St. Richard's Hospice Foundation

St Richard's Hospice

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 15 March 2016 and was unannounced.

St Richard's Hospice provides care and treatment to people using the17 bedded inpatient unit, day service, community nurses and hospice at home service and outpatients clinics. People may also receive support from the hospice's transport and a telephone triage service. All these services provide specialist palliative and end of life care to people over the age of 18 with life limiting illnesses. (Palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illnesses). At the time of our inspection eight people were using the inpatient unit service.

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

People felt safe while receiving services from the staff team. Staff understood how to identify report and manage any concerns about people's safety and welfare. There were arrangements in place to assess and manage risks to people's safety. This included staff having the skills to effectively manage people's medicines to ensure these were available and administered safely to people. There were sufficient staff with a wide variety of skills to meet people's individual needs and to respond flexibly to changes in people's identified risks.

Staff and volunteers had been suitably recruited and benefitted from an education and training programme which was well established. A strong partnership link had been made with a local university to deliver training around the subject of palliative end of life care. Staff were highly motivated and felt supported to continue with their learning. This supported staff to be effective in meeting the care and treatment of people with life limiting illnesses.

Staff and volunteers worked alongside people to enable them to live life as fully as possible. People were supported in achieving their goals with key comments from staff who held the belief of `people mattered`. People were treated with respect by staff who strived to support each person's end of life care needs and

wishes to achieve a private, dignified and pain free death. People who used the services and family members were provided with the emotional, spiritual and bereavement support they needed.

There was a strong sense of staff placing people at the heart of all the care and treatment provided. People benefitted from consistency of care and treatment due to the different services which had been developed both in the hospice and in people's own homes. Staff understood what was important to people and worked closely with each other and family members and did all they could to meet each person's individual wishes and requests. This included the determination to go the 'extra mile' when faced with adversity so people continued to receive the care and treatment they needed. Creative ways were explored to make sure food and drink were provided to a high standard and people could choose what to eat and drink and when.

People's individual needs were assessed and staff always encouraged people to make their own choices about their care and treatment. Where this was not possible issues of consent and decisions were made in people's best interests by a family member or a health and social care professional who had the authority to do this.

The management and staff team undertook work in the local community to promote greater awareness and understanding of end of life care. Strong relationships had been developed with local healthcare services so people received any specialist support they required. This helped people to receive seamless care and treatment through shared working.

People were at the centre of the management and staff's core values of personalised end of life care aimed to provide quality of care and life to all people. To achieve this staff formed close partnerships with external health and social care professionals, educators and national organisations involved with end of life care. This helped to ensure that people received the right care at the right time and knowledge was appropriately shared and used to influence best practice for people's care. This included care and treatment planning to make sure it was inclusive to meet the diverse and changing care needs of the local population.

People and their relatives were encouraged to share their views and opinions about the service. The management and staff team listened to what people had to say in the development of the services and took action to resolve any issues.

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

The management team and governors regularly assessed and monitored the quality of the care to ensure national and local standards were met and maintained. A culture of continuous improvement was encouraged through project work and research to identify best practice and make improvements in the care offered. This included focusing upon procedural arrangements for the management of medicines to make sure aspects of these were strengthened.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe with staff and staff knew how to protect people from harm.

Risks to people's individual health and welfare were assessed and managed in conjunction with people.

There were sufficient numbers of staff to provide care and treatment with volunteers used creatively to complement the work of the staff team.

People's medicines were available when they needed these and staff knew how to support people to have their medicines safely.

Is the service effective?

Good

The service was effective.

Staff worked well with other local healthcare services in both an educational role and when securing prompt access to any specialist support people required.

People were able to make their own decisions about their care and treatment and preferred place of death wherever this was possible.

Staff had a good understanding of how to support people who did not have the capacity to make some decisions for themselves.

Food and drink were provided to a high standard.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

People were supported to receive personalised, comfortable and pain free end of life care.

People were treated with dignity and respect.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff showed people mattered and they went the 'extra mile' to provide exceptional care which responded to people's individual needs.

People received personalised care and treatment which was tailored and responsive to their changing needs.

There was a strong sense of all staff working together to provide the right care and treatment from the right professionals.

The staff's approach to care and treatment provided both innovative and therapeutic benefit to people and helped them to create memories.

Feedback was highly valued and sought from people who used the service, relatives and the community which was used to develop, monitor and improve the quality of care.

Is the service well-led?

Good ●

The service was well led.

People believed the services they were offered were well managed and they received high quality care which effectively met their care and treatment needs.

Staff felt supported in their roles and were proud to work at the hospice as people were placed at the heart of all their care and treatment.

There was a strong focus on continual improvements to ensure the services offered to people remained safe and effective and inclusive to all people with life limiting illnesses

St Richard's Hospice

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 March 2016 and was unannounced.

On the first day of this inspection the team consisted of two inspectors, one being a pharmacist and a specialist advisor who is a nurse with experience of palliative care and end of life care. (Palliative care is specialised medical care focusing on providing people with relief from symptoms and stress of a serious illness). On the second day one inspector concluded the inspection.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We sought information about the quality of service from the local authority and the clinical commissioning team. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care. We used this information to help us plan this inspection.

We sent out questionnaires to people who use the services, their relatives and community professionals and staff seeking their views about the service.

We spoke with three people and one relative in the inpatient service, one person and one relative who attended an outpatient clinic, five people who attended the day hospice and one person who came into the hospice to meet us. We saw the care people received which included spending time with people who

attended an outpatient clinic and the day hospice. We also attended two meetings with groups of staff and volunteers to discuss the needs of people who were using the inpatient and day hospice services.

After our inspection we spoke with five people who used the hospice at home service by telephone. We also sought the views about the quality of the services people were offered at the hospice from a range of professionals. These included a consultant in palliative medicine, dietician and a professor and consultant nurse in tissue viability.

We spoke the registered manager, medical director and chief executive. We also spoke with a range of staff which included the inpatient unit manager, care quality co-ordinator, social worker, head of family support, head of education, communication manager, respiratory nurse specialist, community nursing services manager, three nurses, three healthcare assistants, physiotherapist and pharmacist. In addition to this we spoke with a group of nine staff members which included community nurse specialists and healthcare assistants from the 'hospice at home' team about the services they provided to people living at home.

We looked at two people's care documentation. We also looked at the documentation for nine people around the decisions made around resuscitation wishes and six people's medicine records. We also looked at the reports relating to the management of the service. They included checks of the quality and safety of people's care, projects, compliments and complaints.

Good

Our findings

People we spoke with told us they felt safe due to the care and support they received from staff. One person told us they felt safe and at peace. This was because of the atmosphere created in the hospice environment and the dedication of staff in recognising when they needed some extra support. They told us, "I feel comfortable and at peace in the knowledge staff are always close at hand. This is a wonderful feeling and it goes beyond feeling just safe." Another person who attended the hospice day service said, "It fills me with a great sense of comfort knowing I can come here and discuss any worries or just share things with others. We are all treated as equals and it makes such a difference when you are feeling at odds with the world." We received equally positive comments from people who used the hospice at home service. One person told us, "I feel safely supported and never neglected by anyone from the St Richard's. Their (staff and volunteers) support brings me so much comfort in my darkest days."

People told us and we saw risks to people's safety and wellbeing were assessed, managed and reviewed with each person to promote their safety. For example, one person told us about the specialised equipment they needed to be comfortable and safe. They told us, "They are helping me to get the right size (of equipment) so it is comfortable for me to wear." We saw and heard how this person's care and treatment needs were shared with the staff team at a meeting we attended together with preventative measures to enable risks to be reduced. Staff also considered whether each person needed any equipment or support to enable them to return home when this was their goal. This included whether a visit to a person's home would be needed by a member of the team, such as an occupational therapist so people's safety and welfare was promoted. Safety checks were also completed to make sure staff were safe when providing care and support to people in their own homes.

We saw staff used equipment to support them in providing treatment to people so their needs were met safely. One person received a blood transfusion (a procedure whereby people receive blood) which was done by a staff member who had been specifically trained in using the right equipment in the right way. These practices ensured the person's safety while their health needs were met. Another person told us about how they were supported by staff and volunteers to have a bath when they spent a day at the hospice as they did not always feel safe to do this at home. They said, "I come here and they help me to feel more confident by just being there and it is not any old bath, it is so relaxing. We agreed what help I needed and what I was able to do to keep me safe."

There were arrangements in place to make sure staff had the knowledge and information to refer to in order to protect people from abuse. For example, staff told us hospice social workers were always available to talk

through incidents of abuse and or to refresh staffs knowledge with best practices. Staff we spoke with were clear about who they would report any concerns. They were confident the management team would listen and act upon any suspicions and or allegations of abuse or harm to a person. Staff said, and records showed, they had received training in how to keep people safe from harm and abuse.

Recruitment checks were in place which made sure staff and volunteers were suitable to work with people who used the different services offered. One staff member confirmed, "Before I started here my suitability to work with patients was checked." Another staff member said nurse's registration was checked to confirm they were safe to provide nursing care to people.

People we spoke with did not have any concerns about the availability of staff to meet their individual needs at times they required assistance and support. One person said, "The staff keep popping in to me all the time to check, so reassuring." Another person told us, "If I need the staff I press this (pointing at the call alarm) and they would come immediately." A further person said there were always plenty of staff and volunteers around in the day service for a quiet chat when needed. We saw this was the case as staff had time to chat to people on a one to one basis and assisted people in an unrushed manner. Staff spoken with also believed there were sufficient numbers of staff available to provide care and treatment. One staff member told us, "We all work as a team and support each other so patients receive treatment and care when they need it."

The management team showed they had reviewed the needs of people who used the services so they could plan appropriate numbers of staff to meet people's needs safely and effectively. Within this planning consideration was given to out of hour's medical support for people who used the inpatient service. For example, staff had access to a consultant in palliative medicine through an on call rota system and doctors providing cover at weekends.

We received positive responses from people about how they were supported by staff to take their medicines. One person we spoke with told us, "They know what medicines are needed and there is no doubt about it, I have no worries about the knowledge of the nurses in regards to my medicines. I know I am in safe hands and I am very happy for them to give me any medicines I need." Another person who received a service at home said, "I have no worries about my medicines and or any oxygen I need as staff are always on the ball."

We saw the administration of medicines by one nurse who took the medicine and the prescription chart to the person to ensure the correct medicine was given. The chart was then signed for the administration of the medicine. This followed National and Midwifery Council [NMC] guidance for the safe administration of medicines. Some medicines required specific times for administration and these were being correctly followed.

We checked the medicines prescribed on six prescription charts. We noted that there was clear recording of the prescribed medicines, which also included additional instructions for safe administration. Medicine charts had been written up with clear indications for administration of "when required" medicines. People told us that they were asked if required any medicine for pain relief.

Medicines were stored securely in a locked treatment room, and only authorised staff had access to the treatment room. Daily temperature records were available which recorded the temperatures for the medicine refrigerator and the medicine room temperature. This ensured that medicines were stored within safe temperature ranges.

We were shown a clear system for managing the ordering and supply of medicines. Medicines were checked

for accuracy when a person came into the hospice and the pharmacist completed a further clinical check weekly. Medicines were available and were supplied by a local pharmacy. Nursing staff had access to local community pharmacies for out of hour's medicine requirements. Medicines required on discharge were organised in advance to ensure sufficient quantities were available.

In the event of a person experiencing a serious allergic reaction [anaphylactic reaction], there was provision for the availability of emergency treatment packs. We saw these were readily available for staff to use if required quickly.

We saw when safety incidents happened they were reported and investigated appropriately. This included medicine incidents which were reported using a specific medicine incident form with arrangements in place to ensure they were investigated. We saw when safety incidents happened they were reported and investigated appropriately. This included medicine incidents which were reported using a specific medicine incident form with arrangements in place to ensure they were investigated. They were discussed at weekly medicine management incident meetings as well as a formal review of progress at a three monthly meetings of the 'Care Quality Sub Committee.' This helped to ensure lessons were learnt. We were shown minutes of recent medicine management meetings, which also included, action taken on any medicine safety alerts to ensure safe practice was followed.

Good

Our findings

People we spoke with were positive about how staff and volunteers used their skills and knowledge to ensure they received appropriate care and treatment. One person told us, "They really know how to help me so they must be trained and I feel safe when coming in by the minibus." Another person said, "I feel cared for at home by staff who know how to make me feel safe and well." A further person told us, "They (staff) definitely know what they are doing and how to make sure what I need is right for me." This was also confirmed by the comments we received from healthcare professionals. One healthcare professional said there was a strong focus on the needs of people and relatives and excellent end of life care was provided. Another healthcare professional told us staff provided care centred on people's needs. They provided us with an example where staff had actively sought the appropriate equipment for one person to effectively meet their specific needs.

Staff and volunteers we spoke with told us they had received a structured induction. This included training identified necessary for their roles and responsibilities and familiarisation with the organisations policies and procedures. This was followed by a period of shadowing more experienced colleagues before they were deployed as a full member of the team. One staff member told us, "My induction was so good as it helped and supported me in so many ways in providing comfort and care in a sensitive way to each patient." Another staff member said, "Training is plentiful to cover all aspects of our work, is always on-going and also considers people's individual health and emotional needs to help us to feel confident in meeting these."

Staff we spoke with told us they benefitted from a variety of training programmes. These were attended by staff working at the hospice and external people too due to the well-established education department within the hospice. Staff told us they had opportunities to improve their skills through encouragement to do on-going training to acquire nationally recognised qualifications in palliative and end of life care. They gave us examples of when people's needs directed additional training and or when staff had a particular interest around a subject to enhance their knowledge this was readily sought. For example, a staff member with the professional knowledge, experience and skills to assist people to move effectively and safely delivered training. This was to volunteers so their knowledge was further enhanced.

We saw and heard from staff how they used their knowledge and skills to effectively meet each person's needs. Staff were able to tell us about the individual needs of people who were using the service. This included how people's emotional, mental or physical health might affect the way they provided care. We saw staff used their communication skills effectively whilst they supported people to meet their needs. For example, one person needed gentle reminding and prompting to remember certain events while they were

talking with us. Each staff member and volunteer was seen and heard to provide this in a way which effectively met this person's needs. The person confirmed this to us and told us staff and volunteers always made them feel better.

Staff we spoke with told us they felt supported in their roles. One staff member told us, "I am fully supported and can ask any of the manager's questions if I need to check anything. I can also request any training I would like to do. All staff are very supportive here." Comments we received from staff were consistent in confirming they were confident, happy and well informed so they could provide effective care and treatment. We saw there was a strong sense of support amongst the staff and volunteers by way of mutual support or team discussion.

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.

Staff we spoke with were able to tell us how their training had helped them to understand the importance of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty in their roles. Staff spoken with told us people's consent to their care and treatment was always sought and we saw this was the case. Where this was not possible this was done in people's best interests with people who knew them well and were authorised to do this. One person we spoke with told us staff had involved them in the decisions about their care and treatment. We saw staff gained people's consent during the day of this inspection about their everyday decisions, such as, asking about medicines for pain relief and what to eat and drink.

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 hospices 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. Staff showed they had awareness about DoLS from the training they had received and they were able to provide previous examples of people using the service who had had a DoLS in place.

People's health and wellbeing were monitored regularly. This included the monitoring of people's baseline observations, pain and mood. This enabled staff to identify when people were ready for discharge or when additional support was required such as when a person's condition had deteriorated and they required end of life care. The on-going monitoring and review of people's needs meant the right care could be provided at the right time. The community clinical nurse specialist team supported people living at home with their individual needs to ensure any health conditions were met.

We saw in people's care records and staff told us people's day to day health and wellbeing needs were assessed and monitored regularly. For example, the inpatient manager showed us how the assessment and management of people's symptoms which included pain levels were documented. Staff recorded and monitored people's experiences of pain in the detailed notes which were completed. In the meeting we attended discussions were held about people's care and treatment. This included any concerns around people's pain management which were shared as necessary and action taken to ease people's pain in ways which were effective to each person.

We saw staff from the different services worked closely with each other and other professionals and services to ensure people received continuous and consistent care. For example one person told us they attended

one of the outpatient clinics and had been encouraged to attend the day hospice. Another person told us they had been provided with some support at home and had also been provided with relaxation therapy which had helped them enormously. Staff who worked in the hospice at home team, the outpatient clinic and the day hospice consistently told us they all worked together. This was to assess and monitor people's individual needs. One staff member told us, "We monitor patient's conditions so we are able to see what support they need. It helps that we all work well together and are able to call on the different professionals within each service for the benefit of patient's wellbeing." The comments we received from healthcare professionals confirmed staff asked appropriate questions when they made referrals and liaison and communication was good across services.

Everyone we spoke with without exception told us the quality of the food was excellent. One person said the menu was varied and flexible so if they wanted to they could ask for something which was not on the menu. Another person told us, "Meals look great and taste wonderful." We saw and heard staff effectively supported people in an individualised way so when people wanted to eat small amounts of food or meals they particularly liked at the time this was facilitated. For example a young person wanted to eat pizza as their choice of meals and these were especially made for them. The chef and staff sought feedback from people on the food and drink provided and made changes accordingly. For example, staff and the registered manager told us about a new initiative of developing an even more personalised approach to meals for each person to enable people to have whatever they would like to eat at the time.

We saw people had nutritional plans which staff used to assess and monitor whether people's nutritional needs were being met effectively. We attended the meeting held regularly on the inpatient unit where the staff team met to discuss people's needs. At this meeting people's eating and drinking needs were discussed. This was done as part of people's overall care and treatment plans and staff showed they had the knowledge to request any specialist support people may require if a person's eating and drinking deteriorated. We heard an example of where this had happened from a healthcare professional. They told us staff had requested a review for a person to help improve their quality of life as they were distressed about their eating with regards to their weight and feeling thirsty.

Good

Our findings

People who used the hospice services and family members we spoke with highly praised the staff and volunteers for their thoughtfulness and caring nature. One person told us about how staff supported them with their care needs and always respected their dignity. They said, "I cannot praise them enough for how they help me and make me feel that I matter. Another person said, "They spend time with me and really listen which is important but is very much lost in the world we live in but not here. They all, staff and volunteers care and respect my wishes."

Staff we spoke showed they cared about people and strived to enable people to live each day as they chose to and make memories. One example was where a person was poorly and staff arranged for the person to see and touch a horse. This was done with consideration and thought going into the planning of this so the person's bed was able to be taken into the garden area so they could live the moment and were able to touch the horse.

Staff and volunteers were sensitive in their approaches and took time to listen to people. We saw where people's needs and abilities were anticipated by staff and volunteers to make sure people's dignity was maintained. For example, when people were supported to move out of comfy chairs into wheelchairs this was done with sensitivity shown to the person. We saw staff made sure people's clothes were discreetly adjusted where this was needed.

We spoke with people who used the day service. They consistently remarked how they were fearful of coming into the hospice due to the stories of them being places to die. One person told us, "I am very happy I came and saw for myself. I know now where I would like to be when my time comes." Another person said, "I was not expecting to have fun but I have and at a hospice as well, I would have never thought this would have been possible. It is down to the great kindness of all these wonderful people (pointing at staff and volunteers)." At the day service we saw people were able to share their stories, their day and were supported to say if they felt particularly unhappy on the day. We saw people were supported to have a bath at their choice and people told us this was important to them as it benefitted them in different ways.

People told us they were involved in making decisions about their care and support. One person said, "I have regular consultations with the doctors and nursing staff. They let me know their recommended plan and I give them my thoughts about it". Another person said, "The staff tell me everything that's going on and I can ask questions. They involve my wife too." Care records also confirmed people were involved in making decisions about their care and support.

The staff were suitably experienced and skilled to identify when people required end of life care. We saw people received their end of life care in private and with dignity at the hospice. There was a shared understanding between the management and staff team about providing individualised care which took into account of each person's wishes to have their family members close by. For example, there was ample space and facilities for family members to stay with people during this time. There were no restrictions applied and staff offered family members support as they realised this was an important element of enabling people to be close by and when the time came to say their goodbyes. One staff member said, "It is important to look after relatives and to try and understand their needs." One person told us, "My son visits and he is made welcome. We are able to talk in private and they (staff) all respect this."

When staff spoke with us about people's care and treatment they did this in a respectful and dignified way for each person. Systems were in place which aimed for people to experience comfortable and pain free end of life care. If people received their end of life care at home the medicines required to achieve this were put into place in advance so they were at hand when the person required them. People we spoke with told us the staff worked with them to control their pain. One person said, "They've done a brilliant job controlling my pain". One family member told us, "They have made mum comfortable, the staff have been superb."

Outstanding

Our findings

Overwhelmingly people we spoke with told us they were very happy with how staff consistently responded to their care and treatment needs. One person told us, "Without the care and attention I get from everyone here I don't know how I would have got the strength to continue my fight. They are all exceptional in how they give me the treatment I need it." Another person said, "They could not do any more for me. They should polish their halos everyday as they so deserve them for the outstanding treatment I get." A further person commented in writing, 'St Richard's and all their staff are brilliant and go way above and beyond their duty to help myself and my family that cares for me. No praise is high enough for what they have done for us, in our time of need.' Another person's comment read, 'St Richard's Hospice offers exceptional service. Keeping in regular contact and liaising with other medical professionals e.g. consultant, doctor and district nurses. Follow up service again is exceptional, after a difficult health issue. The hospice supports the whole family.' Professionals were equally positive about how staff responded to people's individual care and treatment needs. One comment we received was, 'The staff and leadership are caring, committed and competent and work tirelessly to care for patients and develop the service.'

There was a very strong culture of people being at the heart of all the care they received and this was very much reflected in how staff went over and above their normal working roles in order to respond to people's individual needs. We heard about an example where through the sheer determination of a staff member two people received the care and treatment they needed. The staff member was concerned about the health needs of two people and how they were coping as there was high flood waters so they were stranded in their home at the time. The staff member arranged through the support of an emergency service to take much needed oxygen supplies to the person whose health needs relied on oxygen to keep them well. Their family member who provided informal care was also feeling unwell. The staff member needed to wear a wet suit and life jacket and had to walk the final part of the journey in order to reach the two people. They were able to provide new supplies of oxygen and required medicines so the two people's health and wellbeing needs were met and responded to.

People told us staff understood their individual care and treatment needs and consistently responded to meet their particular preferences. One person shared with us how the staff had really made a difference to how they felt both physically and emotionally. They said, "They always go above and beyond to make sure I am comfortable and I have everything I need." Another person told us how staff at the outpatients' clinic had taken time to discuss their care and treatment. They told us, "It is a rare thing nowadays when doctors and nurses have time to really listen but that is exactly what they did. I have been impressed by their standard of care and attention to my wellbeing. I always leave feeling better than I did when I went in. A supportive and

caring service for me as an outpatient."

Staff and volunteers showed they cared about people's feelings and we saw how people really mattered really did shine through in their practices. People also were highly complimentary and valued the support provided. One person told us, "Coming here and being involved gives me some light relief from what I may face in the future. They would never believe how much I owe them for their kindness and being able to spend a day here." Another person said, "They all help me to cope with what lies ahead and it is comforting to know there is a special place like this where I can speak freely about my fears. I know sounds silly when talking about a hospice but I find hope here." We saw how staff and volunteers naturally approached people when they noticed they were quiet or looked unhappy. We heard how they checked with people whether they were feeling comfortable and how they had been. We saw any activities which took place in the day service valued people's different abilities and were of therapeutic benefit for people. From people's facial expressions and body language we saw this enabled people to feel a sense of pride with what they had achieved. There was lots of chatting, singing and laughs between people, staff and volunteers.

Professionals who sent us their comments consistently said there was a strong multi-professional approach to meeting and responding to people's needs which was to be admired as excellent practice. One healthcare professional commented, 'They have a brilliant MDT approach to working, I have involvement with the MND [Motor Neurone Disease] MDT [Multidisciplinary Team] I am very impressed with their setup.' We saw examples of this when we attended a meeting with different staff members where they discussed people's individual needs and goals. The staff team showed a detailed knowledge of the health, physical and emotional needs of people whose care and treatment they had been involved in. There was a strong shared sense of purpose around making sure any issues were followed up promptly by the right members of the staff team. For example, a staff member explained how they had noticed something about one person's health and this was responded to by the doctor stating they would assess this. Staff also discussed how to respond to someone's needs so these could be met effectively in their own home so their individual goals could be achieved.

We saw people had been supported to make advance decisions about their future care in the event of them not being able to make that decision at that time. One person told us they had a sense of relief as they had made their wishes known about what should happen in an emergency situation. They said, "I wanted to be the one to have some control of my own destiny now and not leave it to others as I don't want to be a burden to anyone. I feel at peace having done this and in knowing staff will know what my wishes are." We saw and spoke with the medical director about the legal documentation in place which provided information about people's wishes in events, such as; if their heart were to stop or they were to stop breathing. They were able to explain how these important decisions had been made and showed they were well informed to make sure people were protected from receiving end of life care which did not meet their needs or wishes.

The registered manager and staff team spoke about their roles with commitment and enthusiasm to providing the best possible quality palliative and end of life care and support for people. We saw and heard how they had worked together in developing the services on offer to enable people to make their own choices about their preferred place of death. This had been made easier by the thought which had gone into expanding the services provided over time and joining these up so people's needs were consistently responded to. For example, the development of the triage telephone service which had supported people and professionals with advice and information. One person we spoke with told us, "Everything is in one place here so when my time is up I know I can come here if this is what I wish and I can telephone for advice at any time if I am worried about anything. I never knew there was so much care and treatment in one special place. All those working here have made this all possible and should be commended for their

efforts." One healthcare professional commented, 'The feedback that I hear is very positive. Patients are sometimes quite hesitant about being referred to a hospice, and are initially reluctant to go. However, they find the support they get there invaluable. They use the day hospice facility, and rate the services there highly, seeing to enjoy the social activities, the food (and drink) and even things like being able to have a bath.'

There was also a citizen's advice service based at the hospice. We found this had been made possible by the management and staff team being innovative around how to best help people with financial matters as it was one of the first citizen advice bureaus to be set up in a hospice setting. We found people had highly praised this service and how they valued the support it provided. One person's comments read, 'Her knowledge (advisor) of the system and how to deal with the benefits side when I was at my lowest was so helpful.' Another person wrote, 'Excellent, couldn't thank her enough for all of the help she gave me. I was so worried about money. I wouldn't even answer the phone, but she sorted it all out for me. I can't thank her enough.' A further person commented, 'Advisor went above and beyond, was extremely impressed by the way of help and support that I received.'

People highly praised the outpatients' clinics which had been developed to support people with their specific health conditions. One person's comment read, 'I attend for appointments with doctor and physiotherapist only. I have also accessed massage through one of their therapists. I have been impressed by their standard of care and attention to my wellbeing. I always leave feeling better than I did when I went in. It's a supportive and caring service for me as an outpatient.' Professionals were equally positive and one commented, 'This clinic which was set up initially as a pilot has gone from strength to strength. I have yet to encounter a patient that is dissatisfied with the level of care they receive.

Staff told us about the training and creative initiatives, especially around raising awareness and influencing how people's palliative and end of life care needs were responded to in different community settings. This included the management and staff teams actively making connections with other health and social care providers and commissioners of people's services to promote on-going service development and improvements. For example, delivering the St Christopher's Hospice "Quality End of Life Care For All" training programme to the local hospital ward managers to promote end of life care within a hospital setting. One staff member also told us about how work with a local school following the unexpected death of a pupil had supported staff from the school. This was to cope with their own emotional feelings and that of the pupils and parents.

People's emotional and spiritual needs were shown in their care records which were reviewed with each person while they stayed at the hospice. We saw consideration had gone into achieving a space so people's different beliefs could be followed and where people could go to sit and reflect, pray or join services of their choice. Lots of thought had gone into ensuring people could follow their own individual beliefs, such as the space had been blessed and prayer mats were accessible. One person told us they thought this space held a certain calmness for them when they felt worried about life in general. Another person said, "Just looking at the light coming through the stained glass window with the hills and snowdrops is so beautiful, I feel at peace for a little while, it is truly a special place."

We found there was a strong emphasis placed by the management and staff team of responding to people's needs before they died and supporting family and friends following a person's death. This included starting different initiatives. For example, cookery group for people who had been bereaved which provided not only an opportunity to learn or refresh practical cooking skills but also offered social support. Staff told us this was a valued by people. One staff member told us, "People may never have done the cooking as their loved who had died had always done this. It is a real treat for people to learn cooking skills and talk together over

a meal they have actually cooked themselves." We also saw another new initiative had been developed where through a shared sense of bereavement people met regularly on a Sunday to go for a walk and share tea and cake. People had raised their appreciation of the bereavement support services which provided them with both comfort and the opportunity to share with people who had been through similar experiences. One person's comment read, 'I found it a place where I had space to be myself again , where I could voice my concerns, anxieties and frustrations with people who understand because we are all in the same boat.' Another person wrote, 'St Richard's carers group has been a life saver. Being together with other carers helps me feel less isolated.'

A range of information was provided for people, their family members and friends, which helped them to understand the hospice and relevant external support services and agencies. We saw there was an accessible and effective complaints process in place which supported staff to make improvements when required. People told us they would be happy to approach staff to share any concerns or complaints they had. One person told us, "I have not needed to raise a complaint but I would feel comfortable to do this with staff if ever I needed to" Another person said, "Why would I ever need to complain about such a place where mind, body and soul is cared for by staff who are so very dedicated in every way. This place should be set as an example to show the care sector how to provide excellent care."

Good

Our findings

Without exception people who used the services and family members told us they believed the hospice to be managed well and their individual care and treatment needs were always responded to effectively. One person told us, "A truly exceptional team of staff, volunteers and managers who all want to care. I have seen it is a vocation to them, what more can I ask for." Another person said, "I would not want to be anywhere else when my time comes to leave this world."

We found that there was a positive culture which was inclusive and supportive to both people and staff which enabled them to provide their feedback and suggestions about the service. For example, there were 'listening into action' and day hospice forums where people and family members met on a regular basis. These different forums enabled people to discuss ways in which the different services provided could be improved and plans for the future were shared. One person who attended one of these forums came into the hospice especially to speak with us. They told us how the management and staff team were excellent in every way from the perspective of ensuring people's care and treatment was the best it possibly could be.

From what people, staff and external professionals told us the reputation the services provided was a positive one. Partnership working was encouraged and we heard examples from staff and external professionals where this had benefitted people who used the services provided. For example, the strong links with the local university in providing training and making sure this was relevant to the workforce. The hospice is also a regional training centre for Gold Standards Framework [GSF] training. The GSF is a model of practice which sets out to promote and raise the level of care to all people with life limiting conditions to make sure their needs were met by adopting the very best standards in care and treatment thus helping people to live well until they die. Comments we received in the questionnaires were positive about how community professionals viewed the services provided. One community professional provided us with their comment, 'St Richard's Hospice strives very hard to provide excellent holistic care to patients and families through a range of care teams including the IPU [Inpatient Unit], community team and day hospice. The staff are caring and compassionate. They put the patient at the centre of everything they do and frequently going the extra mile to do what they think is necessary to deliver the best care possible.' Another community professional commented, 'The care is simply exceptional and I have never heard anything but the highest praise. They work continuously to improve their already high service. Their staff are well led, motivated and caring. They are an exemplary organisation and their care is outstanding and for others to aspire to.'

The management and staff team had developed different methods of making sure the hospice services were

very much part of the local community with this being spread across a wide geographical area. In doing so they adapted information sharing methods, such as, newsletters and using social media to their very best advantage. We saw from these communication sharing methods people and staff alike had captured times in people's lives where staff members in the different teams had made a real difference to people's end of care lives. For example, a person was able to show their family member their wedding outfit before they died. Staff told us this had made a difference to this person as their family member was too poorly to attend the wedding and died before this happened but were able to share the day so memories could be made.

There was a defined structure to the organisation with a counsel of governors and layers of senior managers, managers, staff and support services. Staff we spoke with were aware of the roles of the management team at the hospice. They told us managers were approachable and had a regular presence at the hospice. All the managers we spoke with demonstrated they had an excellent understanding of the care provided which showed they had regular contact with staff and people who used the different services. The registered manager was able to tell us stories about people's care and treatment journeys. They were passionate about promoting hospice services to wider groups of people and told us staff were, "Extremely motivated, a sense they go the extra mile because they want to." The registered manager told and showed us they supported staff to be ambitious in their roles to enable people to be as independent as they possibly can and to make their own goals. This ethos had been presented to staff and was about enabling people to live fully until they died which we saw was the 'golden thread' throughout all the examples we saw and heard during this inspection from people and staff.

The chief executive was equally passionate about their role and the work of staff at the hospice. They showed they had a sense of pride as they spoke about the hospice facilities and we saw they were known to all staff and that they mattered to ensure people received a high standard of care and support.

We saw staff worked together effectively and were well supported by the management team. One staff member said, "We have a brilliant atmosphere in the team. I feel valued by colleagues and management and privileged to be part of patients care journeys." Another staff member said, "I feel listened to and very much part of the team."

Staff shared examples of how they were encouraged to make suggestions and share their ideas. This included initiatives by the chef in considering how people's mouths could be freshened. Another example were the cakes made for people. People we spoke with about the cakes told us these were decorated to a high standard and we saw a lot of effort had gone into making sure the cakes were relevant to the theme they represented. One person told us, "The cakes were absolutely out of this world; even well- known cake makers could not have done any better. So much effort by wonderful staff and all to make us smile for a while." One staff member said, "We really do strive to do our best for our patients." Another staff member told us, "It is all about our patients here. They lead on all their care and treatment and we follow."

Staff showed a clear understanding of their roles and responsibilities within the different teams they worked and also knew who to contact for advice outside the service. Staff knew about the organisations whistle blowing procedures and said they would not hesitate to use it if they had any concerns about people's safety.

We saw there were regular checks in place to monitor the quality of the care and treatment provided. Checks were used to review and measure the performance of the hospice services people received and included care and clinical treatment. The audit checks were seen by all the management team, staff and governors. We also saw the regular quality reports were now produced embracing the Care Quality Commission's [CQC] five key questions as a framework. These reports included how the services positively impacted upon

people's care and treatment and where further improvements were needed. We saw action had been taken to address any issues highlighted in these audits. This was also confirmed by staff we spoke with. For example, one staff member told us an audit had highlighted they could not show pain relief patches were being regularly checked. As a result of this audit a monitoring tool was developed which could now show records of the pain relief patches being in place on each patient when required.

We found the management team took an accountable and responsive approach to some issues we discussed with them. For example, prescription pads were securely locked away however; there was no record of what had been prescribed on each prescription for audit trail purposes. Although this had not impacted upon people's care or safety at the time of our inspection the issue was resolved immediately at the time of our inspection with procedures put in place. We found that adequate processes were not in place to check medicines were within their expiry date and suitable for use. We found some medicines that had not been removed from stock and were available for administration. Once we had informed staff of this, they were removed and disposed of safely and correctly.

Considerable developments of the hospice services had been made since our last inspection. We saw and heard how these had promoted ongoing service development and improvements. The hospice facilities had been extended to provide additional rooms. Staff we spoke with told us they believed a lot of thought had gone into the work which had been done. For example, a larger room had been made available to provide care and support to people who may need the extra space to meet their individual needs. We saw the clinical equipment for staff to use which could be discreetly hidden so they were on hand for use but were unobtrusive had been incorporated into the design of the hospice environment making it less clinical for people.

Another example was the recruitment to the role of engagement officer to help to continue the hospice services were inclusive accessible to all people. This included making links with people who were homeless. One staff member had presented their dissertation to the Hospice UK conference which explored the challenges of providing end of life care to people who are homeless. There was a strong sense amongst the management and staff team around making sure hospice services were effective and responsive to all groups of people with life limiting illnesses so people were not disadvantaged due to their individual backgrounds.