected bedroom. This offered parents, relatives and friends sensitive, secluded, non-clinical space and time with their recently deceased child. It was thoughtfully conceived, with butterfly designs and soft toys in a homely setting. A stereo was provided for the child's favourite music and the lounge had access to a small, private garden. This gave relatives and friends time to talk and say goodbye to their child. The registered manager told us they made the room available to the local hospital. For example, it was accessible to families of children and young adults who died in the accident and emergency department. Consequently, Trinity went above and beyond to support relatives and friends from another service who were often in a highly distressed situation. The registered manager added, "We work with the chosen funeral directors and place

the child in the bedroom for families to have peace and time with them."

Staff received end of life training to enhance their skills in supporting people with life-limiting illnesses. The Hospice at Home service demonstrated Trinity's commitment to meet each person's end of life preferences. They showed great determination to provide quality support for individuals who wished to die peacefully in their own home. For example, a relative who accessed Trinity's Hospice at Home service told us staff were exceedingly well trained in palliative care. The relative explained their family member was without good pain management for a long period because community services did not have the necessary expertise. They added as soon as Trinity staff became involved they assessed their relative's pain level and obtained effective medication. The relative said, "As soon as they met my [relative] they could see she was in pain and got this under control very quickly. It was a huge relief to see [my relative] got the pain control she needed."

Staff from the Hospice at Home team explained they used pain monitoring charts and observations of each person, as well as other processes. This assisted them to evaluate people's comfort, whether further intervention was necessary or if they needed to complete a review of medication. They told us they consulted with relatives and Trinity's doctors to ensure a highly effective service.

Trinity provided the Hospice at Home service for people who wished to die at home. We had feedback this team managed the person's needs exceptionally and were extremely caring towards their relatives. To support this, the registered manager implemented a 24-hour helpline to give people advice, reassurance and support over the telephone. We noted the Hospice at Home team completed personalised records for individuals who accessed the service. One relative said about this team, "The staff who came were kind and gentle and listened carefully to everything we had to say. [My family member] had the best possible death."

We saw evidence of staff working collaboratively with people and their representatives in their care planning. For example, information leaflets about various life-limiting illnesses were provided to help individuals gain an understanding before making any decisions. Regular clinical and sensitive discussions took place to enable people to understand their conditions and jointly develop their treatment plans. One person told us, "The doctor and all the staff were very good at discussing my care with me. I know a lot about it, but they told me everything I needed to know and then we looked at ways forward." Another individual fed back, "Everything is explained in detail to enable me to understand my condition." Records we looked at contained comprehensive evidence of people being engaged in the entire process. Care planning and other documentation had details about their preferences and how they wished to be supported.

We observed staff exhibited the same respect, care, empathy and kindness to relatives that they showed to people who used the service. One relative who accessed the Hospice at Home service told us, "Staff gave us, the family, just as much support as my [relative]. I remember one time when it was all chaotic and one of the nurses offered to make us a cup of tea at [my relative's] home. It should be the other way round, it was amazing." Staff assisted people to retain their vital relationships and social needs. They welcomed their families and friends when they visited. For example, we saw staff showed concern for one distressed relative. They explained they did not want her to have to cook a meal when they went home. They offered the visitor a cooked meal at lunchtime, which also assisted them to have more time with their family member.

Is the service responsive?

Our findings

Everyone we spoke with told us staff were quick and efficient at responding to them and their requirements. One person said, "The doctor was incredibly reassuring and positive, without giving any false hope." A relative stated, "We are raising money for them because we want to give something back to them for being a brilliant service and for looking after us and [my relative] so well." Another relative fed back, "The support from the Trinity night team was superb and made a real difference to my [relative] and family."

We found the registered manager had a good system to maintain people's immediate and ongoing needs. Assessments covered, for example, mobility, pain, pressure area care, sleep patterns, personal care and nutritional needs. One person fed back, "The care I received at my assessment was wonderful and made me feel comforted to know that I was listened to." Support plans were detailed and there was clear evidence the management team involved people in this. Care records we looked at contained information about each person's preferences and wishes. This included choices about, for example, clinical and support wishes, end of life preferences, nutrition, portion sizes, beverages and activities.

The provider carried out several processes to establish national benchmarking projects. This included increased staff awareness, training and monitoring of systems and procedures. The standards of support and evidence-based best practice meant staff were responsive to people's needs. We saw evidence of the service's approach to care and treatment had reduced inpatient acquired incidents. For example, the occurrences of falls and pressure ulcers were reduced and lower than the national average.

Staff reviewed people's care planning and associated records on a daily basis. Documentation was formally reviewed on a weekly basis to maintain oversight of the person's treatment. Each team met immediately where emergencies arose, as well as having two handover meetings per shift. This enabled staff to discuss interventions and consider alternative approaches. One person said when their symptoms escalated, "I am confident that they would be dealt with in a speedy and efficient manner." Medical, nursing and ancillary staff recorded all information under one record, which meant changes in care were communicated between teams quickly and effectively. People and their relatives said they were fully involved in the review of their care. One relative told us, "Staff discuss with both [my relative] and I the care before any changes are put in place."

The registered manager was in the process of transferring people's records to an electronic system. The new system, called the Egton Medical Information Systems (EMIS), was utilised by the local hospital, community healthcare services and GP practices. This meant all healthcare professionals had immediate access to records and ensured the smooth transition between services. Likewise, Trinity staff could instantly review any changes to a newly admitted person's medication or support requirements. This showed the registered manager implemented additional resources to advance the responsiveness of the service.

We found the provider maintained the environment to a high standard to enhance people's welfare and stimulation. For example, there were several small and large garden areas and rooms to provide Reiki, massage, acupuncture and other holistic therapies. One person told us, "I know palliative care isn't a cure,

but in many ways I felt cured because of the peace, the fun, the care and the sensitivity of all the staff." We saw the day therapy unit was bright, open and popular with people and relatives. They sat in comfortable chairs talking in small groups or watched television. We noted other people were engaged in a number of activities the registered manager made available. These included painting, drawing, board games and card making. One person who accessed the day unit told us, "I look forward to every Wednesday because I can forget about my illness and pain that day. It's a stress free environment and it's a treat for me to be able to get out."

The children's unit had multiple facilities for their comfort and enjoyment. There was a large sensory area with floor to ceiling bright, flashing, fibre-optic lights and interactive objects. These were designed to stimulate sight, touch and mind. Other sensory equipment in this area included ball pits, toys, a comfort zone with soft furnishing and other equipment. Furthermore, optical images were reflected on the floor that moved as people passed over them. One image was a football pitch that was very popular for children to play on. The registered manager designated a large room for arts and craft. Additionally, we observed an outdoor playground with swings and a merry-go-round. These were fully wheelchair accessible, which meant no child was discriminated from accessing the facilities. They told us, "We are also working with a local music therapy service to benefit our children further."

Furthermore, we saw a separate activities room for younger adults. This contained a large screen cinema, full-sized drum kit, musical instruments, stereo and other equipment. The registered manager said this gave older children a private space, but added the room was not always well used. They told us, "We discussed this with the teenagers we support. They suggested they wanted bean bags and a fridge stocked with snacks and drinks, so we are now looking into purchasing this." This demonstrated how the registered manager worked with people who used the service in order to improve and develop.

The provider had arrangements to manage complaints and concerns and carried out their duty of candour with a transparent approach. We found information was provided for people about how to make a complaint if they chose to. The registered manager and senior consultant maintained a clear process from an initial acknowledgement of the complaint to its conclusion. They met with the complainant throughout the process to discuss their concerns and assure the individual they would investigate them. During and after these processes, the management team completed regular reports to outline identified issues and ongoing actions taken.

Furthermore, all staff were required to read the initial complaint, statements, reports, action plans and outcomes. Meetings were then held to debrief about what could have been done differently, review lessons learnt and discuss changes made to practice. A member of the medical team said, "Complaints don't have to be scary. They are opportunities to learn." One person told us, "I was amazed about how quickly and openly they responded to my complaint. They dealt with it brilliantly, which gave me absolute confidence in the service."

Is the service well-led?

Our findings

People and visitors we spoke with said the service was organised and managed to an extremely high standard. One person told us, "There is absolutely nothing Trinity could do better. It's a brilliant hospice and I wouldn't want them to change a thing." A relative stated the managers were excellent and added, "I am just so grateful to them. I am able to relax knowing [my relative] is well looked after."

We observed the registered manager was 'hands on' in their approach. They were very active in supporting and understanding the needs of people and their relatives. One relative told us, "They put me in touch with a counselling service, which I have benefitted tremendously from. They have made the hospice into a lifeline for me and a second home." We further noted the management team invested heavily in their staff and commended their achievements through staff awards and a 'Celebrating Success Event'. This event honoured long-serving staff in recognition of their commitment and loyalty to Trinity. Staff said the management team were very supportive and approachable. One staff member stated, "We have a voice and we are listened to."

The management team set up multiple forums to involve and gain the feedback of staff, people, visitors and other healthcare professionals. This consisted of 'patient experience surveys', staff and volunteer focus sessions, information focus groups and risk management meetings. Other formats included quality improvement monitoring meetings and various management meetings. Separate committees reviewed and acted upon clinical governance and improvement, training, children's services and auditing. This demonstrated the management team's exceptional skills in involving everyone in the development of Trinity to provide and monitor remarkable quality assurance. For example, following feedback from patients, the four-bedded unit was refurbished into single rooms and a bathroom was extended because it 'felt claustrophobic.'

We found people were at the heart of Trinity's quality assurance programme. The provider had a variety of approaches to support them to comment about the quality of care. For instance, the registered manager had set up an 'I want great feedback' notice board. This invited people and visitors to comment about their support. One person had said, "Fully informed of how [my relative] has been. Staff treat him and us as a family with respect." The registered manager carried out frequent 'patient experience surveys'. We saw from nearly 500 returns, 98% of people and relatives rated the service very positively. 99% of respondents said they would not hesitate to recommend the hospice to others. Comments seen included, "Food we received is excellent" and "I have found the staff and everyone here always excellent in every way." Other people said the service was, "Exemplary", "Everyone is so attentive to patients' needs. I cannot fault the hospice in any way," and "My [relative] has had a wonderful end to his life."

We found Trinity engaged with the local community to improve public understanding and the ongoing development of the hospice. For example, the provider had recently introduced a 'Hospice Neighbours' scheme. This involved trained volunteers that supported people at home with their shopping and to attend appointments. Additionally, the registered manager told us they attended local school assemblies and we observed children visited Trinity during our inspection. They said they did this to show school fundraisers

what they had achieved. The registered manager added, "We also show small groups of children round to break those barriers down about what a hospice is like and what we do. It helps them to understand and not be so afraid." During our inspection, an awards ceremony took place to celebrate fundraising undertaken by individual members of the public and external organisations. This demonstrated Trinity was proactive in engaging with the local community, as well as to help the public understand palliative care and reduce their misconceptions about life-limiting illnesses.

Moreover, Trinity worked with local care homes to develop and train their staff in evidence-based best practice. This related to working with their six-step end of life care programme. Providers who participated in this told us how essential the guidance was to their services. They said this enriched people's end of life pathways and greatly improved their staff skill and awareness. The registered manager also met with multi-faith leaders to explore how they could enhance people's spiritual requirements. Following this, they introduced new information leaflets and ceremonial washing facilities. One person commented this meant they were, "Not judged and made to feel very comfortable throughout." The registered manager visited other hospices and established links with local cancer support groups to gain an understanding of people's experiences. They adopted practices to ensure individuals received excellence in care. For example, Trinity adopted a tool to improve support for people and their families and assess the quality of their palliative care.

The hospice achieved IIP silver award, which they have only given to 6% of services across the country. The status was awarded in recognition of Trinity's outstanding management, staff training and communication. The quality and level of training identified by IIP had a major impact upon people because a highly skilled workforce meant they received the best possible care. We observed this throughout our inspection, such as the extremely effective way staff communicated with individuals and their relatives. We found staff were very knowledgeable about people's different clinical requirements. There was clear evidence staff implemented their learning in their practice, which one staff member said, "Helps me think about the care and to question myself and my values." People told us, they felt experienced and well-trained staff meant they received high standards of care. One person stated, "Their professionalism inspires me with confidence."

The registered manager had multiple processes, systems and documentation to show how their high standards had a major impact upon people's support. For instance, they worked with the NHS National Benchmarking Audit. This network supports providers to deliver optimal services and excellent patient experience. As a result, Trinity set up its own exceptional benchmarking project, which included auditing of necessary equipment. Audits highlighted there were not enough items to support people, so the provider purchased additional equipment, such as sensors and pressure relief chairs. This reduced falls by 31% over the past year. In comparison to similar sized hospices, Trinity had 11% less falls than the national average. Increased staff awareness and training also had a direct bearing on the reduced number of pressure ulcer incidents.

We saw the registered manager acted with other agencies to enhance people's care, develop best practice and foster excellent partnership relationships. For example, they worked with the King's Fund to design the environment to a very high standard. This provided the best possible living space for people living with dementia. The King's Fund is an independent, external charity who strives to improve health and care in England. Furthermore, the registered manager worked with the local hospital to conduct a number of research studies to improve care and treatment. These involved analyses of stroke patients; end of life and problematic substance misuse; and end of life and spirituality. This meant the registered manager conducted partnership projects to influence, improve and develop care provision, best practice and national treatment policy-making.

Furthermore, the management team participated in the NHS Information Governance Toolkit. This is an online system where organisations are assessed against standards that cover information management and security, data protection, confidentiality and recordkeeping. Consequently, the registered manager had established excellent systems in protecting people's private information. As a result, those who accessed the hospice felt confident their personal details were secure.

The partnership working, evidence-based practice, sharing of information and benchmarking projects focused upon sustaining outstanding care. The registered manager said, "We are trying different ways of being creative to move the service forward." This resulted in change and required a coherent and cohesive approach, which the management team excelled at. For example, they said how they smoothly transferred people's records to their new EMIS system. They said they had put equipment in place, as well as trained and involved staff to ensure efficient transition. Trinity received feedback from the EMIS locality and national groups, who stated their roll out of the system was exemplary. This greatly enhanced people's treatment because staff and external healthcare professionals had immediate access to their records. Changes in care were shared quickly between teams.

The management team implemented changes in the past year to enhance people's experiences, which staff eagerly embraced. One staff member said, "We've got to move forward and I see the changes as a really positive way of achieving this." Another staff member added, "Morale is really good. We're involved in the changes and the managers listen. We are proud of the work we do." Minutes from meetings we looked at included actions taken and review of their impact upon the quality of people's care. The registered manager gave out staff surveys to gain feedback about their experiences. Related records showed 99% of 121 respondents were very happy at work. Staff stated they would not hesitate to recommend the hospice to families and friends.

Staff told us they had regular team meetings and were supported to raise concerns or suggestions for improvement. We saw a staff notice board displayed information asking staff views about what made a good meeting and how they could be improved. The registered manager also provided wall charts for staff to note their ideas and thoughts. Additionally, every meeting contained a presentation about areas of evidence-based good practice or approaches to improve people's support. For example, we saw one presentation was given by an external agency. They informed staff about how they could help families to apply for services and social benefits. Following this, the registered manager established regular visits from this agency to support those who accessed Trinity. Consequently, people could return home knowing they had excellent support in place.

The registered manager placed the assessment of the service as a high priority to ensure excellence in care and quality assurance. We saw new and ongoing systems were audited at frequent intervals to maintain high standards of everyone's safety and welfare. These included audits of, for example, clinical governance, infection control, nutrition, risk assessment, environmental and fire safety, medication and recordkeeping. We found the management team took immediate action to address identified issues. For example, the registered manager provided additional training in relation to enhancing people's nutritional support. An annual 'Quality Account' was provided by the hospice, which was a report and analysis about the quality of services provided. This was available to staff, patients, visitors and the public and showed the provider was very transparent about their responsibilities and improvement drive.

The management team additionally had quality assurance systems for all risk areas, such as complaints and safeguarding. The purpose of these additional measures was to check they continued to be of a high standard. Furthermore, the registered manager worked within Hospice UK's national audit tools. These were a core set of assessments for hospices in relation to, for example, medication management and infection

prevention. Following this, the registered manager introduced an exceptionally detailed infection control audit, which they completed regularly. We saw examples of where issues were identified, followed up and improvements implemented to maintain people's environmental wellbeing. For example, the new audit identified a need for larger clinical waste bins, which were purchased in order to enhance infection control.

Records we looked at evidenced audits and reviews were discussed at board level and measured against their strategic risk framework. A board trustee carried out routine visits of the inpatient and community services. This process checked the quality of service provision and reviewed people's experiences of care. Additionally, we found the registered manager underpinned all their auditing systems and service quality assurance through an external agency. They provided an impartial review of Trinity's clinical governance. They fed back their findings to the provider and, as a result, they implemented enhanced medicines and separate controlled drugs audits. This demonstrated the registered manager had additional tools for service-level assessment of people's welfare. They had remarkable oversight of care provision, service quality and everyone's safety.