Hartlepool and District Hospice

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 23, 26 and 27 March 2015. The first visit was unannounced and the other visits were announced. The service was last inspected on 21 November 2013 and was found to be meeting the regulations we inspected.

The registered provider operates Hartlepool and district hospice and its trading subsidiary Alice House Trading Limited from the same location. The hospice is a ten bed consultant led service providing specialist palliative and end of life care.

Both Hartlepool and district hospice and Alice House Trading Limited had the same registered manager. A registered manager is a person who has registered with

Summary of findings

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 said they received excellent care and treatment from kind, caring and respectful staff. People and family members told us they were re-assured and supported on admission to the hospice. One person said, "I was worried about coming to a hospice but the staff have been great and explained everything to me and showed me around which made me feel much better." One family member described the hospice as, "A lovely place with kind, caring and considerate staff. They are very attentive and caring to all the patients and to families."

People were actively in control of the care and treatment they received. They were encouraged to make choices and staff respected their preferences. One person told us, "I do prefer a bath to using the shower and there is plenty of bathrooms in here. The staff are happy to help you and will always ask me first before they do anything for me."

People and family members told us the hospice was a safe place to stay. One person said, "There is always staff around if I need anything even during the night which is good, as sometimes I don't sleep so well. The staff will come and sit by my bed and keep me company and make sure I am comfortable." People had been assessed to protect them from a range of potential risks and assessments had been reviewed regularly. We found medicines were administered safely and appropriately.

Staff demonstrated a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns. Previous safeguarding concerns had been reported to the local authority and investigated as required. The registered provider had effective recruitment and selection processes to ensure new staff were suitable to work with vulnerable people. The registered provider also had robust procedures to support managers should they need to take any disciplinary action.

The hospice was well maintained and clean. One person said, "They clean my bedroom twice a day." One family member told us, "They [staff] are always cleaning the place, the standards here are impeccable." People were encouraged to bring important items from their home to personalise their room. There were systems in place to check the hospice was a safe place to stay and that equipment was safe to use.

The registered provider delivered a dynamic and constantly evolving training programme. Training available to staff included person-centred care, palliative care and specialist training relating to specific health conditions such as Lymphedema, lung cancer and heart failure. The registered manager told us the provider had invested in providing three days leadership training to all staff within the organisation. This was designed to ensure people received care from an effective, cohesive and skilled staff team. Staff told us they received excellent support from their colleagues and managers. One staff member said, "We work as a team."

People were always asked for permission before delivering any care. Staff said they would respect a person's right to refuse care and treatment. Staff had a good understanding of the Mental Capacity Act (MCA) 2005. Where required DoLS applications had been made to the local authority in line with the requirements of MCA.

People told us staff went out of their way to provide meals at a time which suited their needs. We also saw feedback from people which described how their meal preferences were valued and delivered. People were assessed when they were admitted into the hospice to identify any potential concerns with eating and drinking. Staff told us they were able to cater for people's special dietary requirements.

The registered provider was forward thinking in its approach and committed to empowering people to take control of their own health. For example, the registered provider ran a unique innovative pilot 'breathlessness programme' to support people including those in the local community to self-manage their health condition. The hospice was a consultant led service providing people with quick access to specialised treatment for complex conditions and symptoms from a wide range of health professionals.

There was a strong focus on people's social and psychological wellbeing. People could access day

Summary of findings

services, social activities and therapeutic support in the purpose built holistic wellbeing centre. People and family members were able to access the hospice's helpline for advice and support 24 hours a day every day.

Care was focused around what was important to each person following a 'holistic assessment.' The assessment was the basis for person-centred care plans which clearly highlighted people's preferences. People were involved in discussing their life history. Care plans were up to date and identified specific interventions based on people's particular priorities. Staff discussed with people their plans for the future including their preferred place of care and their future care needs.

People were encouraged to remain independent and continue with their everyday things. One person said they went out to bingo in their local community every Monday. People said they were listened to and staff responded to their wishes. They could choose to take to take part in organised activities. Staff said they spent one to one time with people watching a movie or playing card games and dominoes.

People knew how to complain. None of the people we spoke with raised any concerns with us about their care. The registered manager told us they usually received very few complaints. People and family members had opportunities to give their views. Feedback from the last consultation in 2014 was positive.

The registered manager and staff were very knowledgeable and enthusiastic about the service. They were passionate and enthusiastic as they spoke about the service and believed in the philosophy and values of the registered provider. Similarly people and family members spoke positively about the service.

The registered provider was pro-active about delivering it's values. We found excellent examples of innovation, such as the breathlessness group, the 24 hour helpline, the wellness centre, contributing to the development of a nationally recognised care pathway and development of a community based service including additional long stay beds within the hospice. The registered provider was pro-active about sharing good practice to improve care for people at the end of their lives. The hospice had developed and was running a specific competency based training programme aimed at improving the skills and knowledge of care home staff employed by other providers.

The registered provider had an effective quality assurance programme in place. Audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. The registered manager told us they looked for opportunities to learn and improve practice and procedures. The hospice had clear aims and objectives for its future development.

Summary of findings

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 and family members told us the hospice was a safe place to stay. People had been assessed to protect them from a range of potential risks. Medicines were administered safely.

Staff demonstrated a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns.

There were enough skilled, experienced and knowledgeable staff to meet people's needs in a timely manner. The registered provider followed effective recruitment and selection processes when recruiting new staff. There were robust procedures to support managers with taking any disciplinary action.

The hospice was well maintained and clean. There were systems in place to check the hospice was a safe place to stay and that equipment was safe to use.

Is the service effective?

Good

The service was effective. The provider had invested in providing leadership training to all staff within the organisation. Staff received regular one to one contact sessions with their line manager. The registered provider delivered a dynamic training programme for staff which evolved to meet changing priorities.

People were asked for permission before receiving any care. The registered provider acted in accordance with the Mental Capacity Act (MCA) 2005 including submitting applications for Deprivation of Liberty Safeguards (DoLS) authorisation.

People described how staff went out of their way to meet their meal preferences. People gave us positive feedback about the meals the hospice provided. The hospice was able to cater for special dietary requirements.

The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.' People receive care and treatment from a wide range of health professionals both employed by the hospice and external to the service.

Is the service caring?

Outstanding

The service was caring. People received excellent care from kind, compassionate and caring staff who listened to them. We viewed numerous compliments praising the registered provider and staff for their kindness and support through difficult times. Care was planned around what was important to each person.

We observed kindness and respect between the staff and people. People were treated with dignity and respect.

Summary of findings

The provider had a strong focus on supporting people with their social and psychological wellbeing. People could access social and therapeutic support in the bright and modern holistic wellbeing centre. People and family members were able to access the helpline for advice and support 24 hours a day every day.

Is the service responsive?

Good

The service was responsive. People who used the service were actively in control of the care and treatment they received. People were involved in discussing how they wanted their needs to be met.

People had their needs assessed when they were admitted to the hospice. The assessment was used to develop person centred care plans. Care plans identified specific interventions based on people's particular priorities. Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs. Care plans were reviewed on an on-going basis.

People had opportunities to take part in organised activities if they chose to. People were encouraged to remain as independent as possible and continue doing their everyday things as much as possible. People said they were listened to and staff responded to their wishes.

People were provided with information about how to complain when they were admitted to the hospice. None of the people we spoke with raised any concerns with us about their care. People and family members had opportunities to give their views about the quality of the care delivered at the hospice.

Is the service well-led?

Good

The service was well led. There was an established registered manager in post. All of the managers and staff spoke passionately and enthusiastically about the hospice. They believed in the philosophy and values of the hospice. Patients and family members also spoke positively about the service.

The registered provider had a specific vision and set of values. The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. There were excellent examples of innovative practice. All people accessing the service were given the 'patients' charter.'

The provider had an effective quality assurance programme in place. The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service.

The provider was pro-active about sharing good practice to improve care for people at the end of their lives. The provider was delivering a specific competency based training programme aimed at staff in local care homes.

Hartlepool and District 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.

The inspection took place on 23, 26 and 27 March 2015. The first visit was unannounced and the other visits were announced.

The inspection team consisted of an adult social care inspector, a pharmacist inspector and an expert by experience with experience of hospice services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information. We reviewed the information included in the PIR along with other information we held about the home, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

During the inspection we spoke with five people using the service and two family members. We spoke with the deputy chief executive, the registered manager, the human resources manager, catering staff manager, three nurses, two doctors, one senior care worker and a healthcare assistant on the wards. We also spoke with the registered provider's accountable officer about the hospice's arrangements for handling controlled drugs (drugs liable to misuse). The accountable officer is a person designated under The Controlled Drugs (Supervision of Management and Use) Regulations 2013 by the registered provider to ensure that appropriate arrangements are in place for the secure and safe management of controlled drugs in the hospice. We also looked at six people's medication records, three people's care records, training records for all staff, quality assurance audits, feedback from people using the service and family members.

Good

Is the service safe?

Our findings

People and family members we spoke with told us the hospice was a safe place. One person told us they felt safe. They said, "There is always staff around if I need anything even during the night which is good, as sometimes I don't sleep so well. The staff will come and sit by my bed and keep me company and make sure I am comfortable." One family member showed us the lockable cupboard in their relative's bedroom to keep valuables secure.

Potential risks were assessed in order to protect people. These included falling, skin damage and moving and handling. Where a potential risk had been identified staff had implemented measures to help manage and control these risks. For example, one person who was at risk of skin damage was provided with a special mattress to help protect their skin. People had a personalised 'patient handling assessment', which gave details of the support they needed with moving around. These were reviewed regularly to ensure people continued to receive the care they needed to keep them safe.

Staff had a good understanding of safeguarding adults and knew how to report concerns. We viewed records which confirmed safeguarding training was up to date. Staff understood the importance of whistle blowing. They were aware of the registered provider's whistle blowing procedure. Staff told us they would use the procedure if they had any concerns. One staff member said, "I would say something straightaway." Another staff member said, "If you see something you always tell."

Medicines were kept safely and securely. We found they were only accessible to staff authorised to handle them. Medicines were kept in a locked drug trolley or in a locked treatment room. We saw the temperature of the medicines refrigerator was regularly monitored, although the temperature of the treatment room itself was not recorded.

There was a system in place for ordering, receipt and disposal of medicines. Controlled drugs were ordered, received, stored, checked and disposed of in accordance with the required legislation.

We looked at how medicines were handled at the hospice. We saw arrangements were in place for checking and confirming people's medicines on admission to the hospice. We saw one person was self- administering an inhaler, which was documented on the information received from their General Practitioner (GP) on admission. However, this was not listed on their medicine record. When people were discharged we saw detailed information about their current medicines, including changes made during their stay in the hospice, were given to the person. This would ensure that up to date information about people's medicines would be available to their GP if required. Medicines were prescribed by the in-house medical team.

Appropriate arrangements were in place for the administration of medicines. Staff told us people could be responsible for taking their own medicines. We saw a lockable cabinet was located in each person's room for the secure storage of medicines they brought in with them and medicines they managed themselves.

Appropriate arrangements were in place for the recording of medicines. However, there were gaps in the records for two people. We also found records for the administration of creams for one person were not clearly documented. Staff recorded the actual time medicines were given. This meant staff could check that the correct time intervals had elapsed before another dose could be administered.

All the staff members we spoke with were aware of how to report any medicines incidents. One nurse explained how medication errors were reviewed by a multi-disciplinary team on a regular basis to support shared learning.

There were enough staff to meet people's needs in a timely manner. The hospice employed a range of staff including medical staff, nurses, healthcare assistants, domestic staff, catering staff, volunteers, a complementary therapist and an occupational therapist. We observed staff attended immediately if people's 'call bells' went off. We saw notice boards for different areas of the hospice showed the photographs of all the teams who were on shift each day. This meant people and visitors could easily identify which staff were on duty that day.

Staff did not raise any concerns with us about staffing levels. The ward manager told us staffing levels were good. They said there were times when more staff were needed. For example, if people's dependency increased. They said dependency levels were reviewed every morning, including looking at people's moving and handling and medicine needs. Another staff member said the hospice was "staffed appropriately." They went on to say there were, "No concerns on the unit. They will bring in extra staff if we

Good

Is the service safe?

need them. [The ward manager] looks at dependencies." Another staff member said, "When we are really busy, they sometimes bring somebody else in." We found all the staff we spoke with had worked in the hospice for a long time. The registered manager told us they had an excellent staff team and staff retention was not a problem.

The registered provider had effective recruitment and selection processes. The service followed the agreed processes when recruiting new staff. These were effective in ensuring new staff were suitable to work with vulnerable people. Staff files we viewed confirmed pre-employment checks had been carried out before new staff started their employment. For example, Disclosure and Barring Service (DBS) checks to confirm applicants did not have a criminal record and were not barred from working with vulnerable people. The registered provider had also requested and received references including one from the applicant's most recent employer. Staff records confirmed that at least one reference had been received for each staff member before they commenced employment. A second reference request was always requested. Where a second reference had been delayed or not returned, records showed the provider pursued this with the relevant person. We saw the registered provider kept records of the attempts made to source the second reference. This meant people were protected because the provider always vetted staff before they worked at the service.

When required there were robust procedures in place to support managers should they need to take any disciplinary action. The human resources manager told us that in such cases a full investigation would be carried out. Findings and an action plan would be forwarded to senior management for approval. Examples of previous action taken included staff reading relevant policies and procedures, attending compulsory training and medicines spot checks. We viewed the associated action plans and saw these action shad been signed off as completed.

The hospice was very well maintained. We observed ongoing cleaning of the premises throughout our inspection. Staff carried out their tasks in a safe manner by utilising the hazard/caution wet floor signs after mopping the corridors. One person said, "They clean my bedroom twice a day." One family member told us, "They [staff] are always cleaning the place, the standards here are impeccable." We observed information displayed around the building relating to infection control and personal hygiene. We saw there were antiseptic hand gel dispensers available all around the building. The registered manager told us they tried to keep the hospice looking as homely as possible, whilst balancing this with infection control rules and regulations. One person showed us around their room. We saw this reflected their individual taste. They told us they had been encouraged to bring important items from their home to personalise their room.

There were systems in place to check the hospice was a safe place to stay. The registered provider undertook a range of health and safety checks. We viewed records which confirmed these were up to date at the time of our inspection. These included fire safety checks and a fire risk assessment as well as checks of gas safety, electrical installation and legionella. Regular fire drills were carried out and these were used as a learning experience. For example, records we viewed showed that action points were recorded following each drill. Previous actions included additional training and recording sheets changed to capture better quality information. We observed a wide range of equipment for use by people such as hydraulic baths, walking frames and overhead hoists. We saw equipment had been serviced and maintained regularly by checking the stickers on individual items of equipment.

Good

Is the service effective?

Our findings

People received their care from staff that were well supported in their role. Staff confirmed they were well supported. One staff member said, "We work as a team." Another staff member said they, "All supported each other." Staff said there were regular opportunities to meet, such as daily handover meetings, weekly meetings and reflective sessions. They said they had specific one to one time with their line manager through regular 'contact' (supervision) sessions and appraisals. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. Staff told us contact sessions took place regularly. One staff member said they were, "Very supported, I do feel supported." Another staff member said they were, "Well supported. Any issues I can speak with my line manager." Another staff member said "[Management are] there for us when we need them." Staff also told us they could access external support and advice at any time. For example, staff had immediate 24 hour access to a counselling service.

Staff told us they had an appraisal every year. We found a key focus of the appraisal system was identifying objectives for staff to work towards. Objectives were linked to the registered provider's over-arching strategy and the person's specific role within the organisation. Random checks were undertaken of staff members' progress with objectives. For example, to check whether identified training had been completed.

People were cared for by well trained and appropriately skilled staff. The registered provider actively encouraged and promoted staff training and development. Training records we viewed confirmed that staff had regular opportunities for training and development. The registered provider had systems in place to ensure staff completed the training deemed as essential for each staff member. This included fire safety, health and safety, infection control and moving and handling. The registered provider had developed a bespoke training database to ensure they had accurate and up to date information about the training staff needed and when it was due. In this way the registered provider could ensure that staff training was up to date.

The registered provider had a three month rolling programme of clinical training for staff. Training available to staff included person-centred care, palliative care and specialist training relating to specific health conditions such as Lymphedema, lung cancer and heart failure. The registered manager told us content of the programme changed depending on lessons learnt or what was important to staff in their appraisals. This meant staff were able to access the training they needed in a timely manner.

The registered provider understood the importance of developing a cohesive and effective team. The registered manager told us they had invested in providing three days leadership training to all staff throughout the organisation. The registered manager said this had allowed them to develop a greater understanding of staff member's strengths to ensure effective working across the service. The human resources manager also said they had invested in more advanced safeguarding training, which was in the process of being rolled out to all staff.

The registered provider told us in their PIR that the hospice had nurses with specialist interests, such as learning disabilities, dementia, neurological diseases and organ failure. We spoke with the lead nurse for infection control who was on duty during our inspection. They enthusiastically told us how they aimed to raise awareness of infection control so that people were cared for in as safe an environment as possible. They said they worked closely with the local Trust infection control team. The infection control lead undertook monthly audits to check on mattresses and compliance with hand hygiene. The role included raising awareness of infection control issues with people and providing training for staff. We viewed the most recent report developed by the lead nurse which evidence the hospice had a good record on infection control. The report identified areas for improvement such as replacing flooring and recovering foot stools. The report also made recommendations on training needs to be added to the on-going training programme including hand hygiene and specific infections.

We asked a healthcare assistant about their role and what sort of training they received. They told us, "I have just completed the RCN (Royal College of Nursing) first steps training for healthcare assistants and really enjoyed it. I really found the training beneficial and it has helped me to put theory into practice. We also complete lots of mandatory training and I have just done the Safeguarding course." Another staff member told us they had a very comprehensive induction when they started working at the hospice. This included reading people's care plans and policies and procedure information. They said, "I had to

shadow other staff for quite a while and this helped me to learn the job and to get to know all the people and their needs. I love working here everyone is friendly and caring and I have lots of support from the managers and my colleagues to do my job."

The human resources manager was responsible for checking on professional registration for qualified staff. They said they undertook regular spot checks to confirm continued compliance with registration requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. The ward manager said staff had a "good understanding" of the MCA. Staff demonstrated this good understanding when we spoke with them. For example, staff were able to describe when MCA applied to a person and about the specific needs of one person who had a DoLS authorisation in place. Where required DoLS applications had been made to the local authority. We found authorisations had been granted in line with the requirements of MCA.

People were asked for their permission before delivering any care. We saw examples within people's care plans of signed consent. For example, people had been asked to sign their holistic assessments. Staff told us there were specific consent forms for people to sign for some treatments, such as blood transfusions. Staff were clear about the importance of gaining a person's consent. They said they would always ask first before delivering any care. Staff said they would respect a person's right to refuse care and treatment. They told us they would offer encouragement and go back later. Staff said they would document the refusal in the person's notes. One staff member said, "We ask them [people]. We don't do anything unless the patient wants it." Another staff member said, "We always ask, would they like a bath or shower."

Staff said sometimes people using the service displayed behaviours that challenged others. Staff had a good understanding of how to support people when they were anxious. Staff gave us examples of strategies they used which included sitting down with people and talking with them to help calm them down. Staff told us they could access support from outside agencies to provide additional advice and guidance.

Staff told us people's nutritional needs were assessed when they were admitted into the hospice. Where people required specific support with eating and drinking this was provided. For example, some people had been referred to a speech and language therapist for advice and guidance. Staff said they encouraged people to eat and they would buy things in if people had specific dietary requirements or wishes. People's food and fluid intake was monitored to make sure they had enough to eat and drink. We observed one of the catering staff offering fresh jugs of water to people and asking if they wanted anything else. This meant staff had a good understanding of people's nutritional needs and provided the support people needed with eating and drinking.

We observed the menu in the café. We saw there was a choice of meals for people and staff to choose from. We asked a member of the catering team about the food people received. They told us people's meals were all cooked fresh on the premises and they were always offered different choices, including healthy options. They told us they prepared foods for people according to their individual needs and in keeping with any specific dietary recommendations from health professionals. If requested they prepared food according to people's cultural needs. For example, they had previously catered for one person who preferred a halal based diet.

People were in control of their own meal-times and choices. They described how staff went out of their way to ensure they had enough to eat and drink. For example, one person we spoke with said, "I often do not have much of an appetite and don't always feel hungry at mealtimes. The staff have cooked me food late in the evening when I felt like eating and it was freshly cooked not warmed up from earlier." The hospice did not have a set breakfast time. This meant people were able to have their breakfast at a time which suited them. Staff told us that if a person did not like the options on the menu they were offered alternatives. Staff told us that the cook spent time with people when they were admitted into the hospice to gather information about their eating and drinking preferences. They said they were able to cater for special dietary requirements.

Good

Is the service effective?

The hospice gathered people's views about the meals provided. We saw these were extremely positive and demonstrated the attempts staff made to ensure people's meal preferences were valued and delivered. One person commented, "Five star service, staff go out of their way to please." Another person commented, "I mentioned a meal I liked to cook at home and the very next day it was on the menu for me." Another person commented, "I feel very special in here."

The registered manager told us people received care and treatment from a wide range of health professionals. The hospice was a consultant led service providing people with access to specialised treatment for complex conditions and symptoms. This meant people could have their needs met quickly. Staff we spoke with told us doctors were on-call 24 hours a day. An on-call rota system was in place with the local NHS trust should people require medical assistance on a weekend. One staff member said there were, "Plenty of doctors about during the day." People also had access to a wide range of external health professionals. For example, speech and language therapists, occupational therapists and specialist nurses. Involvement from health professionals was recorded in people's care records. The hospice maintained close links with other providers to access specialist knowledge when required.

The registered provider was creative about developing initiatives to improve the lives of people using the service and the local community. The registered provider ran an innovative pilot 'breathlessness programme' comprising of nine six week programmes. The aim of the programme was to reduce people's reliance on accident and emergency for anxiety related breathlessness admissions. This also included supporting the hospital trust and clinical commissioning group's (CCG) priorities, such as management of longer term health conditions. Other aims of the programme were to support the philosophy of the 'Expert Patient' (a self-management programme for people living with long term conditions) to enable people in the local community to self-manage their condition and associated risks, such as their psychological wellbeing.

The programme involved the provision of advice about smoking cessation and nutrition, as well as counselling and complementary therapy. During the programme people were able to access a specialist day service, a therapeutic support package, a specialist nurse and an evening comfort call for reassurance. The programme had been continually evaluated involving people on the programme with positive feedback received to date. We viewed the evaluation report which gave examples of how the programme had helped people. For example, one person stated the breathing techniques they had practiced during the programme had helped them with a night-time panic attack. This meant they didn't need to go to into hospital. Another person had described how they were now more mobile as their breathing was easier. Other people described how they now felt more confident and more able to cope with their health condition.

Outstanding ☆

Is the service caring?

Our findings

People and family members told us they received excellent care, treatment and reassurance from kind and considerate staff. In particular, they emphasised how much they felt in control and that staff had listened to them. One person told us, "I was worried about coming to a hospice but the staff have been great and explained everything to me and showed me around which made me feel much better." One family member told us, "I was really worried about my [relative] coming into the hospice and was not sure if I had done the right thing but [my relative] was really poorly and I couldn't give [my relative] the care they needed. We were given lots of information about the hospice and the services available for [my relative] and all our questions were answered honestly by the manager and staff. We were even encouraged to speak to other relatives about the hospice and the care people received."

Most people using the hospice at the time of our inspection were too unwell to speak with us. However, we saw the registered provider had received numerous compliments thanking staff and giving praise for its excellent care, reassurance and support of people and their family members through difficult times. For example, compliments included, 'Can't thank you enough for looking after [my relative] you did a great job', 'Just a big thank you for looking after [my relative], it is much appreciated; we know [my relative] will miss you all very much', 'I would like to express my sincere thanks for the care and compassion received not only by [my relative] during [my relative's] time at the hospice, but also by myself and family members. Such wonderful care helped ease the pain of a difficult time', and, 'To all of the staff at Hartlepool Hospice we want to say thank you from the bottom of our hearts for all the care and dignity you provided [person's name] during their stay. [Person] was always well looked after, we couldn't have asked for any more. We will never forget the compassion the staff showed every day [person's name] was with you.'

People and family members were cared for by kind, considerate and caring staff. One family member said, "When I visit [my relative] now [my relative] is so much better and is eating better than before. This is a lovely place with kind, caring and considerate staff. They are very attentive and caring to all the patients and to families. I visit every day and it's never a problem." Another family member told us, "[My relative] knows why she is here. People have asked me why I put [my relative] in here but they do not understand hospices, they think they are all doom and gloom, my mum is happy and well looked after. That's what's important."

The model of care used at the hospice allows individual people to lead on their care and address particular issues they are facing. People were also supported with fulfilling their choices and preferences by staff who were happy to help them. One person told us, "I do prefer a bath to using the shower and there is plenty of bathrooms in here. The staff are happy to help you and will always ask me first before they do anything for me." Staff told us they spent time with people when they were admitted to the hospice. They used this time to find out how people wanted to be cared for. For example, finding out about what they wanted and needed at the time and what their concerns were.

The registered provider had participated in joint working with an NHS foundation trust to develop a nationally recognised palliative care pathway. Staff told us people were able to access counselling services at any time of the day if they needed help or support. For example, people and family members received counselling and support to help them with managing anticipatory grief. People could also receive support from the family and bereavement counselling service. Counselling services were available on-site between 9am and 6pm and on-call at other times of the day. Staff said a chaplain visited regularly and a priest or vicar from a local church could be contacted out of hours if required. Staff told us family members were able to stay at the hospice with their loved ones, particularly during the last days of life to enable them to offer comfort. Acommodation open visiting was available so people could have their loved ones with them as much as they needed. They said family members were never rushed and were given as much time as they needed to say goodbye to their relative. Staff at the hospice worked in conjunction with best practice in the last days of a person's life to ensure all needs were met. One staff member told us they aimed to provide good quality care at the end of a person's life and their family members. They said, "We are there for the family as much as the patients."

We observed kindness and respect between the staff and people. Staff were very friendly and actively going out of their way to offer assistance to individuals. We observed some staff sitting with people and just spending time

Outstanding ☆

Is the service caring?

chatting with them. One staff member told us when they were on duty they spent all of their time with people. They also said they respected people's privacy and dignity. One staff member said, "We give them their privacy. We ask them what they prefer."

We observed staff behaved with the utmost dignity and respect. For example, following a person's death on the day of our inspection. We saw blinds were discreetly drawn to avoid other people, family members and visitors becoming distressed. We saw doors were closed in corridors to avoid unnecessary entrance and observation to that part of the building. One family member said, "They are very discreet with other patients, protecting their dignity and keeping things confidential." Senior staff told us dignity and respect was emphasised from the point of induction of new staff onwards. They said staff always knocked on people's doors before entering. We observed staff knocking on bedroom doors before entering people's rooms. People could place signs on their door to inform staff they did not want to be disturbed. A senior staff member also said they observed their staff to check they were treating people with dignity and respect.

People and family members were able to access the hospice's helpline for advice and support 24 hours a day every day. Advice from trained doctors and nurses was available through the helpline as well as signposting to other services. Audits of the effectiveness of the helpline were carried out. These showed family members and health professionals had accessed the service.

People's wellbeing was promoted through accessing day services, social activities and therapeutic support. These were offered each day in the purpose built Holistic Wellbeing Centre. For example, people could socialise with other people in similar situations for mutual support. They could also take part in exercise, relaxation activities as well as spiritual and faith based activities. There were quiet spaces within the hospice facilities for people and family members to have time for peaceful relaxation and reflection. People could access quiet areas for complementary therapies available which included reflexology, Indian head massage and aromatherapy. We visited the wellness centre which we found to be modern, bright and welcoming.

On admission to the hospice people were provided with a 'patient information pack.' This provided them with information about the range of services available. This included details of how to access spiritual support, bereavement counselling and complementary therapy. People were also provided with information about how to access independent help and advice.

The registered manager and all staff members we spoke with demonstrated a commitment to provide people with quality, person-centred care. They were positive about the work of the hospice and had a very clear view about what the hospice did best. Their comments included, "Care is fantastic, second to none", "Everybody is passionate about what they are doing", "People are very well cared for, to the best of our ability", "Delivering a good service to our patients. Patients say it is like home from home", and, "We give excellent care."

Good

Is the service responsive?

Our findings

People said they were listened to and staff responded to their wishes. For example, one person said they had previously expressed an opinion to staff about the en-suite in their room. They said, "I found it too cold in there so I asked if I could use the bathroom for my personal care and the staff were only too happy to oblige."

People who used the service were in control of the care and treatment they received. On admission staff undertook a 'holistic assessment' of each person's needs. The assessment took account of each person's physical, psychological, social and spiritual needs. Staff told us this included a discussion with the person about their life history and how they wanted their needs to be met. Staff spent time gathering information to help them understand what was important to each person in managing their condition and maintaining their emotional well-being. They also said they asked family members about people's preferences including their likes and dislikes. For some people this included having family involved and maintaining a sense of humour. For another person this was the reassurance of knowing there was someone to look after them. On conclusion of the holistic assessment staff developed an initial plan for each person. This identified any immediate actions required from staff. For example, blood tests, prescribing medicines and giving fluids.

Care plans we viewed were person centred with people's specific preferences highlighted. We saw care plans were centred around what was important and relevant to each person. For example, one person had identified pain and comfort as particular problems. Another person was concerned about day to day management of their health condition. We saw they had a 'pain care plan' in place. This identified specific interventions to manage their pain, based on their particular priorities. Care plans identified specific goals for people and staff to aim towards. For instance, for one person with diabetes goals included for the person to aim to keep their blood sugars within normal limits and for nursing staff to monitor the levels. We also found staff were pro-active in developing separate care plans to deal with short term issues. For example, one person had a care plan which described the care they needed immediately prior to having a particular medical procedure carried out. Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs.

Care plans were reviewed on an on-going basis every day. Staff maintaining accurate records of what had been achieved and any variation from the person's agreed care plan. For example, one person had been given additional fluids and medicines, and was assisted with personal care to manage a particular health issue.

People had opportunities to take part in organised activities if they chose to. One staff member told us weekly activities were held in the hospice for people to join in if they wanted, such as arts and crafts. They said family members were also welcome to join in. Staff also said they spent one to one time with people watching a movie or playing card and dominoes.

People were encouraged to remain as independent as possible. A staff member told us people were encouraged to continue doing their usual everyday things if they were feeling up to it. We observed two people and their family members going out for the day. One person told us they liked to go out to bingo in their local community every Monday.

One family member told us they had never had to complain but would do so if they had any concerns regarding their relative's care. They said, "I just speak to staff if I am worried and they sort it immediately."

People were provided with information about how to complain when they were admitted to the hospice. People we spoke with told us they knew how to complain and felt any concerns would be taken seriously. None of the people we spoke with raised any concerns with us about their care. The registered provider had systems to log and investigate complaints received. Complaints were analysed to identify any trends and patterns. The registered manager told us they usually received very few complaints and that there had been no trends identified in the past 12 months.

People and family members had opportunities to give their views. For example, through completing postcards and questionnaires and the user involvement group. Feedback we viewed from the last consultation in 2014 was positive. Comments received included, 'Wonderful holistic loving care', 'I will highly recommend the hospice to others', and, 'The care team managed to combine medical

Good

Is the service responsive?

thoroughness with a very warm human side.' We saw the feedback from the consultation was used to improve people's opportunities to give feedback. For example, actions identified included displaying postcards in reception areas and public areas, handing out postcards on admission and discharge and staff explaining to people the importance of providing feedback about their experience of using the service.

Good

Is the service well-led?

Our findings

The registered manager had been in post for three years. We found the registered manager was very knowledgeable about the service. We observed how enthusiastically she spoke about the hospice and the people who used it. We found all of the managers and staff we spoke with at the hospice were all very passionate about the service. We found they believed in the philosophy and values of the hospice, which were promoted and displayed prominently for all to see. We saw many examples throughout our inspection of staff practising these values for the benefit of people using the service and their family members. Staff told us the registered manager was approachable. One staff member said, "The registered manager is approachable. I can go to her anytime." The registered manager had sent the Care Quality Commission the statutory notifications which they are required to do so under their registration.

People, family members and staff all spoke positively about the service. We found the atmosphere in the hospice to be calm and relaxed. People, family members and staff were asked for their views about the service to identify areas for development and improvement. For example, the registered provider had identified the need to encourage more family members to take part in the hospice's user involvement group. Another action identified was for staff to promote the hospice's complaints policy to people and family members 'at regular intervals throughout their stay'. This was because one family member had stated that they were not aware of how to make a complaint. Although they also said they, "Did not have anything to complain about at all."

The registered manager told us staff had a range of options if they wanted to speak with someone or raise concerns. For instance, staff could speak with any member of the senior management team, directly with the chief executive or contact the human resources department. The registered manager said she felt that staff would be, "Happy to raise any concerns." Other managers we spoke with talked about an 'open door' policy within the organisation. One manager commented that, "Staff are very vocal." From viewing the minutes of previous staff meetings we could see these took place consistently every month.

The hospice had specific person-centred and creative vision and values. The values were focused around treating people as individuals, putting people at the heart care delivery, being progressive and looking for new opportunities. The values underpinned the care people received and all staff we spoke with understood their importance. On admission every person was given their own copy of the vision and values. We found the registered provider was pro-active about delivering these values to seek new ways of working to improve the lives of people using the service, family members and the wider community. For example, the registered provider was forward thinking and creative in their approach to the services offered. We found there were excellent examples of innovative practice, such as the breathlessness group, the 24 hour helpline and the wellness centre.

The registered provider was aware of the changing needs of the community it served and was pro-actively looking for new ways of working to meet these changes. The registered manager said a lack of palliative care in the local community had previously been an area of concern. The registered provider had set up Alice House Trading Limited to address this lack of provision and to offer people specialist hospice services in their own homes.

'The patients' charter' was made available to all people accessing the service. This provided details of the standards people could expect from the hospice. These were also person-centred around respecting people's dignity and privacy, involving people, supporting people's decisions and providing a holistic, individual approach to delivering care. We found there were similar charters for trustees and staff.

The registered provider had an effective quality assurance programme in place. The registered manager told us the hospice had a 15 month audit programme. This included a range of quality audits including checks on falls, consent to treatment, medicines management, skin damage and oral hygiene. The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. For example, action taken following audits included further education and training for staff, ad hoc checks of medicines records and referring people to specialist health professionals. The registered manager told us they looked for opportunities to learn and improve practice and procedures. We saw the findings from the

Good

Is the service well-led?

various audits were analysed and used to develop an over-arching action plan. The action plan was reported to a specific clinical audit sub-group for on-going evaluation and monitoring.

There were clear governance arrangements in place. The senior management team reported directly to the board of trustees. The registered manager told us the clinical governance group monitored policies and procedures to ensure they were reflective of best practice and responsive to local and national priorities. The hospice reported quarterly to NHS commissioners on performance against key service outcomes. For instance, controlling pain and symptoms, avoiding unnecessary admissions to hospital, access to bereavement support, supporting best practice and treating people with dignity at the end of their lives. This included gathering the views of people using the service and family members. Staff told us the local NHS trust undertook a six monthly infection control audit.

Incidents and accidents were investigated thoroughly. We viewed previous incident and accident records and found these contained detailed information about the incident and action taken to prevent the incident or accident from happening again. Incidents and accidents were analysed regularly. We saw areas for improvement had been identified, such as changing the format of the incident form to capture more information, further education and supervision for staff involved and additional training. In some cases specialist equipment had been provided for specific people to help keep them safe, such as sensor pads to alert when a person is at risk of falling. All incident forms were checked by the nurse in charge and then a further check undertaken aby the clinical services manager.

The hospice had clear aims and objectives for its future development. These were documented in a three year strategy covering the period 2012 to 2015. We viewed the most recent version of the strategy which detailed the hospice's objectives and priorities and the steps required to achieve each objective. The strategy had direct links with the hospice's vision, values and the various charters (patients, trustees and staff). The strategy had been reviewed annually to respond to changing priorities and challenges. The registered manager said the next three year strategy was being developed. The registered provider had developed an over-arching twelve month action plan. Actions identified included the incident form and policy to be reviewed, a review of safeguarding training, targets to monitor the incidence of pressure ulcers and reviewing the three year strategy.

The registered provider was pro-active about sharing good practice to improve care for people at the end of their lives. The hospice had developed a specific competency based training programme aimed at improving the skills and knowledge of care home staff. The registered provider was rolling this training out to a number of care homes within the local community. At the time of our inspection training had been delivered to staff from five care homes. As a specialist consultant led service the hospice was pro-active in offering training to doctors of all grades as part of a specialist training programme.