Tynedale Hospice at Home

Tynedale Hospice at Home

Inspection report

3 Wentworth Place
Hexham
Northumberland
NE46 1XB
Tel: 01434600388
Website: www.tynedalehospice.com

Date of inspection visit: 7 and 8 August 2014
Date of publication: 11/02/2015

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out over three days. Two inspectors and a specialist advisor visited the service's head office on the 7 August 2014. The inspectors visited people who used the service in their homes on the 7 and 8 August. On the third day of our inspection, an expert by experience contacted three people who used the service by phone to obtain their views.

We announced the inspection 48 hours prior to our visit to the provider's head office, to ensure that the office was accessible and we were able to meet the registered manger or senior member of the service. By announcing

Summary of findings

the inspection, the registered manager was able to facilitate our requests to speak with staff and organise visits and telephone calls for us to see and speak with people and their relatives.

Tynedale Hospice at Home is a registered charity. It aims to support the primary healthcare team in delivering care to people who have a life limiting illness who wish to be cared for in their own home. The service is provided by registered nurses and support workers. There are close links with the district nursing team and the Macmillan nurses.

The service is registered with the Care Quality Commission to provide the regulated activities, "Personal Care" and "Treatment of disease, disorder and injury." It provides a range of services including; care in the home; bereavement support; family support; a transport service and a referral service for complimentary therapies. Only the "care in the home" service required to be registered with the Care Quality Commission, because the other services were out of scope of the regulations. There were 23 people accessing the service at the time of our inspection.

Tynedale Hospice at Home moved to a different address in Hexham in November 2013. This was the first inspection we have carried out at the new location.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were safeguarding policies and procedures in place. Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed.

We found concerns with medicines management. Staff assisted some people to take their medicines and we saw relatives sometimes left out medicines for staff to administer to people. It was not clear that staff were always able to identify medicines correctly since they had not been involved with checking the pharmacy label and taking the medicine out of the original packaging to ensure that the correct medicine was being given to the correct person.

We looked at care records and found that specific care plans to provide staff with guidance about medicines management were not in place and care records sometimes did not contain an up to date list of medicines that people were taking. We noted that not all care plans were clear or fully completed. These omissions and lack of recording meant that staff might not be aware of the actions they needed to take to meet people's needs and ensure their safety. In addition, the registered manager informed us that she carried out audits on care plans and medicines; these however, were undertaken informally and not recorded.

The registered manager told us that staff training and one to one staff meetings known as supervision and appraisals had "lulled." She also said that she was not fully aware of all the training staff had carried out because working at Tynedale Hospice at Home was a second job for some staff. She explained that staff had often undertaken training and qualifications in their additional jobs with other providers.

People and relatives were complimentary about the service. Comments included, "Couldn't ask for better," and "Very lucky to have this level of care."

Staff were knowledgeable about people's needs. We saw that staff interactions with people were kind and thoughtful. People, relatives and health and social care professionals told us that they considered that Tynedale Hospice at Home provided a responsive service which met the needs of people and their families. One community matron told us, "They're an incredibly invaluable service for looking after palliative care patients and those with life limiting illnesses."

Surveys were carried out for people and their representatives. All those surveyed rated every aspect of the service positively. However, insufficient time was allowed for the dedicated leadership and management of the service. The registered manager was the only permanently employed member of staff. Formal audits or checks of certain aspects of the service were not carried out such as care plans, medicines management and training.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to; management of medicines; assessing and monitoring the quality of service provision and record keeping.

Summary of findings

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

We had concerns regarding the management of medicines. Medicine care plans were not in place to inform staff about the specific medicine needs of people. In addition, relatives left out medicines for staff to administer to people. It was not clear that staff were always able to identify medicines correctly, since they had not been involved with checking the pharmacy label and taking the medicines out of the original packaging to ensure that the correct medicine was being given to the correct person.

There were safeguarding policies and procedures in place. Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed and sufficient staff employed to look after people.

The provider informed us that they had adopted the guidance outlined in the "Deciding Right" initiative which focuses on people's rights and the Mental Capacity Act.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

The registered manager informed us that certain areas of training had lapsed. In addition, supervision and appraisals had not been carried out as regularly as planned because she was the only permanently employed member of staff at the service.

All people with whom we spoke, informed us that staff were always helpful with assisting them with any meals and drinks they required.

People had regular access to healthcare professionals, such as GPs, Macmillan nurses; district nurses and occupational therapists.

Is the service caring?

Good

The service was caring.

During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect. People told us that they were very happy with the care provided. One person said, "They are my guardian angels."

People told us that they were involved in making decisions about their end of life care and informed us that their pain was managed well with support from staff at Tynedale Hospice at Home, their GP and other health care professionals. One relative described the service as "a lifeline."

Is the service responsive?

Good

The service was responsive.

Summary of findings

Staff were knowledgeable about people's needs. Staff communicated with relevant health and social care professionals to make sure people received the right care to support any change in their needs.

Health and social care professionals told us they thought the service was responsive to people's needs. One community matron commented, "They're an incredibly invaluable service for looking after palliative care patients and those with life limiting illnesses."

A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these. No complaints had been received in the last 12 months.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led. Insufficient time was allowed for the dedicated leadership and management of the service. The registered manager was the only permanently employed member of staff.

We found that formal audits and checks were not carried out on areas such as care plans and medicines management.

Staff said they felt supported and were aware of their rights. Staff spoke positively about working at Tynedale Hospice at Home. One member of staff said, "I love coming to work and seeing the difference that we make….Morale is good here."

Tynedale Hospice at Home

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors; a specialist advisor in palliative care and an expert by experience, who had experience of palliative care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. We also conferred with a pharmacy inspector following our inspection.

Palliative care is the treatment of the discomfort, symptoms and stress of a serious life limiting illness. The goal is to improve quality of life for both the individual and the family.

We spoke with the director; chair of trustees; a trustee; the registered manager; three nurses and four care workers. We looked at 12 people's care records and five staff files to check recruitment procedures and details of their training. We examined the results from the most recent survey which was carried out from January 2014 to June 2014 and looked at policies and procedures.

We visited five people at their homes with their permission. We spoke with people and five relatives and observed interactions between staff and people to ascertain how care was provided. We spoke with an additional three people by phone following our inspection.

We contacted by phone or emailed; the chair of a local charitable organisation, the chair of the Northumberland cancer support group; a member of staff from a local complimentary therapies charity; a Macmillan nurse; an occupational therapist and four community matrons. Community matrons are experienced senior nurses who lead the community nursing teams and are based within GP practices. They work closely with people, their families, GPs, specialist nurses and other agencies to provide, plan and organise their care. We also consulted with the local authority safeguarding adults team; a member of staff from the local clinical commissioning group and the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of the stakeholders we contacted raised any concerns about Tynedale Hospice at Home.

We also spoke with a care worker from another domiciliary care provider whose agency was working alongside Tynedale Hospice at Home staff to provide care for one individual.

Before our inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission. The provider sent us 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.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe with the staff who visited them at their homes. One person said, "They are like angels, of course I feel safe." Other comments included, "Felt as safe as if it was my own family in my home;" "Staff always put you at ease and make you feel comfortable" and "I've never felt under stress or a burden."

Health and social care professionals did not raise any concerns about people's safety. The chair of a local charitable organisation said, "The service tries hard to identify and minimise risks to patients. Their approach is one of openness and any failings are discussed so remedies can be found."

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected.

We read the PIR which stated that 60% of nurses and 25% of care workers had completed Mental Capacity Act 2005 (MCA) training within the last two years.

The registered manager told us that there was no Mental Capacity Act 2005 (MCA) policy in place. However, the provider informed us that they had adopted the guidance outlined in the Deciding Right initiative which is a north east wide strategy, written by health and social care professionals. The Northern England Strategic Clinical Networks state, "It [Deciding Right] brings together advance care planning, the Mental Capacity Act, cardiopulmonary resuscitation decisions and emergency healthcare plans…. At its core is the principle of shared decision making to ensure that care decisions are centred on the individual and minimise the likelihood of unnecessary or unwanted treatment." The registered manager told us that most people they cared for had the capacity to make decisions about their care and welfare. Staff told us that they would refer any concerns regarding the capacity of people to the registered manager.

We had not planned to look at medicines management; however, we identified concerns with certain aspects of medicines management during our inspection. The registered manager told us and staff confirmed that they sometimes administered medicines which had been left out in pots or other containers by relatives. The Royal Pharmaceutical Society of Great Britain publication, "The Handling of Medicines in Social Care" [2007] states, "In order to give a medicine safely, you need to be able to; identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP."

It was not clear that staff were always able to identify medicines correctly since they had not been involved with checking the pharmacy label and taking the medicine out of the original packaging to ensure that the correct medicine was being given to the correct person. We spoke with the registered manager about our concerns. She told us that she would look into this issue.

We read the PIR which stated that 25% of care workers had completed training in medicines in the last two years. When we spoke with the registered manager about this training, she explained that she was in the process of organising medicines training for care workers to ensure that all staff were appropriately trained. She told us, "It's my aim for all care workers to have undertaken medication training."

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We looked in people's care plans and noted there was no specific guidance for staff about medicines management. This meant that staff were not given clear instructions as to their involvement with regards to people's medicines management.

We spoke with the registered manager about this issue. She told us, "We break the care plans down into eating, sleeping, breathing etcetera; however we don't have a specific medication care plan." She told us that she would look into this immediately.

We noted that a list of medicines which people were taking was included in the care files. However, we noted that these were not always up to date. We visited one person and checked their medicines record. His wife told us that the medicine regime was not up to date. She told us, "It's all changed now." At another person's house, the relative told us that the person could have pain relief medicine if she was in discomfort; however there was no mention of this in her care plan. Maintaining an up to date list of each person's medicine requirements helps make sure that all the medicines a person needs are administered correctly.

Requires Improvement

Is the service safe?

We spent time looking at people's records. We noted not all records were clear or up to date. We saw that some care plans were not fully completed. One care plan stated, "Breathless on exertion." However, the goal and agreed actions had not been recorded. Other documented goals were unclear with vague phrases such as "maintain comfort." We read in one care plan that a person had a choking episode. There was no information about whether the care plan needed to be amended following this episode. In addition, some moving and handling risk assessments were incomplete. These omissions and lack of recording meant that staff might not be aware of the actions they needed to take to meet people's needs and ensure their safety.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We checked recruitment procedures at the service. We examined five staff files and saw that Disclosure and Barring Service checks, previously called Criminal Record Bureau checks (CRB) had been carried out before staff started work. Two references had been obtained which included one reference from their last employer. These checks helped ensure that staff were suitable to work with vulnerable people.

The registered manager informed us that she ensured that all nurses who worked at the service were registered with the Nursing and Midwifery Council (NMC). The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

We read the PIR and noted that 11 nurses and 17 care workers were employed on a zero hours contract. Zero hour contracts do not specify the number of hours that the employee will be required to work. The registered manager was the only member of staff who was employed on a permanent position. Staff informed the manager when they were available to work well in advance, so that staffing levels could be planned accordingly. The registered manager explained that this system allowed the service to meet the needs of people more flexibly.

Requires Improvement

Is the service effective?

Our findings

All people with whom we spoke informed us that they thought staff knew what they were doing. One person said, "They are excellent, so knowledgeable. They know my needs." Another said, "The staff are so well presented, trained, polite and caring I am lucky to have them."

The registered manager told us that training had "lulled" in certain areas. This was confirmed by the PIR which showed that not all staff had completed training in dementia care; equality and diversity; fire safety; first aid; food hygiene; nutritional care and assistance with eating; medicines and MCA. The manager informed us she had asked one of the nurses to assist with staff supervision and obtain a "clear picture" of what training staff required.

Staff informed us that they received the training they required both in safe working practices and to meet the specific needs of people whom they looked after such as palliative care. The registered manager told us that their chaplain had provided staff training on spirituality. She explained that this was to ensure that staff were, "more confident at approaching this subject." We read a letter of thanks from one member of staff to the chaplain for the training she had delivered. This stated, "I feel it is really important for us to be able to discuss our experiences and issues relating to our work especially the spirituality topic."

The registered manager told us that regular staff meetings were carried out. These were held to discuss any issues or concerns. They were also used to talk about best practice guidelines and training. The registered manager told us, and the community matrons and occupational therapist confirmed, that external health and social care professionals were often invited to speak at these meetings to share their knowledge and deliver training in key areas. We spoke with an occupational therapist who told us, "I did some training on Motor Neurone Disease and its progression and the equipment needed. This was spoken about at their request."

Health and social care professionals raised no concerns about the skills and expertise of staff. One community matron said, "The staff are clearly well trained and have a lot of knowledge." The occupational therapist told us, "They are very professional with regards to moving and handling. They've used some complex moving and handling equipment." She also told us that staff were up to date with the most recent protocols relating to equipment which assisted people to breathe.

Although staff, people, relatives and health care professionals raised no concerns about training; we considered that improvements were required to ensure staff had the skills and experience to carry out their role.

The registered manager told us that further training would be organised. She said that she would also organise further training in record keeping following the issues we raised regarding the recording of medicines and care plans.

Staff told us that they felt supported by the registered manager. However, the registered manager told us that supervision sessions and appraisals had "lulled" because her time was taken up organising the delivery of care since she was the only permanently employed member of staff at Tynedale Hospice at Home. The registered manager explained that approximately 60% of staff had received an annual supervision session and an appraisal. Supervision sessions are used amongst other methods to check staff progress and provide guidance. Staff informed us that these sessions were held in people's homes. One member of staff informed us that she would prefer these one to one sessions to be carried out at the office so that confidential issues could be discussed more easily. Lack of supervision and appraisal could mean that the competency of some staff was not assessed and support was not provided if gaps in their knowledge or skills were identified. The registered manager told us that she had asked a member of nursing staff to assist her with supervision and appraisals. She explained that this support would also enable them to carry out supervision and appraisals in the office where staff could be assured of privacy.

We considered that further improvements were required to ensure that suitable supervision and appraisal arrangements were in place to ensure staff were adequately supported.

The registered manager informed us that although staff assisted people with eating and drinking, this was not one of their main duties. Relatives or care workers from other domiciliary agencies usually assisted people with their nutritional needs. We visited one person at home who told us that staff helped her with a bowl of porridge at night and gave her a cup of warm milk. We visited another person

Requires Improvement

Is the service effective?

and saw that staff supported her to be independent with eating and drinking. We read her care plan which stated, "Cut portions of food into bite size pieces. Ensure beaker with lid and straw." When we visited people at home, we observed that staff made sure that they had a hot or cold drink. All people and relatives with whom we spoke informed us that staff were always helpful and they thought that people's nutritional needs were met.

Records showed that people had regular access to healthcare professionals, such as GPs, Macmillan nurses; district nurses and occupational therapists. We spoke with a community matron who said, "Any problems they contact us or [name of Macmillan nurse] and the occupational therapist if there's problems with moving and handling for instance." The occupational therapist said, "We dip in and dip out of people's care, where we are needed."

Good

Is the service caring?

Our findings

People and relatives described the care provided by staff as; "perfect;" "fantastic;" "marvellous" and "outstanding." Other comments included, "They are my guardian angels," "Not a wrong word could I give," "They go the extra mile without being asked" and "Always feel I come first."

People were also complimentary about the staff themselves. One person said, "It's like having a best friend round." Another said, "They're marvellous people." Health and social care professionals were also complimentary about the caring nature of staff. A community matron told us, "The care is very, very professional." The chair of the local charitable organisation wrote, "I have no direct evidence but know many of the staff to be very caring and compassionate" and "I am aware of positive feedback and when THH [Tynedale Hospice at Home] is involved in care most people are able to be cared for and die at home." The occupational therapist said, "Yes, they are very caring."

People told us and documentation confirmed that an information pack was given to each person. This contained information about the service together with the complaints procedure. A 'Service User's Charter' was also included. This stated that people's privacy, dignity and freedom of choice would be respected and that people would be involved, where ever possible in decisions about their care.

We read a number of thank you letters which the service had received. One relative had written, "When we came to need some of your nurses, their gentle supportive attitude was so in tune with the way we live our lives, we felt that we were opening our door to friends. To have one of your staff at [name of person] passing was a blessing." Another relative stated, "I will miss our visits and chats which kept me going through the heartache and pain…I also know he had the best care anyone could have given along with the best laughs. The wonderful interesting conversations we had. Each one of you brought something different and unique to our lives and I will always treasure all those memories." Another two cards we read stated, "The compassion which all your staff showed me and my family was outstanding" and "Words cannot express how grateful I am for the kindness and wonderful support Tynedale Hospice offered during [name of person] period of illness. Having someone stay with her overnight was so reassuring for her and probably helped me to retain my sanity. All of your support workers and RGN's were absolutely brilliant."

We saw that staff were very kind and genuine. They knew people's needs and could describe these to us. One person said, "I never have to tell them how to look after me." A member of staff said, "I like to find interesting things to talk about." We observed staff sitting talking with people and relatives.

People and relatives told us that privacy and dignity was respected. One person said, "Oh yes, they're very good with that." One relative said, "They're all very respectful."

Other comments included, "My choice of male or female are normally listened to but it really doesn't matter to me" and "I feel comfortable, never felt dismissed." We read the results from the most recent survey which stated that all 15 respondents gave the service the highest possible score of 10 for "respecting privacy, maintaining dignity and treating people with courtesy and respect."

The registered manager told us that no one was currently accessing any form of advocacy. Advocates can represent the views and wishes for people who are not able express their wishes. She stated, "Most patients have relatives who are highly involved in their care." There were no arrangements or procedures in place. She informed us that she would look into access arrangements for advocacy services on an individual basis, if people required an advocate.

People told us that they were involved in making decisions about their end of life care and informed us that their pain was managed well with support from staff at Tynedale Hospice at Home, their GP and other health care professionals. One relative described the service as "a lifeline." Her mother who was receiving the service agreed. We read a thank you card which stated, "We cannot thank you enough for the care and support you have given [name of person] during his illness. Without your help we could not have managed to keep dad at home which was his wish and meant we could spend some lovely days with him which we now treasure."

Relatives told us that staff carried on the same level of care which they provided. One relative said, "When I go out, I know they will get the care they need, [Staff name] knows what to do and if they are in pain." Another stated, "The care my wife receives is as good as me being there."

The registered manager told us and the community matrons and Macmillan nurse confirmed that they attended regular "Palliative care partnership" meetings.

Good

Is the service caring?

The registered manager explained that representatives from the local hospitals, GP surgeries, Macmillan team, social services, the Northumberland Cancer Support group and staff from Tynedale Hospice at Home met to discuss if there were any concerns with the provision of care for people with a life limiting illness. She told us, "We highlight any problems that crop up like the lack of suction machines which will be discussed at the next meeting." She told us that these meetings were important to ensure that people received an integrated service which met their needs.

The registered manager was very knowledgeable about the new palliative care guidelines. She told us that the Liverpool Care Pathway (LCP) was no longer in place. The LCP was a pathway which was used to assist health care professionals when caring for a dying person, after it was decided that no more active medical intervention was necessary or appropriate. She explained that a new support system was in place in Northumberland called, "Care for the dying patient." She told us, "Our nurses will write in this paperwork [care for the dying patient] and will complete the assessments so that their care is integrated and documented." This was confirmed by the community matrons with whom we spoke.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person said, "I could not ask for anything better." Another said, "It's definitely responsive." Other comments included, "Their methods are great for my needs." We read the results from the most recent survey which stated that all 15 respondents rated the service the highest possible score of 10 for managing people's symptoms and care needs.

Health care professionals told us that staff were responsive to people's needs. Comments from community matrons included, "They're an incredibly invaluable service for looking after palliative care patients and those with life limiting illnesses;" "Any concerns or problems, they contact us by phone, rather than leaving it in the notes," "We never have any problems with their staff," "They are excellent. We would really struggle without them" and "There's a lot of joint working." The chair of the local charitable organisation stated, "The service tries to fill needs as soon as they feasibly can after referral." We spoke with an occupational therapist who said, "They are very quick to respond and always contact us if there are any concerns" We spoke with a member of staff from another domiciliary care agency who worked in conjunction with staff at Tynedale Hospice at Home to provide care for an individual. She told us that she had no concerns about the care which staff provided and both services worked well together to provide care to the individual to ensure her needs were met.

People and relatives told us that the staff facilitated their hobbies and interests. One care worker told us, "It's nice to find out about each of our patients so we know what they like." She described how one person enjoyed talking about cars, so they both looked at car magazines together. One person whom we visited had gone shopping for clothes with a care worker. Another person whom we visited was sitting in the garden talking with one of the nurses. People and relatives told us that staff never rushed. One person said, "They never clock watch." Another said, "I feel unrushed."

We read the PIR which stated, "Recently we have begun to see a shift in the diagnoses of patients referred to our services for end of life care from the traditional 'cancer/ malignant' type disease profile to more complex end of life conditions such as long term neurological, end stage heart, respiratory and renal diseases. This means we have had to address more complex and challenging needs often for patients with co-morbidity. We have sought help and support from specialist practitioners to ensure we are effective at meeting these needs." This was confirmed by community matrons with whom we spoke and records we viewed at the office.

A community matron explained that they had provided excellent care for one person with a complex medical condition. She told us that staff from the service attended regular multi-disciplinary meetings with members of the healthcare team. She said, "They were very involved and met his needs proactively." This was confirmed by the occupational therapist who explained that staff regularly attended Motor Neurone Disease (MND) multi-disciplinary meetings to make sure that the needs of people were met. She stated, "The hospice staff attend with MND specialist nurses; social workers; community matrons; speech and language therapists and occupational therapists. We work together with them."

Another community matron explained how they were able to manage the needs of people and their relatives as a "whole." She explained and our own observations confirmed, that the provider had a number of other services such as a bereavement service and a transport service which was used to assist people to attend medical or hospital appointments. The community matron said, "They not only look after the patients, but their families too. They have an excellent bereavement service…They provide a very good holistic service."

An initial assessment was carried out by nursing staff before care was provided. People and relatives told us that they felt involved in planning how care should be delivered. One community matron said, "They make a great effort to get as much information as possible about the patient and someone from the service goes out to assess them." Another community matron said, "There is a lot of information they want, they use this to formulate their own risk assessments."

There was a complaints procedure in place which informed people how their complaint would be dealt with and the timescales involved. People told us that they felt able to raise any issues and that these would be dealt with in a timely manner. One person said, "If I ask for something I feel that [the registered manager] listens and sorts it out quickly." Other comments included, "Never once have I

Good

Is the service responsive?

needed to complain," "No complaints," "I am listened to and changes are happily made," "[The registered manager] is fantastic a great person and always there if there's an issue" and "[The registered manager] responds to all calls," "My care and voice is always listened to" "I know how to complain, Sue is first class and deals with things very quickly."

One person commented, "[The registered manager] is a great person and always carries out my requests but I don't know in advance who's coming which I don't like as much" and "I would like a key worker but this doesn't seem to be in place here." We spoke with the registered manager about these two comments. She told us that she always tried to make sure that people saw the same staff. She said that sometimes that this was more difficult at night. She explained that she was in regular contact with people and would always try and inform them if there were any changes to the staff who were delivering the care.

We read the PIR which stated, "We have not had any complaints this year but have had many letters and cards of commendation about our services and care team staff. We see these as a valuable 'litmus test' about how effective and caring our service is at sensitively meeting the needs of our service users." We read some of these compliments. One relative had written, "We would like to thank you for the wonderful care you gave to [name of person] and for the support you gave us during this difficult time."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. People and relatives were complimentary about her leadership. One person said, "Great person in charge." Health and social care professionals also agreed that the service was well led by both the registered manager and director. Comments from community matrons stated, "I think it's well led. [The registered manager] really tries her best," "I think [the registered manager] does an excellent job" and "There have been changes, it is different now. It's more professional than what it was. It is governed now and we're aware of that." The chair of the local charitable organisation informed us, "The service strives continuously to meet the needs of local people in this very important area of care and does very well in this aim. Yes, [name of director] is an outstanding leader."

Responsibility for the strategic development of the Hospice lay with the board of trustees who met regularly and worked together to provide a strategic vision and policy framework for the ongoing work of the hospice. We spoke with both the director and chair of trustees who spoke enthusiastically about their role and dedication to ensuring the care and welfare of patients who used the service.

The provider sought to ensure there was an open, transparent and inclusive culture. Information on their aims, beliefs and values was published on their website and in various publications. These were also visible in the staff practices we observed and the feedback we received from people and their relatives. One person told us, "They are like my guardian angels. They are wonderful."

All staff with whom we spoke informed us that they enjoyed working at Tynedale Hospice at Home. Some staff came in specifically on their day off to tell us how much they "loved" their job. They spoke passionately about making sure that they delivered the best care they could. One member of staff told us, "I love coming to work and seeing the difference that we make….Morale is good here."

The registered manager told us and records confirmed that people/relatives were given an information pack when they first started to use the service. This included a questionnaire which could be used to provide feedback on the service. The volunteer coordinator collated the feedback from completed questionnaires. We noted that 15 respondents had completed a questionnaire from January 2014 to June 2014. They had given the highest possible score of 10 for all questions answered and indicated that they were happy with all aspects of the service.

We saw that accidents and incidents were analysed no matter how small they were. The registered manager told us and records confirmed that any concerns with people's care were discussed at staff meetings. The registered manager told us that one member of staff had got lost while trying to find a person's home. As a result, the provider had purchased three satellite navigation systems for staff to use to help make sure that staff were able to get to people's houses without any unnecessary delays. Significant events were also discussed at integrated meetings with other health care professionals. Issues such as the availability of equipment were discussed.

Prior to our inspection, we checked the information we held about the service and saw that they had not notified us of deaths of people who used the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. We spoke with the registered manager about this issue. She told us that she would submit the necessary notifications with immediate effect.

This issue is being dealt with outside of this inspection process.

The registered manager told us and records confirmed that nursing staff carried out an initial review to assess people's needs before care was provided. The registered manager explained that the amount of time spent with people varied according to their needs. For some people a few hours daily were sufficient, while overnight care was required for others. Although an initial assessment was carried out to assess people's needs; a system to review their ongoing needs was not in place to ensure that care provided continued to meet their identified requirements. We spoke with the registered manager about this issue. She said, "I agree we're not doing this. We have already thought of ongoing reviews, not just doing an initial assessment."

We asked the registered manager for copies of audits which she carried out to monitor the quality of the service such as care plan audits. She explained that she checked care plans when they were returned to the office. This included

Requires Improvement

Is the service well-led?

a check on medicines management. However, these audits were undertaken informally and a written record was not in place to record any issues that were raised or actions required. We found concerns with the recording of medicines and care plans. In addition, the registered manager did not have an overview of all the training which staff had completed to ensure that they were appropriately trained.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We discussed our concerns with the registered manager. She explained that she was the only member of staff who had a permanent contract of 30 hours a week. She was also the lead nurse and organised all care. Her job role included taking referrals; planning care; organising staff rotas; liaising with health and social care professionals and attending meetings. She explained that she prioritised the most important tasks such as people's care which meant that other duties such as organising training, staff supervision and audits of the service had not been carried out as planned. We considered that although sufficient staff were available to provide care; there was a lack of staff employed to monitor the quality and safe delivery of the service. One person told us, "[The registered manager] seems to work all hours."

The registered manager told us that following our inspection, the director had put a proposal to the board of trustees to request that two nurses were employed on a permanent contract to assist with this monitoring role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people and others. Regulation 10 (1)(a)(b)(2)(iii).**

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.**

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. Regulation 20 (1)(a)(b)(i)(ii).**