North Lancashire and Lakeland Continuing Care Trust

St John's Hospice

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection visit at St John's hospice was undertaken on 26 July 2016 and was announced. We gave 24 hours' notice of the inspection because of the sensitive nature of the service provided. We wanted to ensure people who used the service, staff and visitors were available to talk with us.

St John's hospice provides palliative and end of life care for adults with life limiting illnesses. The staff team support people and their families, providing medical, nursing, personal, emotional and spiritual care. They also offer a hospice at home service in the local community to assist individuals living at home and a variety of day and support services. At the time of our inspection, there were four people inpatient at St John's hospice.

St John's hospice is situated in a residential area close to local amenities. The service supports people in the main hospice inpatient unit and a day therapy unit. They also support people in their own homes.

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

At the last inspection on 13 February 2014 we found the provider was meeting all the requirements of the regulations inspected.

We spoke with people who used the service, relatives, staff and other professionals during this inspection. They told us the service provided an exemplary level of care and the leadership was exceptional. They spoke extremely highly of staff. One person told us, "From being in despair I am now able to focus on what matters. All with the help from the staff." A relative said, "The support from the hospice staff exceeded anything we had hoped for. It was fantastic."

Care planning was extremely flexible, person centred and proactive. People and their families told us staff championed people's right to choose how, where and when they wanted their care provided. They said staff were especially proactive and 'made things happen' in order to provide exceptional care for people. We saw staff had to support people to attend special family events with staff support and helped patients with arrangements to marry in the hospice.

People said staff were extremely caring and respectful, listened to them and assisted them promptly. They told us staff always 'went that extra mile and beyond'. We saw end of life care plans were informative and personalised and staff were remarkable in their determination to help people to carry out their final wishes. This included providing advice, support and staff at a person's home so they could remain in the comfort of their home with loved ones.

Families told us staff were extremely competent and compassionate in the way they assisted people to have control of illness symptoms and pain. They commended staff for the practical, emotional and spiritual support provided and outstanding care that enabled their relative to have a dignified, peaceful and pain free death. Written comments from families included, 'Thank you for making the end of [family member's] life so calm and dignified and filled with love'. And 'You worked miracles and [person] died serenely and comfortably. Thank you.'

The management team and trustees worked collaboratively with other agencies to develop best practice, excellent partnership work and support for people. They carried out innovative research with local and national organisations and influenced best practice and policy-making. This further improved care practices and helped develop innovative support in the hospice and the community

The management team set up numerous forums and support groups to seek people's views, provide support and information and ensure people received person centred flexible care that fully met their needs. One comment we saw stated, 'Nothing needs changing the care is superb.' Another person had written, 'Your wonderful, warm personalities create such a lovely friendly atmosphere. You are amazing and do a fantastic job.'

The management team used multiple ways of monitoring and auditing care and seeking the views of people who used the service, their families, other professionals and staff. This assisted staff to provide care that was personalised and exceptionally flexible. Other professionals were extremely complimentary about St John's hospice, the staff attitudes and their competence.

Staff demonstrated a highly sensitive and compassionate understanding of protecting and respecting people's human rights. We found staff were passionate about providing a non-discriminatory and tremendously supportive service.

People who used the service, their families and staff were supported throughout their 'journey'. They were provided with complementary therapies such as reflexology and massage to assist with relaxation and reduce anxiety and distress. The care by hospice staff did not end when a person died; The hospice team continued to support families after their family member's death. They were offered bereavement counselling and support groups for emotional well-being.

Recruitment and selection was carried out safely with appropriate checks made before new staff were appointed. There were enough staff to provide safe, personalised and timely care.

The provider had an extremely positive and constructive response to complaints and carried out their duty of candour with an open and transparent approach. People told us they knew how to raise a concern or complaint and staff encouraged them to express any ideas or concerns.

The registered manager had systems to monitor and manage accidents and incidents to maintain everyone's safety. One person confirmed, "I feel safe and supported here and not worried."

People were complimentary about the meals and told us they were offered a choice. Staff ensured people's dietary and fluid intake was sufficient and they received appropriate nutrition. Drinks and snacks were available at all times. The management team had begun to develop a nutritional Support Worker role to focus on meeting people's preferences and nutritional needs on the ward.

Staff were confident in their knowledge of the Mental Capacity Act 2005 and associated Deprivation of

Liberty Safeguards and demonstrated good awareness of related principles. Care records held documented evidence of the person's agreement to care.

Staff received relevant and timely training. They also provided education and training to care homes, other professionals, universities and colleges in end of life care. This enabled them to spread best practice in end of life care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff recruitment was robust and staffing levels met people's needs.

Staff understood safeguarding principles, the action to take and how to report concerns if people were at risk from harm or injury.

Medicines were administered as prescribed, safely and promptly at the time people needed them.

Is the service effective?

Good

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were provided with a choice of nutritious meals, snacks and drinks.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Outstanding

The service was exceptionally caring.

We found staff were committed to providing a non-discriminatory and extremely supportive service.

People who used the service and their relatives spoke very highly of staff and the care and support they received.

Staff were very proactive and compassionate in the way they assisted people to have a dignified, pain free death and the practical, emotional and spiritual support of their choice.

Is the service responsive?

Outstanding

The service was very responsive.

Care planning was extremely flexible, person centred and proactive. People were encouraged to make choices that provided them with their care and support when and where they wanted.

Staff responded to changing needs quickly and sensitively and 'made things happen' in order to provide personal and specific care for people.

People who used the service and their families were provided with an extensive choice of support groups and complementary therapies to provide information and support and to reduce anxiety and distress.

The provider had a proactive and constructive response to complaints and carried out their duty of candour with a very transparent approach.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The registered manager acted in partnership with other agencies to develop best practice. They worked with local and national organisations, care and education establishments to influence and improve best practice and national care policy-making. This had an extremely positive impact upon people's care, safety and welfare.

People who used the service, families and staff, said the service was organised and managed to an extremely high standard. They told us the registered manager was very active in supporting and understanding their requirements.

The management team excelled at managing change in a coherent and cohesive approach. Staff said they felt fully involved, consulted and supported by the trustees and management team about the future of the hospice

People were highly praising of the hospice. The registered manager and management team had outstanding oversight of care, quality and safety.

St John's Hospice

Detailed findings

Background to this inspection

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

The inspection team consisted of two adult social care inspectors and a specialist advisor, with clinical experience of hospice services and end of life care.

Prior to our inspection visit on 26 July 2016, we reviewed the information we held about St John's hospice. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who accessed the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they planned to continue ongoing staff training and support, further develop their specialist support, the skill mix of the staff and the Board of Trustees and partnership working.

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

We also spent time observing staff interactions with people throughout the hospice and looked at records. We checked three individuals' inpatient documents and four staff files. We reviewed records about staff training and support, as well as those related to the views of people who used the service and the management and safety of the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe at St John's hospice. One person said, "I feel safe here. I know staff won't leave me to struggle alone." Another person told us, "The staff make me feel safe. They support me and help me cope." A relative added, "The staff are amazing. They support us all not just [family member]. We can relax knowing [family member] is safe and well looked after.

There were procedures in place to protect people from abuse and unsafe care. There had been no safeguarding alerts raised about the service in the previous twelve months. All staff had received safeguarding training. Registered nurses and the Chair of Trustees and Head of Nursing & Quality received additional in-depth training. All staff knew who to report concerns to if people were at risk from harm or injury.

We asked staff how they would deal with unsafe care or a suspicion of abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination. Staff we spoke with said they would have no hesitation in reporting abuse. There was a structured process in place regarding the risk management of people.

Risk assessments were in place to provide guidance to staff and reduce risks to people's safety. These included, pressure area management, falls, mobility and nutrition. The risk assessments we saw provided instructions for staff members when delivering their support. They were frequently reviewed and updated. Staff spoken with told us the risk assessments were clear and informative.

We saw the registered manager had robust proactive and reactive management systems to monitor and manage accidents and incidents to maintain people's safety. This included records of accidents or near misses, any resulting injuries and the actions staff took to manage them. Staff told us that they discussed and reflected on any accidents or incidents, complaints, or concerns. How well the situation had been managed and what lessons had been learnt was evaluated. Any changes to care needed were made to reduce risks to people. The senior management team reviewed every incident reported on a weekly basis

We saw medicines were managed effectively and safely. They were ordered appropriately. Staff gave them as prescribed and without interruptions to ensure safe administration. They were stored in a secure, clean environment. and disposed of correctly. People told us they felt staff supported them with medicines well. They said they were given medicines as prescribed and at the correct time so any pain was well controlled. They told us their medicines were delivered promptly and they were fully involved in managing any pain so their symptoms were well controlled. This reduced the risk of people being uncomfortable or in pain. One person told us "If I have any pain staff are quick to act and make sure any interventions are effective." People could manage their own medicines if they were able.

The registered manager told us they were changing from a general medicines cabinet to individual medicine cabinets at each person's bedside to provide a speedier access to medicines. There were audits in place to

monitor medicine procedures and to check people had received their medicines as prescribed. There were frequent medicine audits. We saw improvements had been made in response to audit findings such as a bespoke medication room, improved drug cupboards and separation of stock in clearly marked areas. Staff received medicines training on a regular basis to enhance their understanding and skills. Competency checks had been completed on each member of staff who administered medicines to ensure they managed medicines safely.

We looked at how the hospice was being staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who used the service, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. The registered manager explained that a dedicated medical director, a speciality doctor and an advanced nurse practitioner complemented medical and clinical care. This was as well as nursing and health care staff, social worker, physiotherapist and occupational therapist.

We looked at the staffing audit tool which assisted in the assessment of the level of dependency of people on a daily basis to ensure staffing levels met each person's complex needs. We saw staff were not rushed when they provided care. There were enough staff on shifts to support people in a timely respectful way, allowing them to spend time talking with them.

People, staff and visitors told us staffing levels met their needs. One person said, "There are always enough staff to help you when you call them." A relative said. "I am relieved to find [family member] doesn't have to wait ages for staff to come." People knew the staff who supported them. In the hospice at home service they were informed if there were changes so they knew who would provide their care and support and their personal security was protected.

We looked at the recruitment and selection procedures for the hospice to see if the management team followed safe recruitment procedures in the employment of staff. We looked at four staff files. The application forms were fully completed and any gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff. A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check the criminal records of potential employees to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work.

We spoke with three members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks were repeated regularly to ensure that the nurse was still registered with the NMC and therefore able to practice as a registered nurse.

We looked around the hospice to check the safety of the environment. Records confirmed gas appliances and electrical facilities complied with safety requirements and were safe for use. Legionella checks had been carried out and equipment had been serviced and maintained as required. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure was in place, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe. People had personal evacuation plans in place. We saw the service's safety certification and fire safety documentation were monitored and up-to-date.

We were informed of the flooding which affected the area in December 2015.As a result of this, the management team had taken the opportunity to carry out a significant building programme on the inpatient unit. This was to provide improved facilities. A comprehensive risk assessment had been carried out prior to the building programme commencing. This included staff support for highly dependent patients, noise levels and reduced capacity.

The renovations included reducing the four bed bays to two bed bays. Opposite each bay small personal dining areas were planned to encourage people to get out of bed where able and have a sociable meal with their families.

People told us the hospice had excellent infection control measures and was always clean and fresh smelling. This was the case on our inspection. Nursing and medical staff were competent in aseptic techniques which reduced the risk of cross infection. Staff wore personal protective clothing such as gloves and aprons and were trained and monitored in hand washing techniques. Cleanliness was monitored in clinical and kitchen areas.

Good

Is the service effective?

Our findings

People told us they enjoyed the food and had a choice of meals. They said the meals were beautifully cooked and tasty. One person commented, 'I have never had food like it, like a five star hotel.' We saw two people with complex needs, were unable to eat because of swallowing problems. Staff ensured they received appropriate checks and satisfactory nutrition. Where people were able to eat without difficulties, staff were aware of and provided the portion size they wanted. We saw mealtimes were relaxed and people were supported as they wished. One person said tea was served quite early but toast and snacks were offered later. Staff offered people meal options or an alternative if they did not like what was on the menu.

We observed drinks were provided according to people's preferences. Alcoholic beverages, were available to individuals when they wanted them. Staff were innovative and provided special gin and tonic lollies for one person who liked this as a drink but had difficulties in swallowing.

The hospice staff used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of malnutrition. Where staff identified concerns, they acted immediately, sought advice and made referrals to other professionals as needed and carried out instructions correctly. Records were updated in a timely way so all staff were aware of any changes. The Food and Nutrition group (nursing and kitchen staff) met regularly in order to meet the needs of people who often with swallowing and complex dietary and hydration needs. The management team had begun to develop a nutritional support worker role to focus on meeting patients' likes and nutritional needs on the ward.

We saw that in a recent environmental health inspection on the standards of food hygiene, the hospice scored full marks in all areas. We found this reflected the high standards of cleanliness and hygiene we saw in the kitchen on inspection.

The cook showed us the menus, which provided a choice of meals. Where possible fresh home-grown food from the hospice allotment was used. Information was clearly displayed in the kitchen about people's individual dietary requirements, likes and dislikes. Specialist diets, cultural and religious preferences were catered for. People's needs were regularly monitored and reviewed and relevant professionals and people in the hospice were fully involved in this.

People and relatives we spoke with said staff were more than effective in meeting their needs One person told us, "It is remarkable how well the staff look after us, they provide things before we have even realised they would be useful." Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us their healthcare needs were well met and carefully monitored by staff. They said staff were proactive and acted quickly on health issues, sometimes before the person realised they had a problem. People told us they were referred to relevant health professionals where needed. Care records seen confirmed this. There were healthcare professionals including physiotherapist, occupational therapist and social worker based in the hospice. The hospice had appointed champions including dementia care, infection control and wound management champions. They cascaded relevant information and best practice to all staff.

We saw from the staff training matrix staff had extensive training to underpin their skills in supporting people. New staff received a comprehensive induction including the 'care certificate', The Care Certificate is a set of standards that all new social care and health staff need to cover as part of their induction. Staff must evidence they are aware of and understand these and they are able to put them into their day to day care practice and provide safe care. New staff were assessed included through workbooks, observation of practice and face-to-face learning.

We saw all staff received training in communication skills, supporting people with distress, equality and inclusion, legislation, supporting people with dementia and clinical skills. The registered manager told us of the reflective groups that used action learning sets to analyse areas of interest. The hospices speciality doctor facilitated lunch time learning group reflection on specific clinical issues such as managing agitation in patients. Staff told us they felt valued by the management team and encouraged to expand their skills and roles. One member of staff told us, "I was encouraged to take further training which I felt I was not capable of doing. The management team gave me great support and helped me succeed in this." Staff said they were encouraged to attend study days and shift patterns were often changed to accommodate this.

Educational events provided by the hospice were provided to a wide variety of internal and external attendees. As well as training their own staff, the hospice provided staff training for local care providers. Training included end of life care, Mental Capacity Act (MCA) and Deprivation of liberties (DoLS) training in partnership with an MCA legal expert. One person said, "I am confident the staff know what they are doing. They have made a big difference to us." This was also reiterated by external professionals who were praising of the care provided at St John's hospice.

People who were at the hospice had life-limiting illnesses. Decisions needed were often upsetting for the person and their relatives and clinically difficult. We saw staff had excellent skills and were able to support people and their relatives. Staff had received informative and useful training and tools to assist them in listening and communicating. They also provided information leaflets and arranged counselling, spiritual support and alternative therapies as well as regular discussions with medical and nursing staff. A chapel and other quiet areas were available within the hospice for private discussions or moments of reflection.

The registered manager checked staff put their learning into practice through mentoring support, competency testing, supervision and appraisal. Supervision was a mix of one-to-one support meeting between individual staff and a member of the management team and group sessions. These were organised to discuss particular situations or areas of care. This gave staff the opportunity to learn and reflect on these together. Staff appraisals were carried out annually and discussions included opportunities for staff development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in place in relation to the MCA and DoLS. They worked closely with a solicitor in relation to mental capacity who also provided training on MCA best practice. We spoke with the

staff to check their understanding of MCA and DoLS. They were knowledgeable in this area. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

We saw staff explained the care they wanted to provide to people and checked if the person agreed to this. We looked at care records and asked people if they had consented to their care where they had mental capacity. We saw and people told us they had the freedom they wanted to make decisions and choices. They told us staff gave them sufficient time and information when they were being asked to make any decisions. This included information leaflets and discussions with clinical staff, counsellors and spiritual leaders.

Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. When a person's capacity was varied staff were trained in how to choose moments or opportunities of lucidity to ascertain the choices and decisions the person wanted to make. Staff were also trained in liaising with those who had the authority of lasting power of attorney for patients lacking mental capacity. They were aware of where a DoLS application should be completed and worked within the law to support people who possibly lacked mental capacity to make their own decisions.

We looked around the hospice and found it was maintained to a high standard to enhance people's wellbeing and stimulation. The ongoing building work was providing improved and updated facilities for people in the ward areas and would be light and airy. Individual rooms, and the day hospice were comfortable and welcoming. The décor and furnishings were effectively maintained. There were pictures and other decorations around the building to assist people to feel comfortable and relaxed and the refurbishment included increasing the dementia friendliness of the hospice. All ward areas and individual rooms had access to outdoor space. Double doors in the communal areas gave access to the gardens for people unable to get out of bed. This allowed beds to be pushed outside using these doors.

There were private rooms available for people to have quiet time or to talk with families. There was also accommodation available so relatives could stay at the hospice. This was tastefully decorated and comfortable. Some single rooms contained a pull down bed to allow relatives to stay in the person's room. The registered manager and staff went out of their way to support relatives' as well as people in their care. We found the provider maintained the environment to a very high standard

There were large garden areas for everyone's use. The gardens provided a soothing and comfortable place to sit in peace. There was an allotment on site, maintained by staff and volunteers, where people could get involved in growing food, when well enough. This food was used to provide fresh fruit and vegetables in hospice meals. The management team had researched around which fruit and vegetables were more nutritional and beneficial to people at the end of their life. For example, the gardeners grew soft-skinned tomatoes, as they are easier for people who have difficulties eating.

Outstanding ☆

Is the service caring?

Our findings

People at the hospice were extremely positive about care in the hospice and the staff who provided this. They told us the staff team were tireless in their resolve for excellent end of life care for them and their families. One person told us, "The staff are fantastic, cheerful and helpful when you want that, but sensitive and understanding and know when you need to talk to them." Another person told us, "The care here is just amazing. I thought it would be a sad and depressing place but it isn't."

Staff provided compassionate and supportive care to people and their families before, during and after death. Relatives told us they could not have 'got through' the final illness of their relative without the hospice staff supporting them 'every step of the way'. One relative said, "[Family member's] death was so peaceful, which has made it so much easier to bear. The staff care and support to [person] and to us was truly amazing. We were totally overwhelmed by their kindness." Another relative told us, "I can look back now and see how much easier the staff made it for [family member] and us." Another family commented, "St John's staff looked after [our family member] for a few days until their death. They transformed those days into something special and unique. At a time when [our family member] was at their most vulnerable and when everything for us was so sensitised, they never faltered in their love, care and focus. In a world where we're quick to criticise the services we use, you achieved something close to perfection."

We saw written comments from family members. One family wrote, 'We can't thank you enough for all you did for us. Always there for a shoulder to cry on or a simple chat or hug. Without your caring nature I don't know how we would have got through the days. You truly are incredible people with hearts of gold who go above and beyond your job role.'

The atmosphere in the hospice was relaxed and welcoming during the inspection visit. We observed staff to be caring and attentive; spending time with the people in their care. They frequently checked and observed whether people needed assistance, comfort or pain relief. Interactions were calm and measured, warm and empathetic. We saw this approach reduced one person's anxiety as they visibly relaxed as staff sat with them. They told us, "The staff are so kind and thoughtful and they react promptly to the times when I'm very anxious." A member of staff told us, "My main role is to make sure people are comfortable and pain free and able to make the most of the rest of their lives. It is not just their physical needs; it's also their emotional needs and those of their families."

Staff listened to people's interests and wishes and tried to enrich the rest of their life. They talked about a retired nurse who was interested in the building work and particularly excited about the new nurses' station being built. The person was determined to organise a party for the opening of this, even if they were no longer alive. They had organised their family to bring in party goodies. Staff had arranged for the person to cut a red ribbon to officially open the nurse station, if well enough. The person was absolutely delighted that staff were making this happen for them. They told staff, 'It is a fitting thing to happen as it will end my career and life in a 'marvellous' way.'

Staff respected people's human rights, as set out in the Human Rights Act 1998. This included the 'right to

respect for private and family life' and 'freedom of thought, conscience and religion'. Staff had a clear understanding of differing values and beliefs. They received equality and diversity training and put this into practice. End of life care was tailored to meet the needs of diverse culture and spiritual beliefs. We saw ministers of all faiths were welcomed and spent time at the hospice to offer comfort, spiritual or pastoral support. A meeting had been arranged with 'Communities together' a group of people representing different communities in the local area. The aim was to look at breaking down barriers in different communities, making sure religious and spiritual rituals were fully understood by staff and providing appropriate, personalised end of life care.

The hospice had extensive documentation on people's end of life choices. They provided staff with information and training and encouraged discussion and reflection to assist with continued improvement in spiritual support . The staff team worked to best practice outlined in 'Faith at end of life'• (NHS England 2016). A resource for professionals, providers and commissioners working in communities. This information helped staff support people of different faiths and to meet the spiritual needs and rituals around the end of life. The registered manager told us of recently holding a Buddhist funeral at the hospice at the request of one person who had used the service. The person had been involved in planning their funeral and was comforted to know their spiritual wishes would be carried out. The service went well and the family expressed their thanks and gratitude to staff for their involvement.

The hospice was licensed for weddings, so patients could get married at the hospice. We saw two couples had recently married in the hospice chapel while one partner was an inpatient. Staff had helped with arrangements and assisted families to prepare the chapel and with the festivities. One person married their partner in an afternoon and died peacefully that night. We saw collages of the wedding celebrations provided to families. Staff told us they were happy occasions despite the underlying sadness.

The registered manager explained the discharge planning arrangements, to support people who chose to go home as they drew close to the end of life. They showed great commitment to provide quality support for individuals who wished to die peacefully in their own home. The team worked together with other professionals to ensure everything was in place to support the person and their family. The hospice's social worker, occupational therapist and physiotherapy teams provided advice and support to people. They arranged for equipment and adjustments in people's homes to assist them to remain there. The staff team were persistent in their requests to other professionals for specific pieces of equipment to enable a person to stay at or go back home. This enabled people to be at the place of their choosing at the end of their lives.

One person who was at the end of life, was being cared for at home by their partner who had learning and physical disabilities. The person's wish was to die at home but their partner was extremely anxious about their ability to manage this. In order to support both of them, the hospice at home team took frequent phone calls on a daily basis and visited several times each day. They took the time to answer questions and reassure both partners. The couple required a high level of support and education regarding medication and care. With the amount of additional support provided by the hospice, the person died peacefully at home as was their wish.

Support from hospice staff for families continued after their family member's death. They were offered bereavement support by phone, at home or in the hospice as they wished. We saw many people had benefitted from this service. There was also a bereavement group which families said they found indispensable. Comments included, 'You think you are on your own but you are not.' Families were encouraged to feel able to visit the hospice after the death of their relative. The management team had installed a metal 'tree of thanks' with gold, silver and bronze leaves dedicated to people's loved ones in the reception of the hospice. As the hospice was funded mainly from donations, people were encouraged to

purchase a leaf, support the hospice and remember and celebrate a person's life. They were welcomed when they visited and able to chat with staff and volunteers or to spend quiet time reflecting.

A person was extremely sad and anxious after their partner's death and struggling to cope. The hospice at home team liaised with their family support colleagues who encouraged the person to attend sessions with the hospice talking therapies team. The person found this really useful and began to attend the fortnightly tea and chat sessions and monthly tea and support afternoons. These encouraged the person to meet people in similar situations and to share stories, difficulties and plans. These measures helped the person with their grief and loneliness. They had since told the staff team they wanted to become a volunteer at the hospice.

People said staff were exceptionally good at communicating in a sensitive, respectful and caring way. They gave people the information about their condition in a sensitive but open and honest way. They gave people time to understand and to ask questions either at the time of any discussion or later, without 'feeling a nuisance'. They told us staff also provided various leaflets about specific conditions and life-limiting illnesses to help individuals gain an understanding before making any decisions. They then provided further opportunities for discussion. They added that staff made sure conversations were private and confidential and ensured their privacy and dignity was assured.

Staff were professional in their behaviour at all times. They treated people with dignity and respect and ensured people's privacy. They made sure any personal care was carried out in private and checked that they could enter rooms before they went in. One person told us. "The staff make me feel I matter to them as a person, not just a patient." A relative said, "The staff care about the families as well as the patients. They couldn't be more helpful and caring. Everything they do is for the patients and relatives." A member of staff said, "It is a fantastic place to work. I feel very lucky to be here. I love supporting the patients in a way that helps them to have the best possible end of life care. How rewarding is that?"

We were shown a newspaper cutting about a person who had suddenly become seriously ill on a family holiday. They were rushed to hospital where they spent several months without improvement. Finally their deterioration was such that they were told there was no more could be done and they had a very short time to live. They were transferred to St John's hospice. Despite this poor prognosis the person gradually improved at the hospice. The person felt strongly this was due to the exceptional and incredible care given to them at the hospice. Several months later, the person became well enough to be discharged. They even went back to work part time. They stated, 'I want to say thanks to all of the people here for what they have done for me.' Their family told the press 'The care you get here is outstanding. It's more personal than a hospital, and nothing is too much trouble for them.' Staff were modest about their part in the person's recovery. A spokesperson from St John's hospice told the newspaper 'A combination of all sorts of things has brought on a big improvement, and it's a big thrill for us that [person] is so much better.'

Outstanding ☆

Is the service responsive?

Our findings

We found the registered manager and management team had a flexible and exceptionally responsive system to meet people's needs in the way they wanted. This encouraged other staff to have a 'can do' attitude. One person told us "The staff go way above what we could have hoped for. We are so grateful for the excellent care." We saw examples of staff 'making things happen'. We were told and saw records about one person who had several admissions for symptom control of severe breathlessness. In order to go home, they needed to use oxygen at home. We saw hospice staff phoned the person every night to make sure they had managed their oxygen supply safely as it was quite complicated. During the floods in December 2015, the electricity in the whole area went off. The person wanted to remain at home, despite this. Staff made sure the person had not been flooded, was safe, warm and had lights. They made frequent checks, phone calls and additional support, to ensure the safety of the person and operation of the oxygen supply. With this support the person was able to remain at home during the extreme weather as they wanted.

Everyone we spoke with told us staff responded swiftly and exceptionally positively to requests for support in unforeseen circumstances. One person, close to the end of their life was told a very close family member who was their carer, had suddenly and unexpectedly died. The person was told by their family it would be impossible for them to attend the funeral. They were devastated. The hospice at home team saw their deep distress and with impressive determination, looked at how they could help. They spoke with the family, made transport arrangements and accompanied the person to the funeral, taking them on a stretcher. The team took the person's 'just in case' medicine with them in anticipation that this was needed. The person felt able to say goodbye to their family member and died peacefully the following week.

A member of staff told us the local priest was celebrating Mass in the hospice. An inpatient who was a Roman Catholic wanted to receive Holy Communion. On questioning the person wanted to go to the whole Mass for the last time. Staff wheeled the person in their bed and their equipment into the Mass, to the person's delight. The member of staff told us, "[The person] participated in all aspects of the Mass, joining in with the prayers and hymns. I have never seen anyone look so happy and serene. I was privileged to have experienced this reaction and actually feel it was the best experience of my nursing career because of the sheer joy of the patient."

Excellent collaboration between the hospice at home team and ward staff ensured one person's wishes could be accommodated. They had been admitted to the hospice for symptom control. After a week they wanted to go home to oversee the family business, but the family felt very anxious and frightened. Staff explained that it was possible for them to be as flexible as they needed them to be. They agreed that they would keep their bed open while they visited home and they could go back to the hospice at any time. While home, the family could ring the ward or hospice at home team day or night for advice and reassurance. This helped ensure the visits home went well. The person went home for a couple of days several times during their admissions before they passed away with the family present at the hospice. This teamwork made it possible for the person to maintain control over their work life right up until the end, which was so important to them, as well as spending quality time with their family.

People said and records showed, they were fully consulted and involved in making decisions and these were respected. We saw staff, people in the hospice and their families planning and updating their care together in order to find the best possible support for people. One person told staff they wanted to donate their corneas after their death. However, they did not know how to do this. Staff sought the information needed so the person could make the necessary arrangements. The person was pleased and contented with being able to help someone else after their death.

People said their families were assisted to be with them and staff welcomed their involvement. They told us family were able to stay with them in the hospice if they wished, particularly where they were travelling some distance. People were able to see their pets while in the hospice with friends or volunteers bringing them to visit. The registered manager also arranged for 'Pets As Therapy' to visit the hospice so people could spend time with behaviourally assessed animals brought in by volunteers. We saw a thank you from a family member that stated, 'I know that having their dog to visit was a great comfort.'

We saw staff provided proactive and practical person centred support to a person living with dementia and cancer. They lived at home with their partner and relied on them for care and emotional support. The person needed pain relief and symptom control for the cancer but became fearful and distressed without their partner near them. Their partner had severe agoraphobia and was extremely anxious about travelling to and from the hospice to visit them.

The registered manager arranged for them to move into a side room together for the person's treatment. The person's partner was able to explain to staff how the person showed they had started to feel nauseas or to be reacting to mild pain before it became acute. Staff were able to share and record this and manage the person's pain and control nausea symptoms. Staff provided care, meals and anything else needed to both people whilst they were in the hospice so both partners needs were met and anxiety lessened.

Staff completed assessments of people's requirements before and on admission and reviewed these frequently. These checks included preferred support for personal care, mobility, pain control, pressure area care and nutrition. Where people had limited communication, staff routinely used evidence based non-verbal pain assessment tools to assist them to manage pain effectively.

We saw evidence of clear and effective verbal communication between staff and relatives with no use of jargon or medical terminology. Relatives said staff quickly responded to any changing needs and informed them of any concerns at the earliest opportunity. One relative said, "They always let me know about any changes when I am not here." A relative commented, "We have been told all along what's going on. The staff have kept us informed in a way we understand."

People told us care was provided at a time of their choosing where possible. They said they were given detailed explanations of the reasons for specific care, any alternative options available and possible side effects of particular treatment. One person told us, "It helps knowing what to expect." The hospice used an electronic system for care records, the Egton Medical Information Systems (EMIS). This was also used by the local hospitals, community healthcare services and GP practices. This allowed all professionals involved to have immediate access to up to date records. It assisted in cooperation and teamwork and with smooth movement of people between services.

Care plans were personalised, particularly informative, easy to read and showed how people had been involved in and agreed to their care. They covered medical, clinical, spiritual, emotional and practical care and support needs and reviewed frequently. They gave staff clear information and guidance in how people wanted to be supported. Medical consultations were undertaken daily and staff had handover meetings on

each shift with brief update meetings quickly organised where needed. Any changes in care were communicated quickly and effectively. The staff team were extremely proactive in adjusting care and support to meet changing circumstances and promptly recorded any changes in care. People were fully involved in any decision making and any pros and cons explained to them. Any change of the plan was discussed and agreed with the person prior to implementation. Staff rotas were completed to ensure continuity of care and staff showed commendable flexibility to assist with this.

All professionals such as physiotherapy, occupational therapy and social work support and therapies were available to people who used the hospice, day hospice or hospice at home. We saw the day hospice was pleasant, comfortable and welcoming. There were dedicated staff and a range of practical help and advice and staff and equipment to support people's care needs. One person talked about how they had been given equipment to get about their home after being assessed at the hospice. People were able to receive personal care, such as bathing as well as different activities and group work and talking together. A choice of alternative therapies including, massage, reflexology and aromatherapy were available, for patients and their families, as was counselling. These assisted people in relaxation and wellbeing. One relative said, "I can get away from all my worries for an hour, knowing [family member] is being looked after."

We saw there were a variety of social and leisure activities, including music, painting, board games, gentle exercises, gardening and relaxation. Staff had also recently started a reminiscence programme with people. This had proved successful in involving people in active discussions and memories, particularly people who had been rather withdrawn. An entertainer visited during the inspection. We saw people smiling, clapping and singing along. One person said, "I feel less alone and vulnerable when I am here. I enjoy it."

Various support groups for people with life limiting illnesses and their families were run by staff or with the involvement of staff in the day hospice. These included groups for people with chronic obstructive pulmonary disease (COPD), Parkinson's disease, motor neurone's disease and dementia. People said it made a huge difference to meet up each week and to get professional support and advice when needed. People commented, 'This is an amazing place, with fantastic cheerful staff.' And, 'It's a lovely place, I feel at peace here'. A person who attended a dignity and dementia group said they were so grateful as it helped them understand their partner's condition better. It also allowed them to meet people in the same position as themselves. They told us they felt less alone and isolated when they were able to receive professional support and chat with people in similar situations.

People commented they had especially good support from the Positive Living Group - a hospice programme giving helpful information and support. One person wrote, 'We learned a lot of things we didn't know.' There were also regular 'drop in sessions' where people could chat with others.
The hospice management team had also developed a 'Neighbour's Network scheme' which aimed to give practical help or companionship to people living with any life shortening condition within their own home and to provide support for carers enabling them to take regular short breaks. This initiative had proved very successful and reduced the isolation for the ill person and their carer.

The hospice was very much part of the local community and used opportunities to promote and publicise the services they offered. They engaged with the local community to improve public understanding and the ongoing development of the hospice. They had over 400 volunteers involved with the hospice and the hospice shops in the local area. There were regular events such as fayres and jumble sales in the hospice to raise money and encourage people to see the hospice as the welcoming and caring service people said it was. There was also live music and theatre events in aid of the hospice and other fundraising events. There were a significant number of people who were aware of the hospice services and volunteers and supporters from the local area as a result of this outgoing and inclusive approach. These measures resulted in more

understanding of the service, more volunteers and more fundraising to assist the hospice to improve facilities and to continue to fund the service.

People told us the senior management team were interested in their views and committed to continuously improving the service. They told us they had no concerns but were confident any issues raised would be dealt with. Relatives of one person told us, "Everything is as it should be. We have no complaints about the care." They added that not only their family member's' needs were catered for but also their own.

The provider encouraged people to feel able to express concerns. They encouraged staff see a complaint as an opportunity to improve standards and care rather than to be defensive about it. They carried out their duty of candour with an open and transparent approach. The management team had a clear procedure with strict timescales to meet. They kept the complainant up to date meeting with them if willing. These were monitored by the trustees, who scrutinised them to ensure appropriate action was taken. We saw that rather than distancing a complainant they welcomed them to become more involved if they wished as they felt it was beneficial to have a 'critical friend' who would tell them where things were wrong.

Outstanding ☆

Is the service well-led?

Our findings

People, consistently gave us exceptionally positive feedback about the excellent quality of end of life care at the hospice. They said the service was exceptionally well managed, with excellent leadership and an extremely high standard of care. One person said, "The way the hospice is managed is remarkable. They make it seem easy but I am sure it is not." A relative commented, "You can see how marvellously the hospice is run. Everyone goes out of their way to work well together and this makes the care splendid." Staff told us the management team inspired them with excellent shared values and behaviours. We saw managers, staff and volunteers worked closely together. They understood and consistently put these values and behaviours into practice by providing exceptionally personalised care to people.

People's views were consistently sought and suggestions acted upon. This included social media as well as more traditional suggestion boxes and meetings. Over 99% of people were exceptionally praising of all aspects of care at St John's hospice. These included, 'We can't tell you the improvement we see in [family member] on every visit, you walk through the doors and feel relaxed and totally at ease.' And 'The staff are wonderful and caring and can't do enough for both patients and families.' People said the trustees and management team were accessible, frequently around the hospice and easy to approach.

St John's hospice had supported 22 local care homes and three domiciliary care services and trained their staff in end of life care. This had helped staff to use evidence-based best practice to support people in familiar surroundings. St John's staff also provided tissue viability training to assist care homes in the provision of current best practice in preventing and supporting people with pressure ulcers.

Collaborative education projects were undertaken and improved end of life care in the hospice and local area. The hospice had conducted and contributed to research in dementia awareness with the University of Cumbria. They provided palliative care education on behalf of the University of Cumbria and had strong working relationships with local Adult Colleges. They had provided end of life and communication skills and bereavement training to universities, colleges, patient groups, district nurses and hospitals. This had expanded staff and students skills and knowledge and increased the care and support network for people who needed these service. Evaluation from people who had received training had been very positive and enthusiastic.

The management team set up forums to involve and gain the feedback of staff, people, visitors and other healthcare professionals. One group was made up of people and families who used the hospice services. The registered manager told us, "The people who use our services are best placed to give us honest and insightful feedback on what we are doing well and what we can do better." The group had recommended that the hospice provide information to local GP's. This was being actioned when we inspected. They had also undertaken patient-led assessments of the care environment (PLACE) training then completed assessments in St John's hospice. PLACE assesses the quality of the patient environment in hospital, and hospices. The assessments looked at how the environment supported patient's privacy and dignity, food, cleanliness and general building maintenance. The report showed the hospice had passed the assessments with only minor environmental improvements needed. These were carried out during the building work. The

findings were shared with patients, staff, and trustees.

The management team asked people who were everyone who used the service and their families to complete surveys about the service. The comments were collated and reviewed by the management team and trustees. There were very few negative comments. However the surveys showed not everyone had received the patient booklet and others said they had received it but not looked at it. Actions taken in response to this were a designated member of staff had to check each person received a booklet and were aware of the information in it. A 'lessons learnt' newsletter was sent out regularly to inform all involved with the hospice of any comments, areas to improve and actions taken to do so.

There was a clear management structure with a board of trustees and management team leading and directing the focus and quality of the hospice. People who had used the service and their relatives were tremendously confident in the management team. They felt they impassioned and motivated the staff with their ideas for improving the service and involved and supported them through change. A relative said, "I haven't been anywhere before where everyone seems motivated to give fantastic care. It comes from the top I am sure." The registered manager said, "We believe that the good quality care starts with the leadership." The senior management team was visible, strong and innovative and sought continuously to promote best practice. They met weekly to discuss key areas of care, review any incidents or potential risks and evaluated systems and practice in the hospice. The trustee board were shortlisted by the patient safety award for Leadership and Board Governance – the only hospice in the country to be shortlisted at the 2016 patient safety awards for their focus on board leadership and governance. Although they did not win they were highly commended. The registered manager said, "Being recognised by the Patient Safety Awards gives patients and families confidence in our services. They have always told us the care we provide is excellent but this national recognition endorses their opinions. The board of trustees were familiar figures and sought the views of patients and staff on their frequent visits.

The organisation highly valued partnership working at national, regional and local levels. The hospice management were involved in various innovative partnership projects. These included the Cumbria Hospice Alliance to standardise quality processes to facilitate better continuity of patient care. The Alliance had recently recruited a shared Information technology (IT) consultant to assist with the electronic systems they had in place. Liaison between the hospice and community services was good. The trustees and senior managers participated in national and regional end of life and palliative care committees and partnerships. This enabled them to be involved in the planning of and influence future end of life care.

The hospice had received a Foundation of Nursing Studies award to develop a new role, a nutritional support worker. The purpose of the role was to highlight the importance of meeting patients' likes and nutritional needs on the ward. This work was just starting but the management team hoped it would have a great impact on the nutrition in the hospice.

St John's hospice had been accredited to train medical, nursing and allied health professional students. They completed evaluations at the end of their placement. These were extremely positive and included: 'All well organised, approachable staff, keen to teach which was fantastic and allowed shadowing to give experience.' And 'Good to see the assessment and communication skills needed to talk with palliative patients. Staff displayed fantastic patient management and communication skills which I would definitely want to learn from and display myself.'

St John's hospice were one of eight 'Pathfinder Compassionate Communities' chosen in the country to pilot the new Dying Well Community Charter and use the Public Health Approaches Toolkit. The Pathfinder communities were chosen from 23 organisations nationally. St John's staff were engaging local

communities and organisations to work together to support people at the end of life. This included education and ideas for giving practical help and support.

The hospice management and staff researched end of life projects. They had received grant funding to support the development of clinical volunteers and awarded the Prime Minister's Challenge Funding for Neighbours Network project. This was a project that matched clients with volunteers who visited the person and assisted with tasks or chatted with them. This had been very successful. People said it had reduced loneliness and given help with little jobs they could not manage. A patient companion initiative was also in place. Volunteers supported a person who was confused and disorientated in the hospice. This had proved successful in reducing distress for people and was being extended into the community. In addition, the hospice had been awarded funding to support 'On the Move' a project at the early stages to encourage rehabilitative palliative care. The partnership working, development of evidence-based practice and sharing of information focused upon sustaining outstanding care.

The management team placed the assessment and evaluation of the service as a high priority to ensure excellence in care and quality assurance. They used the Care Quality Commission (CQC) five domains of safe, effective, caring, responsive and well led as a basis for auditing the service. We saw systems were audited at frequent intervals to maintain high standards of safety and welfare. These were measured against hospice quality standards, graded into priority levels, summarised and scrutinised by the trustees and management team, who acted on any findings. This demonstrated the excellent oversight of the care provision and safety, staffing and service quality. All staff had detailed and informative annual competency checks of their care practice and clinical skills. If staff did not meet the required standard they received additional training and monitoring until they were assessed as competent.

People who used the service, relatives and staff said the registered manager was experienced and accomplished at leading the service and supported by the trustees and management team. We recognised the exemplary leadership during the inspection visit. The registered manager routinely 'walked the floor' to monitor the care and support provided and to seek people's views. Managers had all completed leadership training to assist them in their roles and staff felt this had improved the care and support. A member of staff told us, "We work so well as a team and are inspired by our managers. They are passionate in their leadership." Staff told us they were able to ask for advice or support whenever needed. A member of staff said, "There is always someone on call 24 hours a day. I feel reassured that I can double check anything."

Staff were involved in the review of and acted upon clinical governance and improvement. A reflective practice group looked at the success or difficulties of managing the changes and how improvements could be made. Any incidents were reviewed by the management team and feedback in the form of learning from incidents was given verbally and in writing.

Following a difficult or complex admission all professionals involved were invited to a de-brief at the hospice, in order to support staff and reflect on how to improve and develop. We observed the beginning of a de-brief meeting during the inspection. Staff were fully involved in the process, open and honest about any issues and receptive and responsive to constructive criticism. They looked at all aspects of the care a person who had recently been in the hospice. They considered where it was effective, where less so and, how specific issues could be managed more effectively. Staff felt that the debrief was effective in that they had discussed how the agencies would work together more effectively and quickly if a similar situation occurred.

Staff were encouraged to attend team brief's, team meetings and received regular emails about the renovations taking place within the building. They completed surveys about how their work and effectiveness of support. These were collated and feedback given to staff, management team and trustees.

We saw there was 'Rumour Busting' information on a staff notice board where staff could ask about something they had heard or were concerned about. The management team provided a written response which was posted on the notice board alongside the rumour query. There were also frequent informal opportunities to discuss any ideas or issues. This demonstrated the management team's exceptional skills in involving everyone in improving the quality of the service.

Staff were supported to manage their often difficult work. As well as forums and informal support there were training and library areas available for quiet study. There was a separate staff only area to allow staff 'personal space' to relax and recharge. Staff had access to complimentary therapies, team support meetings and bereavement and counselling support services. This allowed staff time to deal with any distress privately so they could support people effectively. One member of staff said, "Some deaths do really affect you and having a few minutes to compose yourself so you can comfort families, makes all the difference." Another person said, "Although it is a privilege to work in hospice care, it can get tough, so to have a massage or extra support helps no end."

Staff told us they could turn to management for support and guidance if they had either a professional or personal problem. One member of staff stated "[Registered manager's] door is always open. I get a lot of support from my managers." Another member of staff told us, "Although it can be a hard job, I love it and we have so much support to help us. We have the bereavement team, a staff run reflective group, relaxation and complementary therapies that we are able to access during work." Staff said these additional measures of support meant the stresses of working in end of life care were significantly reduced. This helped them to continue to provide safe, empathetic and personalised care within hospice services, whereas research showed some colleagues in similar services, seemed to 'burn out' and become less effective. These measures showed staff felt exceptionally well supported and felt they were listened to.

Healthwatch Lancashire had completed an 'enter and view visit' several months before our inspection. The report for this visit stated St John's hospice had received 5/5 in each area they looked at. These were the environment, care, nutrition and services provided. Comments were extremely positive and reported people were extremely satisfied and felt the care was outstanding. People also said they could ask for help or advice whenever they wanted this. We were told this by everyone we spoke with and this also reflected our observations on the inspection visit.