

## The Myton Hospices

# Rugby Myton Hospice

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 July 2016 and was unannounced.

Rugby Myton Hospice is registered to provide personal care. Rugby Myton Hospice provides people aged over 18 who are living with life threatening and life limiting conditions with the opportunity to attend the day hospice. Initially people attend the day hospice for one day per week over a 12 week period. Rugby Myton Hospice also offers a hospice at home service to support people with palliative (Palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illnesses) and end of life care needs in their own homes. Family support is provided. The aims of the services offered include supporting people with their physical health and emotional wellbeing.

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

People were protected from harm and abuse by staff due to the arrangements in place to make sure risks to people at the day hospice and in their own homes were reduced. Where people were at risk due to their health and physical needs these had been identified. Preventative measures were put in place to help people to manage and reduce any known risks. Staff and volunteers had been suitably recruited and there were sufficient staff with a variety of skills to meet people's individual needs and to respond flexibly to changes.

People independently managed their own medicines when they attended the day hospice, with arrangements in place if support was required to promote safe medicine practices. Nurses were on hand to support people if this was required and secure medicine storage arrangements were available if needed. When people received care at home arrangements were in place to ensure people were safely supported to take their medicines where required.

People's specialist needs were met by a diverse volunteer and staff team who had received training and support to perform their roles and deliver good quality care. People were confident and positive about the abilities of staff and volunteers to meet their individual needs. The management team supported staff to develop their knowledge and skills to ensure best practice with on-going improvements in care.

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, decisions were made in people's best interests by people who had the legal authority to do this.

People had built trusting relationships with volunteers and staff when they attended the day hospice. They

valued the time volunteers and staff spent listening to them and how they were helped to achieve their individual wishes in their own time without any rush. Relatives of people who received a hospice at home service praised staff for their kindness and thoughtful ways whilst caring for their family members. They appreciated the service offered which meant their family members could have their wishes of dying at home fulfilled due to the support they received.

We received very positive feedback about the care provided by the volunteers and staff. People who used the service and their relatives felt staff went out of their way to support them in a kind, caring manner and went above and beyond what was expected to meet their diverse needs. Staff developed positive, respectful relationships with people and were kind and caring in their approach.

Staff were creative in supporting people to express their views so their care was personalised and involved each person in meeting their particular goals. This included staff continually striving to promote new approaches into their caring practices to support people in having the best life possible, such as sourcing recipes for people to help to enhance the taste of their supplements.

People looked forward to spending time at the day hospice as they were supported in a range of things both for interest and fun which people enjoyed. These also brought therapeutic benefits to enhance people's health and wellbeing. People particularly enjoyed the complementary therapies such as, massages which helped them to relax and ease any pain they experienced.

People were supported by staff to complete advance care plans to reflect their future choices about their end of life care. Spiritual, religious and bereavement support was offered to people.

People were complimentary about their lunchtime meals they received at the day hospice. They were supported with their nutritional and health needs and had access to nurses to support them with their symptom and pain management. Staff who provided care to people in their own homes provided them with mouth care support to promote people's comfort and always made sure people had drinks to avoid dehydration.

People were treated as individuals and staff were motivated and committed to supporting people's needs so they were able to plan and achieve their goals. This was achieved by staff working closely with other professionals and services so people received consistent care. Staff responded positively to people's changing needs to ensure their practices continued to meet people's needs.

There was a range of quality checking and monitoring arrangements which were shared between the staff, managers, leadership team and with the board of trustees. These arrangements focussed upon how the quality of care and clinical effectiveness enhanced people's experiences. People and their family members, staff and board of trustees were consulted and involved in developing the service. Their views were used to inform service improvements and developments to influence the services people received so these remained effective and raised quality where needed.

The registered manager led by example and was committed to develop the hospice services to ensure they met the local population's changing palliative and end of life care needs in the best possible way.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were cared for by staff who understood what action to take if they had any concerns for people's safety.

People were involved in managing risks to their safety and wellbeing.

People had the support they needed to meet their safety and wellbeing needs due to the availability of staff.

People were supported with their medicines where this was required.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff and volunteers who had the specialist skills and knowledge needed to support them.

People's healthcare needs were monitored, reviewed and met by staff who worked closely with specialist healthcare professionals to achieve this.

People were encouraged to have enough to eat and drink.

Staff understood the importance of making sure people were able to make choices and consented to the care offered.

### Is the service caring?

Good ●

The service was caring.

People's dignity, independence and privacy were promoted by staff and volunteers who they had built trusting relationships with.

Staff showed they cared about people they were supporting and about their families. They used a range of creative methods to communicate with each person so they were kept at the heart of

their care.

Staff supported the emotional wellbeing of people and their relatives with end of life care being provided with sensitivity.

### Is the service responsive?

Good ●

The service was responsive.

People enjoyed the time they spent at the day hospice and particularly liked the complementary therapies to ease any pains and as a form of relaxation.

People received personalised care which was responsive to their changing needs which included the relief from pain.

People decided when they were ready to devise their own advance care plans to reflect their future care and support their choices.

People knew how to raise any concerns or complaints they had and were confident staff would take action to address these.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were complimentary about the way the services were managed.

Staff and volunteers enjoyed their work and felt supported to undertake their roles.

Checks to monitor the quality of the services provided were regularly undertaken by the management team and action taken to develop the service further.

The registered manager was forward thinking and plans were underway to further develop the day hospice service. This was to make sure the services offered met the local population's palliative and end of life care needs now and in the future.

# Rugby Myton Hospice

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 July 2016 and was unannounced. One inspector carried out this inspection.

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 about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR. We sent out questionnaires to people who use the services, their relatives and community professionals and staff seeking their views about the hospice services. Twelve questionnaires were returned to us. We took people's responses into account when we made judgements in this report.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We sought information about the quality of service from the clinical commissioning group (CCG). We also asked Healthwatch for their views. Healthwatch is an independent consumer champion who promotes the views and experiences of people who use health and social care. We did not receive information back from the CCG and Healthwatch had no information to share with us.

We spent time with the five people who attended the day hospice on the day of our inspection and saw the care and support offered. We spoke with three people at the day hospice. We spoke with five relatives about the care their family members received from the hospice at home team. We sampled the care records of three people and daily records to see how their care and treatment was planned and delivered.

We spoke with the registered manager and a range of 13 staff. These included the day hospice sister, hospice from home manager, nurses, health care assistant, volunteers, nursing assistants, occupational therapist and physiotherapist.

We checked whether staff and volunteers were recruited safely and trained to deliver care and support appropriate to each person's needs. We looked at the provider's complaints arrangements, compliments and incident reporting. We also looked at the results of the provider's quality monitoring systems to see what actions were taken and planned to improve the quality of the day hospice and hospice at home service and plans for the future. The leadership team also sent further information to us as part of the inspection.

# Is the service safe?

## Our findings

We consistently heard from people they felt safe. People told us they had no concerns about their own safety and how staff provided care and treatment whilst they spent time at the day hospice. One person told us they felt, "Absolutely safe and comfortable, they (staff) have shown nothing but kindness to me." One relative whose family member was provided with care in their home said, "They (staff) were so considerate, never felt uneasy with any of the staff, we were in 'safe hands.'"

The comments detailed in the provider information request [PIR] read, 'Our patients consistently rate our service as 100% very safe in our real-time patient survey.'

Staff had a clear understanding of the actions to take if they had any concerns for people's safety. Staff we spoke with knew the different types of abuse people may experience. Staff explained how they would recognise and report abuse. All staff and volunteers spoken with were confident if they raised any concerns with the management team action would be taken to help people to stay as safe as possible. There had been no incidents of suspected abuse but the management team were aware of their responsibilities of reporting these to the local authority for investigation and to CQC, so people's safety needs would be met.

The registered manager stated, 'Patients are assessed in relation to specified risks as part of our admission process to Day Hospice; following the outcome of assessment appropriate care plans to minimise risk are put in place and are evaluated on an on-going basis.' We saw and heard from staff these arrangements worked well and actively involved people who used the service. We saw staff and volunteers had a positive approach to risk. For example, one staff member told us, "We are focussed on what patients are able to do and let them but we always make sure patients do things in the safest possible way." We saw this happened as staff and volunteers recognised when people were able to independently manage their own needs but also provided assistance when people needed some support for their own safety.

We saw risks to people's safety and welfare had been considered whilst they attended the day hospice. We heard examples from staff where possible risks to people's wellbeing had been assessed and actions identified to reduce risks. One staff member gave us an example of how they felt the advice and support from the physiotherapist helped them to gain additional knowledge around the subject of fatigue. They told us this helped them to be more aware of the signs of when someone may be experiencing fatigue and how this could affect people's safety.

Another staff member said, "We have open discussions with patients about their risks and discuss these." One person who used the day hospice confirmed this by saying, "We agreed what I needed help with to keep me safe." Another person told us risks to their health needs were discussed with them and they were able to decide whether they agreed to further treatment and or any aids to promote their safety. People were also supported to meet their individual lifestyles so they were not discriminated against whilst risks were reduced for other people. For example, people were able to continue to independently smoke when they attended the day hospice in the garden areas.



Risks to people's safety and welfare had been considered when they received care from the hospice at home team. We heard examples from staff where possible risks to people's wellbeing had been assessed and actions identified to reduce risks. One staff member told us how people's individual needs had already been assessed by a mixture of professionals before they provided care to people in their own homes. They told us they worked closely with district nurses to support the specialist needs of people who were receiving care very near to the end of their lives. They were able to provide examples of where people may need support due to their deteriorating health condition which could impact upon their skin, physical abilities and eating and drinking needs. One relative told us their family member's health and wellbeing would be compromised without the support of the district nurses and staff from the hospice at home team. They said, "The care they give [person's name] makes sure their health needs are regularly checked and they have everything they need to help them. Most of all they are not at risk of any discomfort." Staff had access to specialised equipment in order to meet people's needs and reduce risks, such as, specialist beds and equipment to help support people to move safely.

Staff told us, and records showed when people had experienced accidents and/or incidents at home these had been reviewed by staff to make sure people's needs were safely met. For example, when people were found to come to the day hospice with a pressure ulcer and or a person had had a fall, these incidents were reviewed by staff so risks to people's safety and wellbeing were reduced. Staff had actively helped people to contact other services to establish how their staff member's actions may have contributed to an incident experienced by a person attending the day hospice. One staff member told us they felt by embracing these practices people were supported in their time of need and helped people to feel safe.

The staff team was made up of people with a range of skills and experiences in order to keep people safe and meet the individual needs of people who used the hospice services. For example, nurses, health care assistants and therapists. 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. Volunteers' suitability to support people who used the service was also checked. Volunteers were part of the staff team as they helped to support and complement the care people received.

People we spoke with said staff were available to meet their individual needs at times they required assistance and support. One person told us, "There is always more than enough staff. When you need help they are all here so there is no waiting." Another person told us, "As you can see there are plenty of staff and volunteers to support us all and have some fun too." When we spoke with staff and volunteers they told us they felt there were sufficient staff to meet people's individual needs and spend quality time with people on an individual basis. One volunteer told us they had time to sit and comfort people when this was required or do a quiz with people. One staff member said, "We always have time to give each patient all the care and attention they need." They told us they were particularly proud they were enabled to do this due to the staffing arrangements.

People's needs were met without rushing and in a timely way when they attended the day hospice. Relatives were all complimentary about the hospice at home team. . We heard consistent themes about how the amount of time staff had to spend with their family member had helped them to feel valued, cared for and safe. Additionally, the care provided was not rushed so people felt safe. There were arrangements in place to enable the management team to assess and review the staffing needs of each of the hospice services provided to check they continued to be flexible, responsive and safe for people.

People told us they had responsibility for their own medicines when they attended the day hospice but knew if they needed any support they could approach a nurse. One person said, "I bring my own tablets in

and look after these myself, just like I do at home." Nurses told us they were provided with updated medicine training and their competencies were checked to enable them to keep up to date with their practices.

## Is the service effective?

### Our findings

People spoken with were very positive about the abilities of staff and volunteers in their knowledge to provide effective care and treatment to meet their individual needs. One person talked about the volunteers and staff who supported them in enhancing their wellbeing when they attended the day hospice. They told us, "Laughter is the best medicine and they all understand how to lighten the darkness felt at times. This is a skill in itself and the care is wonderful." Another person said, "It is the understanding about my condition which shines through in the support they all provide."

Relatives of people who used the hospice at home service were similarly very complimentary about the care their family members received. One relative said, "They (staff) fully understood. In [person's name] last few days, they were invaluable as they were knowledgeable and caring."

Staff spoken with told us they were trained to provide the specialist care and support which people required. All staff completed a structured induction which included training and shadowing colleagues in the provider's other settings. The registered manager confirmed this, 'A period of induction provides new starters with the opportunity to experience all patient services and observe our approach to practice.' Staff spoken with believed their induction had been valuable in helping them to feel prepared and confident in meeting people's needs within the provider's different settings. For example, one staff member told us their confidence had improved as they had worked at the provider's two inpatient hospices before they worked as a full member of the team in the hospice at home service. Another staff member described their induction as, "Really helpful as it helped me to get to know the role and organisation. If there was anything I didn't feel confident about I could get a bit of extra support," from the staff and management team.

People were supported by staff who told us they had benefited from a variety of training opportunities so they had the skills to care for people with palliative and end of life care needs. One staff member told us, "I completed advanced communication and it was excellent." They said this course had provided positive ideas to use in practice, such as when having sensitive conversations with people about their thoughts and feelings around their future. Another staff member said, "The training is excellent." They told us they had undertaken specific training, (staff referred to this as the 'butterfly' approach) which had been beneficial to people who used the day hospice service. This staff member told us this training was helpful to manage people's symptoms of anxiety and pain as it helped people to talk about their own thoughts around life and death. A further staff member from the hospice at home service described to us how they had put this training into practice which had a significant impact of helping a person to feel better.

Volunteers told us they were part of the staff team in the day hospice and as such were provided with support and training to help them in their caring roles. We saw volunteers supported people with an understanding about how they could enhance people's quality of lives by effectively meeting each person needs. This support included sitting and chatting with people, massaging people's hands and assisting people to have fun and do interesting things as chosen by each person. One person said, "Flowers are really cheery and they (volunteers) do everything to help to brighten the day we are here. I can tell you what they do really help me feel better."

The registered manager reflected the provider's commitment to actively improve the opportunities for staff learning and development. They told us this was achieved, 'By working in collaboration with other community providers and acute NHS Trusts we are confident that our mandatory and core clinical skills training is evidence based and remains linked to best practice.' We heard from the staff and management team how staff benefited from linking in with other providers of palliative and end of life care, such as, local hospitals and being part of various committees. One staff member described how they had gained additional knowledge around different health conditions, such as heart failure and dementia to help them to be more effective in their practice. These practices benefitted people who used the service so they could experience the best possible care based upon current thinking and best practices.

Both staff and volunteers told us they felt supported to be able to fulfil their different roles. All staff we spoke with they told us that the management team supported them in their role to provide good quality care for people. They told us that apart from the management team being always available to talk to they had structured routine meetings and one to one meetings to talk about their role and responsibilities.

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 MCA 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. 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 using people's preferred communication about their everyday decisions. For example, whether people would like complementary therapy and what to eat and drink. Staff from the hospice at home service described to us how they obtained people's consent to care and support before they proceeded to provide this on a daily basis. 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

We saw staff from the different services within the hospice staff worked closely with each other and other professionals and services to ensure people received seamless and consistent care. We attended the daily meeting where staff from the day hospice shared information about people's individual needs and discussed how these should be met. We heard how staff monitored people's health and wellbeing. For example, observations from each person's last attendance at the day hospice were taken into account as were their levels of pain and mood. This enabled staff to identify when people needed additional support, such as when a person's condition had deteriorated and they required further assessment from a particular health professional. One staff member told us the monitoring and reviewing of people's needs helped them to receive the right care at the right time. We saw a Macmillan nurse who shared the same building spoke with people when they attended the day hospice service to talk through their health conditions and care and treatment needs. Macmillan nurses are qualified nurses who have specialist qualifications and skills in cancer care.

For people who received a hospice at home service similar principles applied to the monitoring and reviewing people's health and wellbeing with the district nurses directing this. Staff who worked in the hospice at home team told us, "We monitor people's conditions on a daily or hourly basis and then we see what support they need. We work with other services like Macmillan nurses to make sure patients' care needs are covered." One relative told us the district nurses and staff from the hospice worked well together

and between them had supported their family member's needs. They said staff had been helpful and shown them what to do so they were able to provide care effectively too. They told us staff made sure their family member's mouth and lips were kept moist to ensure their comfort.

People were supported to eat, drink and maintain a balanced diet when they attended the day hospice. All the people we spoke with told us they enjoyed the food at the hospice and they appreciated the varied and flexible menu. One person said, "The food and drink is excellent and always available." Another person said, "There is always a choice of meals and you can have whatever you fancy." Staff and volunteers we spoke with told us they were directed by a person as to what meal they wanted or the amount of help needed. Staff also knew and had access to information about who required a specialist diet, support when eating their food and whether the person had received treatment which may affect their eating. Staff requested specialist support from a dietician and speech and language therapist when necessary.

Relatives and staff told us people who were provided with a service in their own homes had their nutritional needs met. Relatives prepared and cooked meals and if required staff would help people to eat their meals. One staff member told us, "Any changes and or difficulties for patients in regards to eating and drinking are discussed with the district nurses so people received the right advice and care." Another staff member said, "We always make sure people are drinking what they require and a fresh drink is close by the patient before we leave."

## Is the service caring?

### Our findings

Everyone we spoke with told us staff and volunteers were caring. One person said, "They are all nice and very genuine people." Another person told us, "They are compassionate" and said they were, "Good at keeping our spirits up."

Relatives were similarly complimentary about the staff who provided their family member with care. One relative said the staff were, "So kind, gentle and courteous." Another relative told us, "They are fab" and said one staff member was, "So lovely, nicest person ever met in my life." A further relative was particularly complimentary about one staff member on how they showed compassion and had made a difference in how they had been able to cope due to their help. They said a, 'Knighthood would not come close to thanking her [staff member] for what she did.'

People who attended the day hospice showed they were familiar with the staff and volunteers who spoke about people they supported with warmth and fondness. People also told us staff supported them in a warm and friendly way. One relative of a person who used the hospice at home service said, "The staff are always friendly and provide care with an added approach of tenderness."

People told us they attended the hospice one day a week and this would be reviewed with them after twelve weeks. Everyone we spoke with had their own reasons for valuing the staff and volunteers and the time they spent at the day hospice. One person told us they looked forward to coming to the hospice as it was their only opportunity of leaving their home and being able to spend time socially with different people. They said, "It helps to relieve the sitting and thinking for a while." For another person they described to us how they felt part of a community and staff and volunteers were always eager to offer time to listen to people's thoughts and feelings.

Staff and volunteers were seen checking whether people were comfortable or had the aids they required to meet their needs. We found volunteers and staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example one person told us they thought staff were very thoughtful in their ways. They showed us how staff had taken time to make sure a wound they had occurred at home was treated to promote healing and comfort to the person.

People's diverse needs were considered by implementation of aids, equipment and new initiatives to ensure their needs were responded to and no one was disadvantaged. The management and staff team had a number of initiatives in place to show how they cared about equality for everyone. One example was a voice amplifier they provided for people who due to their health conditions had difficulties in projecting their voice. Another example were the whiteboards used by the hospice at home team to support people's sensory impairment needs. Staff told us they used the whiteboards to write on as another method to assist people in expressing their particular needs. One staff member said the different methods they used to communicate with people kept, "People at the heart of their care by supporting them to be involved in all their care."

A further example was the caring and creative approaches taken by staff when supporting people in overcoming obstacles so their particular needs were met. We saw and staff told us they had provided people who used the service and relatives with examples of how they could use fortified supplements in different meals. We saw a lot of thought had gone into providing menus with pictures for people who liked to not only read the menus but see the meals. This initiative had been developed because staff had found for some people the taste of fortified supplements was not always to their liking but they still required some help in meeting their needs.

We heard many examples from staff how people mattered to them. One example shared with us was how the physiotherapy team had instinctively responded to the needs of a person whose final wishes were to see their football team play one last time. A staff member, with support from their colleague organised transport and the equipment the person needed to enable them to achieve their last wishes. They also drove the person and their family to the football match and home again when they were ready to leave. The person's family member confirmed it was thanks to the staff their family member was able to achieve their wish and their comments read, 'We can't thank Myton enough for what they did. Nothing was too much trouble – they were amazing.'

The registered manager told us, 'Patients and their families are central to everything we do; our approach to care delivery care is underpinned by our organisational values. 100% of respondents to our real time patient survey told us they are treated with dignity, respect, feel listened to and are cared for promptly by our day hospice staff.'

On the day of our inspection we saw staff and volunteers reflected these values by their commitment to providing care which was centred on each person. One volunteer told us, "It is about treating people as individuals and assisting them to have the best life, this is important as sometimes people just need us to listen as they share their feelings." One staff member said, "We look at people's preferences and promote their choices. Sometimes people want to discuss their advance plans (records of people's end of life care preferences and choices) but at other times they are not ready, which we fully respect." One staff member said, "It is really important people's choices are written down and we are always led by the person when we do this so they have the care they want."

Volunteers and staff also reflected this approach in their attentive approach to people. They took time to chat about their health conditions and how they had been since the last time they came to the hospice. We saw staff and volunteers communicated with people in a friendly and discreet manner and people responded to the opportunity to share and discuss their feelings.

Staff and volunteers spoken with gave us examples of how people were supported to express their wishes, feelings and make memories for their families to keep. For example, they told us how people had been supported to make pottery hand prints as lasting keepsakes. We also saw how people had expressed themselves using their own personalised art work which was displayed. One staff member described how art work had helped a person to express their feelings about their health conditions and their future to aid their wellbeing.

The management and staff team showed they had a strong commitment to providing care centred on each person's care needs. One example was when a person moved across from children and young people's services to adult services staff made sure the person's communication needs were fully supported. For example, an advocate and speech and language therapist was introduced to the person. One staff member told us how the team had all worked hard to make sure the person's communication needs were met in the best possible way for them. They also told us the person's relative, "Trusts us to have" their family member

for the day, "This is a huge compliment."

We saw staff and volunteers promoted people's privacy, independence and dignity whilst providing care and support. They asked people what aspects they wanted help with so people maintained their independence. People who used the day hospice service could be supported to have a bath using the specialist baths and have their hair done. We saw there were also aids to promote people's dignity when they had lost their hair due to their health conditions and treatments they received. For example, there were wigs placed in the hairdressing room so people were able to try these on in comfort as they wished.

Staff members from the hospice at home service described how they preserved people's privacy and dignity when they supported people with their personal care needs. This included closing doors, windows and curtains. Relatives we spoke with confirmed staff practices were always respectful to their family members.

Everyone spoken with knew about their care records and if they wanted to see these they confirmed with us they could at any time. One person told us, "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." Care records also confirmed people were involved in making decisions about their care and support. Do not attempt resuscitation documents and advance care plans reflected people had been involved in making important care decisions. We heard staff confirmed each person's do not resuscitate wishes so people were not at risk of these not being met and responded to in line with their preferred wishes.

People we spoke with told us staff worked with them to control their pain. One person said, "They've done a brilliant job controlling my pain". A relative told us, "They have made [person's name] comfortable, the staff have been superb." There were procedures 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 available in advance. These practices meant medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place.

People told us that if they needed spiritual or religious support they could access this by speaking to staff. We saw the spiritual and pastoral care team were chatting with people so they were on hand to offer religious and spiritual support. People and their relatives could access bereavement and spiritual support by staff who supported people to access these resources. Guidance was available for people about support services which provided bereavement, spiritual, advocacy and counselling help. Staff told us following a bereavement relatives were contacted and offered counselling. This service was described by one relative as, "Kind and helpful" and it had supported their emotional wellbeing.



## Is the service responsive?

### Our findings

People who used the service and relatives told us the staff were responsive to their individual needs. One person told us staff were thoughtful and the services provided, such as relaxation therapies helped to relieve their anxieties and pain. Another person said by coming to the day hospice they were able to meet people and eat lunch with them. They said this helped to improve their appetite. A further person expressed their feelings by stating, "It is the support I get when I come here, from both staff, volunteers and other people. The great thing is we all share a common bond and somehow you feel better as you walk out of the doors at the end of the day."

A relative whose family member had received care from the hospice at home team described to us how staff had helped them to provide some of the specialist care. For example, providing mouth care to their family member in the right way to ensure they were comfortable. They also said they were supported to know what to expect so they had the opportunity to learn about the progression of their family member's illness.

Before people attended the day hospice or were provided with care in their own homes their individual care and treatment needs were assessed to make sure these could be met. The care plans for people were personalised to the individual and gave clear details about each person's specific needs, expectations and wishes. Staff used the information contained within people's care records to share with each other any changes in people's needs. One staff member told us by sharing information it helped them to recognise any changes in people's symptoms and how to respond to people if they had treatment which had worked for them previously.

Staff responded to people's changing needs, such as when people became unwell staff spent time assessing their needs so these could be responded to without delay. Additionally we heard how staff had responded to a person's experiences of pain by judging their facial expressions and body language when they last attended the day hospice. Staff noticed they were in pain and responded so the person had pain relief medicine and a heat pad to ease their discomfort. One person told us staff were wonderful in how they met their needs. They told us staff knew their likes and dislikes really well without them having to remind them and said, "Spending a day here means a lot, they [staff and volunteers] have got to know me well." One example this person gave us was how their food was presented to them so that they could comfortably eat and enjoy their meal.

Staff were able to tell us the needs of all people and how they responded to their care and emotional needs and wishes. One staff member told us they had built up trust with people and their family members which was particularly important for young people who went through the transitional stages from children and young people's services to adult services. They told us how they used different communication methods where people were unable to verbally communicate. This included writing in a book to share with their relative how their family member's day had been. This was also a two way process as the person's relative would also share with staff information by writing in the book any changes in their family member's needs. This ensured these were appropriately responded to by staff in the right way for the person.

Staff told us there were effective systems in place for them to share information with all the team to make sure people's needs were reviewed each time they attended the day hospice. One staff member explained to us they had information sharing meetings each day where staff discussed people's care and treatment and any changes in people's health conditions. We attended one of these meetings and saw staff discussed each person's needs and any changes in these so staff understood how they needed to respond to people's needs.

Partnership working between the hospice team and other health professionals had positive impacts for people. For example, if people's doctors required people to have their bloods taken in readiness for testing, this could be achieved by the nursing staff at the day hospice. This meant people did not have to make additional journeys to hospital.

Additionally, partnership working with the local hospital trust to deliver a training programme had been established. This was to support staff in their roles to deliver quality end of life care for people so their specialised needs were responded to when they were in hospital.

Staff and volunteers we spoke with were able to tell us how they responded to people's care, mental health, emotional needs and wishes. Staff told us about the different services which were offered to people to help reduce the risk of depression, anxiety and social isolation. One person told us, "I don't know what I would do without this place. It's a god send to me each week I come." We saw people were offered a range of therapies, such as art therapy, complementary therapies and access to an occupational therapist and physiotherapist. Additionally, there was a specialist lymphedema service where people could be offered a limb massager machine on short term loan basis. The loan of this machine supported people to carry out treatments in their own homes which responded to people's needs whilst maintaining their independence. Lymphedema is a long term condition that causes swelling in the body's tissues, usually affecting the arms and legs.

People who used the service told us they had learnt a lot about their particular health conditions. This included how to manage these effectively because of the learning they had obtained from the different therapists. One staff member also told us they had learnt from listening to the different subject areas presented which they felt would help them to respond to people's varying needs, such as breathlessness, sleep, diet and constipation. The occupational therapy and physiotherapy teams worked across the provider's three hospice locations. They showed they were passionate about their work and how the support they offered responded to people's needs both at the day hospice and in people's own homes.

None of the people or relatives we spoke with had made any complaints about the service. People told us if they had any concerns they were comfortable to raise these with the care or office staff. People told us they had been given information on how to raise any complaints they had.

Staff we spoke with knew how to support people and relatives if they wanted to make any complaints about their care. One member of staff told us how they had supported one relative to make a complaint about the care their family member received. We saw the registered manager had systems in place to review any complaints received. We saw where complaints had been received these were investigated and responded to promptly. Action had been taken and lessons learnt so the service would develop further.

People who used the service and relatives told us that they would raise any complaints and/or concerns they had with the staff or the management team and felt they would be listened to. People said they found they could talk to any staff members and volunteers when they attended the day hospice. They told us they felt confident if they did have any complaints and/or concerns these would be dealt with immediately.

People who received a service at home and their relatives held the same views as they told us staff who provided care were approachable and were confident action would be taken to resolve any complaints and/or concerns they had. We saw that the provider had arrangements in place for dealing with complaints and/or concerns but there had not been any received recently. The arrangements in place assisted the management team to review any complaints and identify actions and lessons learnt.

## Is the service well-led?

### Our findings

People we spoke with were complimentary about the way the day hospice service was managed and praised the whole team. One person said, ""The staff and company are all wonderful. Support is given freely, questions we have are answered with good understanding and we are included in our care." Another person told us, "The organisation must be well managed otherwise I would not be receiving such good care and support. It takes a good manager to bring out the best in the staff which happens here for us all to enjoy on the day we come."

We received similar praise from relatives of people who received and had received support in their homes from the hospice at home team. On relative told us, "They (staff) ask how I am which is very much appreciated and they seem to have a kind way of explaining things about the care needed. It may only be little things to some but to me they help in coping with the uncertainty of each day. This type of care stems from good management leading the way."

The registered manager had been in post for almost a year and was the director of nursing and care. They had an open, reflective and approachable management style. She described to us there was a clear leadership and management structure in place which included a board of trustees and layers of senior managers, managers, staff, volunteers and support services. The registered manager led by example and was open with us about their vision to ensure the services were continually well led with on-going improvements made. One example provided was the review which had been undertaken of the day hospice service to ensure it met the diverse needs of the local population now and in the future.

Staff and volunteers we spoke with told us how much they enjoyed supporting people at the day hospice. One staff member told us, "I really do love it, every day's different and there are always challenges that you can learn from." Another staff member described how all the team made people's last day in attendance at the day service, after 12 weeks, a celebration as part of assisting people to be resilient so they were supported to have the best lives as possible.

Staff who provided care and support to people in their own homes also enjoyed their work. They felt they helped people to achieve their aims of dying at home with the care and support they needed. One staff member told us, "I feel very privileged in being able to help people to achieve their wish to receive their care at home. I always try to make sure families are supported too as it can be hard. It is a very rewarding job." Staff spoken with told us they had opportunities to respond with their thoughts about their work and the services provided. We heard consistent themes from all staff about how they felt able to be open and honest with the management team and they were always listened to.

The registered manager, staff and volunteers reflected in their work the values of the organisation. These were confirmed by the registered manager as, 'Respect and dignity for all - Value every individual and ourselves - One Myton, One Team, One Goal – Professionalism in all that we do.' For example, from the little touches of flowers arranged for the lunchtime table to supporting people's wellbeing by ensuring a person's wound was treated to promote healing. Everyone we spoke with knew how they could contribute to the

services being well led and enhance people's health and wellbeing. Relatives shared with us how staff had contributed to their wellbeing. One relative told us staff had provided them with comfort by listening to them at times when they struggled. The relative also said the staff and the district nurses worked as a team which they believed helped to provide their family member with consistent care. Another relative said it was staff's warm and cheerful attitude which helped them to cope from one day to the next.

The board of trustees, the leadership and management teams welcomed feedback from people who used the service, staff and stakeholders as opportunities for people to be involved in the development of the services offered. People who used the service told us they were involved in reviews of their care where they were able to share their thoughts and suggestions about the care and support they had received. We saw people speaking with staff and volunteers whilst they attended the day hospice which one person said was another way they felt able to share their thoughts and influence the service provided. The written compliments made about the services also reflected the needs and goals of people who received palliative and end of life care from the different services offered. One person's comment read, 'You helped make his final days more comfortable.' Another person had written, about the day hospice, 'She enjoyed every minute, the kindness, and friendship of everyone.'

Staff spoken with had a clear understanding of their roles and responsibilities in reporting any concerns they had about the care people received. Staff told us they would report concerns in accordance with the provider's whistleblowing policy. One staff member told us, "I would follow the whistleblowing policy if I needed to and I would happily report concerns to external agencies if I needed to." Staff told us that they did not have any concerns at present but felt sure if they did the management team would listen and respond straight away.

Staff and volunteers we spoke with were aware of the roles of the management team at the hospice and told us how they felt supported by the management team in providing good quality care. They said managers were approachable and had a regular presence at the hospice which we saw happened on the day of our inspection. All the managers we spoke with showed they had an excellent understanding of the care provided both through the day hospice and the hospice at home teams. This was because they had regular contact with staff and people who used the service to ensure the care and support offered was the best it could be for each person.

The registered manager told us they were proud of the staff, volunteers and management team as they all worked together for the benefit of people who used the services. One staff member echoed this by saying, "We are all a team and work well together. We help each other and are always there for each other so no one struggles alone." One volunteer told us, "We are a strong team who all pull together for the benefit of making people's days here as good as they can be."

There were a number of arrangements in place to ensure effective quality checks were undertaken to drive continuous improvement for the benefit of people who used the services. 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 reported to the board of trustees. For example, there was a clinical governance oversight into all incidents so these could be examined to reflect investigations undertaken to ensure lessons were learnt and prevent recurrence.

The registered manager recognised where improvements could be made together with the progress made so far. Examples were provided to enhance partnership working with key organisations to promote and support people. One example provided was where the hospice at home team was working with the local hospital trust on the, 'Rapid Home to Die' discharge from hospital initiative. This initiative is in its early

stages of implementation but it is to make sure people were able to be cared for in their preferred place. Another example provided was where no working relationships had been formed between the hospice staff and staff at a local support group for people with cancer. The registered manager told us these working relationships had now been made. They told us about some of the benefits of having working relationships with other community resources and the impact they wanted to achieve for people to make sure, 'Both organisations will work together to increase and enhance the support of people with cancer in Rugby.'