The Sussex Beacon

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Good ●

Summary of findings

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Outstanding ☆	Our rating of this service stayed the same. We rated it as outstanding because: • The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. • The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well. • Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. • Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it. • Leaders ran services well using reliable information systems and supported staff to develop their skills. • Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Summary of findings

- Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not receive safeguarding training in line with national guidance.
- The service did not have frailty and mental health input into their medicines optimisation.
- The service should continue to support staff to keep up to date with their mandatory training.
- The service should ensure they have a process for independent review of complaints.

Summary of findings

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Summary of this inspection

Background to The Sussex Beacon

The Sussex Beacon is operated by The Sussex Beacon.

The Sussex Beacon is in Brighton and provides intermediate, continuing care and rehabilitation services for adults of any gender or identity who are living with Human Immunodeficiency Virus (HIV). The service primarily serves the communities of Sussex. It also accepts patient referrals from outside this geographical area. During the pandemic, the service redesigned some of its care pathways to support the wider healthcare system. This meant the service could take referrals for intermediate, palliative and end of life care for patients who did not HIV on an on-demand basis.

The service has a registered manager, who has been in in post since 2018, and is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

The service was last inspected in 2016 under a different methodology and was rated outstanding overall.

The service has a 10 bedded inpatient unit, offers day care services, provides peer support and individual casework and monthly health-focused group meet-ups for women and families. This report focuses on the inpatient unit and the day care services as they are the regulated activities we cover.

Between 1 October 2020 and 30 September 2021, the inpatient unit had 149 admissions. The majority of people using the service during this period were white British males aged between 50 and 69.

We carried out a short notice announced inspection on 9 November 2021 using our comprehensive inspection methodology.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

How we carried out this inspection

During the inspection, we visited the areas within The Sussex Beacon that carried out regulated activity including the inpatient unit and some of the shared spaces in the day service.

We spoke with ten members of staff, including medical, nursing and support staff and directors.

We spoke with three patients, we reviewed several feedback responses and observed patient interactions throughout the day.

Summary of this inspection

During our inspection we reviewed five sets of patient records. We also reviewed policies, guidance, and information on performance and feedback provided to us before, during and after the inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had a suite of health management services which patients could be referred to, either from the inpatient unit, or from their GP, or HIV consultant in the NHS trust. The health management service offered women and families services, wellbeing groups, mindfulness courses, peer mentoring services and community support. We spoke to patients who had been referred onto the service's mindfulness course which offered ways of living with more ease and awareness, even in difficult times, and a positive fitness class which was a physiotherapy supervised group based on individualised exercises and educational support with HIV, general health and physical activity.

Areas for improvement

- The services should ensure that safeguarding training levels are in line with national guidance.
- The service should ensure that audits are undertaken and followed up within the identified timeframe.
- The service should ensure there is a process for independent complaints review as part of the complaints process.
- The service should consider the need for frailty and mental health input into medicines optimisation.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good	Good	Outstanding	Outstanding	Good	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Good	Outstanding

Outstanding

Hospice services for adults

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Good

Are Hospice services for adults safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Compliance with training completion was 73% which was worse than the service target of 85%. Moving and handling had the lowest compliance rate at 61% and the service had run a train the trainer session in September to try and help address this by having a trainer in the team to provide training locally. During the COVID-19 pandemic, much of the training had been moved to e-learning to help facilitate access for all staff.

Trustees received some elements of mandatory training such as fire safety and information governance.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included modules such as moving and handling, fire safety and infection control. Staff told us that they completed most of their training online, and that this had been essential during COVID-19.

Clinical staff completed training on recognising and responding to patients with dementia and other training relating to mental health such as suicide prevention, mental health advice for staff and patients, and mental wellbeing in children and young people. The service did not offer training on learning disabilities or autism. Staff completed dementia awareness every two years and compliance was currently at 78%. The service did not offer training on mental health needs, learning disabilities and autism. There was however, conflict resolution training which the registered manager had explained had supported staff with managing difficult conversations. This had led to better language of challenge at handovers, encouraging learning rather than criticism.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had oversight of which staff completed their training and who was overdue.

Outstanding ☆

Hospice services for adults

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it, however the level of training provided was not in line with intercollegiate national safeguarding guidance.

Staff did not receive the correct level of adult safeguarding training for their role. All staff, including trustees and volunteers were trained to a minimum of safeguarding adults level one, clinical team leaders were trained to level two, and the clinical director and clinical team manager were trained to level three. This meant that staff on the inpatient unit that were not team leaders, were not trained to the appropriate level in line with national guidance. The Adult Safeguarding: Roles and competencies for healthcare staff, First Edition 2018, states that all practitioners that have regular contact with patients, their families or carers, or the public should be trained to level two. However, staff we spoke with were clear on what constituted a safeguarding and were able to explain this to us during the inspection.

Staff did not receive the correct level of safeguarding children training for their role. All clinical staff, and volunteers were trained to safeguarding children level one. The clinical team leaders were trained to level two, and the clinical director and clinical team manager were trained to level three. This meant that staff on the inpatient unit that were not team leaders, were not trained to the appropriate level in line with national guidance. The Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, 2019 states that all non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children. There was minimal contact with children at the Beacon, except for a women and families group which was run separately from any regulated activity.

The clinical director was the safeguarding lead for the service and was trained to level three.

All staff had a disclosure and barring service (DBS) check prior to commencing employment, in line with the recruitment policy and procedure.

Cleanliness, infection control and hygiene

Staff used infection control measures when visiting patients on wards.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Clinical areas were clean and had suitable furnishings which were clean and well-maintained. There was alcohol based cleansers at entrances and outside clinical areas.

The service generally performed well for cleanliness. The registered manager was the director for infection prevention and control (DIPC) and clinical team leaders took a lead role in infection prevention and control (IPC) for their areas. The service did not participate in patient led assessments of the care environment (PLACE). The provider told us they obtained feedback in other ways such as through hand hygiene audits which were completed monthly. We saw a range of infection prevention and control audits results completed from August to October 2021, and found consistent levels of good compliance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Housekeeping staff cleaned patient rooms daily and more often if required.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate personal protective equipment and wore uniforms or scrubs that were bare below the elbows to help prevent the spread of infection. IPC training was completed at the local NHS trust.

Staff completed COVID-19 lateral flow tests twice weekly and followed national guidance on COVID-19 Polymerase chain reaction (PCR) testing and isolation if tested positive. Visitors had their temperature taken upon arrival to the service and completed a lateral flow test before being granted access to the inpatient unit.

Contact precautions were displayed in front of doors where patients had infections such as vomiting or diarrhoea.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Patients had access to call bells. A new call bell system had recently been installed. During the inspection we did not observe any patients using the call bells, but patients told us that staff were available when they needed them.

The design of the environment followed national guidance. Control of substances hazardous to health (COSSH) chemicals were kept securely in a key code locked cupboard within the sluice area. Fire exits were clearly signposted and there was an evacuation chair on the first floor. All rooms in the inpatient unit were single en-suite rooms with access to a balcony. Access to the balcony was assessed on admission on an individual basis.

Staff carried out daily safety checks of specialist equipment. Emergency equipment was checked daily, and all items were in date.

The service had suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients. All equipment was owned by the service and had an annual check and recalibration under a service contract. Furniture in patient rooms and in the shared areas were wipe clean.

Staff disposed of clinical waste safely. Sharps bins were correctly labelled and not overfilled. Waste was separated and kept securely until collection.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

Staff identified deteriorating patients and escalated them appropriately. There was senior clinical staff support on call for the service and staff gave examples of where patients had deteriorated, and the actions taken to keep them safe. An example was where a patient's mental health had deteriorated and they wanted to self discharge. Staff were able to facilitate a discharge with the support of the Mental Health Emergency Response (MHER) team.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. The service had an exclusion criteria based on assessment of risk. All patients had a range of risk assessments completed on admission. These included both physical and mental health care needs and these were reviewed regularly. Staff told us that patients were able to live their best life with their risks mitigated. The service had a detailed exclusion criteria to ensure it only accepted patients where it could safely meet their individual needs. For example the service was unable to provide care to patients who were fully mobile and cognitively impaired, those at high risk of falls due to single rooms, bariatric patients due to not having bariatric beds, those at risk of self harm or those with acute mental health needs.

Shift changes and handovers included all necessary key information to keep patients safe and used a nationally recognised tool. There were three handovers in a 24 hour period. We observed a handover and saw that all patients and their physical, emotional and mental health issues were discussed. The handover was completed in the nurses' office with the door closed to maintain confidentiality. The service used the Introduction, Situation, Background Assessment, Recommendation (ISBAR) tool to facilitate the handover.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. Nursing staff used a self-rostering system which enabled them to choose their upcoming shifts and shift patterns. The service had three shifts: early, late and night. Staff told us that they generally felt they had good levels of staff and that when they were short, bank or agency staff were utilised. A doctor responsible for patient's medical care was on site between Monday to Friday.There was a consultant ward round once a week where a review of patient treatment plans took place. Consultants were provided by the local NHS trust HIV unit under a service level agreement.

The managers could adjust staffing levels daily according to the needs of patients. Some staff members had recently left the service and this had placed some pressure on the rota. Staff told us that they were able to flex according to the needs of the service. All nursing staff we spoke to told us that they had time to give the care that patients needed. There had been no incidents reported in 2020-21 regarding staffing levels.

The service had low vacancy rates. There were currently three full time equivalent vacancies for registered nurses, one of which was a practice development role.

The service had low turnover rates. During quarter two 2021/22 the turnover rate was 19%.

The service had low sickness rates. During quarter three 2021/22, the sickness rate was 5%.

The service had low rates of bank and agency staff. The service had a bank of staff that knew the service well and bank staff

Managers limited their use of bank and agency staff and requested staff familiar with the service. All bank staff with the service were staff who had previously been employed within the service and familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service. Agency staff were asked to come in early on their first shift to have an orientation to the service.

The service also had a GP trainee (a qualified doctor training to be a GP) who provided care whilst on placement with a new trainee every four months.

The service always had a consultant on call during evenings and weekends. Consultants from the local NHS trust provided medical cover and advice when The Sussex Beacon doctor was not on duty.

Hospice services for adults

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. We reviewed five sets of patient notes and found they were up to date and accessible to staff. We saw referral letters and summaries were easily accessible within the notes. Diagnostic test results such as blood tests or imaging results were available electronically. Patient notes were currently paper based but the service was moving to electronic records.

Discharge planning started at admission as part of the assessment. There were clear lines of communication between the service, mental health services, GP and local NHS trust.

Records were stored securely. Risk assessments, care plans and casenotes were stored in a cabinet in the locked clinical office.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. Pharmacists specialising in HIV medicines attended the service twice a week and were available by telephone at other times. The staff had identified that people they were supporting were living with more chronic conditions associated with frailty and mental health conditions.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy. The room temperature was monitored where medicines were stored. However, monitoring records were not kept demonstrating room temperatures were appropriately managed.

Staff followed current national practice/guidance to check patients had the correct medicines. This included assessing both the patient and their medicines suitability for self-administration.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. All staff members had access to the incident reporting system. During the financial year 2020/21, the service reported 51 incidents, which equated to 0.24 incidents per 100 bed days. All reported incidents had resulted in no harm. There had been an increase in medication administration errors, but a decrease in the number of patient safety incidents.

Outstanding ☆

Hospice services for adults

Staff raised concerns and reported incidents and near misses. The report acknowledged that only one near miss had been reported, and therefore this had been identified as a potential area for improvement and taken forward as an action. The service had not recorded any never events. There had been no serious incidents reported in the past twelve months

Staff understood the duty of candour. Staff told us there was a culture of openness at the service. There was a Duty of Candour policy that outlined the process for staff to take should a notifiable safety incident occur.

Staff received feedback from investigation of incidents. Staff told us they received feedback on incidents that they had reported.

Managers debriefed and supported staff after any serious incident. Staff gave examples of where they had received debriefs following distressing or upsetting incidents.

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance. The service monitored patient safety incidents such as falls and catheter related infections and review these as part of their quality monitoring systems. Between 1 April 2020 and 31 March 2021, there had been four patient falls.

Are Hospice services for adults effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Medical staff followed British HIV Association (BHIVA) guidelines for the management of HIV care. The service did not benchmark data or audit findings as there were no similar services to benchmark against.

The service did not currently have a clinical audit lead. However, the service was actively recruiting to this position. Two recent audits that had been completed were an FP10 audit and a clinical documentation audit. The FP10 audit identified there were three scripts unaccounted for and recommended action was a re-audit no later than 15/10/21, however this was not followed up due to the post of practice development lead being vacant. The clinical documentation audit identified a number of recommendations however no actions assigned to staff members or follow up were included.

Hospice services for adults

The service was functioning in line with current government guidance with regards to COVID-19. We saw indications of the numbers of people allowed in each area alongside signage to advise on COVID-19 procedures. Staff and visitors were required to wear masks and complete lateral flow tests.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Patient's emotional wellbeing was discussed as standard as part of the daily handover process.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, particularly those with specialist nutrition and hydration needs. Both the inpatient unit and the day centre provided all the food and drink for patients. Patients were able to make themselves hot and cold drinks as needed and could bring their own food and drink in if they wished. Small snacks such as yoghurts were available in the fridge for patients. Patient's own food and drink was clearly labelled in the fridge and on what date it was opened.

The service made adjustments for patients' religious, cultural and other needs. The chef and catering staff worked with the patients to ensure their dietary needs were met. The chef met with all new inpatients and spoke to them regarding their needs and preferences, for example if they only wanted small portions, needed a soft diet, or had other needs or dietary preferences. There was a weekly menu but this was not repeated to ensure there was a variety of options available, and the chef could provide 'off menu' requests if required.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Patients were assessed for risk of malnutrition on arrival and a malnutrition universal screening tool (MUST) assessment was used where concerns were identified.

Specialist support from staff such as dietitians was available for patients who needed it. Staff could access support from community dietitian if required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients could request pain relief as and when required.

Patients received pain relief soon after requesting it. Patients were encouraged to self administer their own medications.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service was not currently participating in national clinical audits. The practice development nurse had been responsible for audits and driving these forwards for the service but the post was vacant at the time of inspection. Following the inspection the provider told us that the oversight of the audit plan was via the inpatient unit nurse manager whilst the post was vacant. The audit process was overseen by the Quality and Clinical Governance Committee.

Outcomes for patients were positive and met expectations. The service used the Warwick Edinburgh Mental Wellbeing Scales assessment tool at admission and discharge to assess improvement in a patient's mental wellbeing. These outcomes were audited but the narrative was not captured.

Staff also used the "PHQ9" test which were a set of questions used to assess a person's level of depression.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a corporate induction and local induction programme that was recorded in the staff record. We spoke to staff members who told us that as part of their induction they were introduced to all staff members including the senior team and felt it was a very useful induction. Staff were provided with an 'A – Z' of the Sussex Beacon which included useful information about the service and practicalities such as numbers of local organisations and GP surgeries, and information about incident reporting and policies/procedures.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed an appraisal document and saw that this contained objectives, progress/actions and outcomes. There was a dedicated section of the appraisal document that asked staff what they wanted to learn over the upcoming year and how this could be achieved. The current compliance rate for staff having completed their appraisals was 88%.

Managers recruited, trained and supported volunteers to support patients in the service. The service used volunteers to help in some non-clinical aspects of the service. There was a dedicated Volunteer co-ordinator who managed the process for recruitment of volunteers, and we spoke with a volunteer during our inspection.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. A virtual MDT meeting was held weekly via videoconferencing. This included an HIV clinical nurse specialist, nurse consultant, medical consultant and specialist pharmacist.

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed good interactions with all grades and disciplines of staff. There were good links with the GP and referrers. Doctors communicated with the referrer before and after admission, and sent a discharge letter. The service worked with community physiotherapists and occupational therapists and dietitians. Notes we reviewed were completed by all members of the MDT.

Outstanding ☆

Hospice services for adults

Seven-day services

Key services were available seven days a week to support timely patient care.

Doctors led daily ward rounds on the inpatient unit. Patients were reviewed by consultants weekly. Doctors completed ward rounds Monday to Friday, with a consultant ward round once a week on a Thursday, with additional input from the specialist pharmacist.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. On-call medical advice was available from the local NHS trust.

Health promotion

Staff gave patients practical support to help them live well.

The service had relevant information promoting healthy lifestyles and support on wards/units. We saw various posters and information leaflets available around the building on healthy lifestyle promotion such as stopping smoking, and how to access sexually transmitted infections testing.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had a suite of health management services which patients could be referred to, either from the inpatient unit, or from their GP, or HIV consultant in the NHS trust. The health management service offered women and families services, wellbeing groups, mindfulness courses, peer mentoring services and community support. We spoke to patients who had been referred onto the service's mindfulness course which offered ways of living with more ease and awareness, even in difficult times, and a positive fitness class which was a physiotherapy supervised group based on individualised exercises and educational support with HIV, general health and physical activity.

Patients were encouraged to improve their health by setting health improvement goals. Patients told us that they had been supported to stop smoking.

All patients were encouraged to self-administer their own medication to help them be as independent as possible during their stay.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patients were initially assessed for their capacity at admission.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed staff gaining consent from patients prior to care and staff told us they were confident consent was always gained prior to any care being given. However, a documentation audit had been completed and identified that consent was not always being documented in the patient record.

Outstanding ☆

Hospice services for adults

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff told us that if a patient is assessed as not having capacity, a best interests meeting would be held. The service could also access Independent Mental Capacity Advocates (IMCA) appointed to act as an advocate if a patient was unable to make decisions.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. We reviewed five sets of notes and found that four had patient capacity recorded.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff compliance with this training was currently as 73% which was slightly worse than the target of 85%.

Are Hospice services for adults caring?

Outstanding ☆

Our rating of caring stayed the same. We rated it as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patient's emotional wellbeing was discussed as standard as part of the daily handover process. We observed staff interacting with patients in a compassionate way, and observed staff knocking and waiting before entering patient rooms.

Patients said staff treated them well and with kindness. Patients were given feedback forms. During COVID-19 tried follow up calls to obtain feedback but this had not been successful. The registered manager told us that feedback was generally very positive and shared responses with us that included the following comments: "you were all so very supportive and caring and truly showed me care and compassion that was second to none", "it's very friendly, sort of a family atmosphere, but they're not family, they're detached. It's easier to talk about the actual things that are, like a worm in your brain, giving you the worst worries", "Once you've been here it gives you a more positive outlook on your own life in my opinion.", "It's a place of safety, and it's a place where you can be honest about things. If you've got something related to HIV you can speak openly about it. And it's one of the only places that you can really." "All members of staff treated me with care and dignified understanding. Nothing was too much for them, it felt a bit like staying in a small hotel with medication."

We spoke with three patients during our inspection, all of which spoke highly of the care they had received at the service. One told us "if it wasn't for the Beacon I wouldn't be here today".

Staff followed policy to keep patient care and treatment confidential. Reception staff were friendly, welcoming and discreet when patients arrived into the service. Staff knocked on patients' doors before entering and made sure they were happy for them to enter the room.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Patients told us they never felt stigmatised by staff and felt safe discussing their individual needs with them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff we spoke with knew and understood the demographic of the majority of patients coming to the service were vulnerable in terms of their mental wellbeing and social needs. Staff went above and beyond to ensure that patients were supported.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service put a significant emphasis on emotional support for their patients. Staff took time to build a relationship with patients, whilst being mindful of professional boundaries. The service provided counselling, mindfulness, and all patients were offered a peer support service after discharge.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Patients were able to use shared spaces if they wished. Staff told us that on occasions patients may feel uncomfortable or that the topic of conversation may be triggering to some patients. Staff would always endeavour to intervene and support patients if this happened. Patients had 'do not disturb' signs that they could place on their doors, that would be respected as far as clinically possible.

Staff demonstrated empathy when having difficult conversations. Whilst staff did not undertake specific 'breaking bad news training', patients told us that the emotional support they provided was important and had made a difference to their lives. One patient told us that the emotional support from staff had improved their confidence and that "every time I stay here I come out a much better person in a much better place"

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff told us that the service was originally set up when other providers refused patients with a positive HIV status and that the ethos of the service was to be totally inclusive. A patient told us that they could "be themselves here". The staff worked closely with the community mental health services.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients we spoke with told us they were informed of their care and treatment. Staff told us that they supported patients to be curious about their treatment. An example of this was when a patient was anxious about having their blood taken. The doctor took time to explain the needs for a blood test and only then when the patient understood and was happy was the treatment commenced. There was a specific pathway for patients who required detox. This included visiting restrictions for the first seven days.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Outstanding ☆

Hospice services for adults

There were support groups for patients and family members. However, COVID-19 had affected the provision of some support groups. Visitors were allowed into the service between 10am and 8pm, unless the patient was admitted for an alcohol or drug detox, where visiting was restricted in line with the care pathway. Staff would also signpost to a national charity that supported people with HIV locally with services such as counselling, welfare rights and advice and accommodation issues. Staff had set up a project called 'Speaking Volumes'. This was a project where 15 patients had shared their stories, and this was recorded onto audio and placed inside hollowed out books that were placed on the bookshelf in the shared space of the inpatient unit. Patients and staff could go to the bookshelf at any time to listen to one of the stories which were each between two and five minutes long.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There was a service users forum that met quarterly. A patient satisfaction survey was given to patients on admission to complete throughout their stay.

Patients gave positive feedback about the service. Patients we spoke to during our inspection told us that they feel "nurtured and cared for" and that staff were able to encourage them to say how they were really feeling in order to be able to help them move forwards.

Are Hospice services for adults responsive?

Outstanding ☆

Our rating of responsive stayed the same. We rated it as outstanding.

Service delivery to meet the needs of local people

People's individual needs and preferences are central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services were flexible, provide informed choice and ensured continuity of care.

Managers planned and organised services so they met the needs of the local population. The service accepted referrals from clinical and local authority teams in the Brighton and Hove, West and East Sussex areas. During the COVID-19 pandemic, the service redesigned some of its care pathways to support the wider healthcare system. This meant the service could take referrals for intermediate, palliative and end of life care for patients who were not living with HIV on an on-demand basis. The service aimed to keep at least two beds available for non-HIV referrals, however as the need for the HIV service began to steadily increase following the lifting of restrictions, the HIV beds took precedence. The registered manager felt the current service provision met the needs of the local population, however recognised that there may be patients not known to the service.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. All patient rooms on the inpatient unit were en suite and with doors to protect patient's privacy.

Facilities and premises were appropriate for the services being delivered. The service was in a peaceful setting with access to gardens and outdoor space. There was ample car parking for staff and visitors. There was a smoking area for patients. There was a mixture of private and shared spaces for patients to use.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. The service worked closely with the Mental Health Rapid Response (MHRR) team and staff told us they accessed this service around one to two times per month. Staff told us that if staff thought there was an immediate risk of harm to patients they would contact 999.

The service had systems to help care for patients in need of additional support or specialist intervention. The service worked closely with a charity which offered support for alcohol, drugs, housing issues. We observed throughout the inspection staff working with representatives from this organisation to facilitate supported discharges and other support.

Managers monitored and took action to minimise missed appointments. Staff followed a process to manage missed appointments. This included contacting the patient and the referrer to check on the wellbeing of the patient.

All patients were given a welcome pack on arrival to the service.

Meeting people's individual needs

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs. This included people with protected characteristics under the Equality Act and people who are in vulnerable circumstances or who have complex needs. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems and dementia, received the necessary care to meet all their needs. Patients had all their individual needs assessed on admission and discharge. The service offered mindfulness sessions for inpatients and those who had previously been discharged. The service also accessed support from the mental health rapid response service (MHRRS) provided by the NHS mental health partnership trust. Staff could request support from MHRRS if a patient was at high risk of suicide, a high risk to others, significant mental health concerns or requiring immediate attention. Staff received yearly training on caring for those with dementia.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service was able to access British Sign Language interpretation and staff gave an example of when this had been used.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an interpreting service that could offer face to face interpretation or signing for those with a hearing impairment.

Patients were given a choice of food and drink to meet their cultural and religious preferences. The chef or catering team met personally with each patient to discuss their dietary needs and requirements. The menu could be altered and flexed depending on the needs of the individual.

Staff could support patients with their religious and cultural needs. The service reported having a good interfaith network and access to chaplains and pastors.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff had access to picture books to help communicate with patients who had learning disabilities.

Outstanding ☆

Hospice services for adults

Access and flow

Patients could access the service in a way and at a time that suits them.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. During COVID-19, the service identified an opportunity to support flow across the local healthcare system and expanded the acceptance criteria to include non-HIV patients who were medically ready for discharge, likely to need at least 48 hours transitional support and care, patients who required end of life care and patients that were bed bound and requiring full care.

The service had recently seen an increase in demand for their HIV specialist beds. The registered manager explained how they could flex less urgent patients that were attending the service to allow urgent patients to attend. For example, a patient who was trialling a switch in their antiretroviral medication can be delayed for a week to allow a patient who was in need or urgent detox[DS1] ification and care.

The service had begun trialling a self-referral pathway to the service. An advice line was set up for patients during COVID-19, however the service was continuing this as patients had found it helpful.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients with HIV could be referred and admitted for a variety of different reasons and there were clear guidelines for referrers to access. For example, patients admitted for a drug and alcohol detox would routinely stay for no longer than two weeks, however staff used their professional expertise to know when to flex if it was of benefit to the patient. For example, a patient who was approaching the end of their admission was concerned about leaving the service and an agreement was made for the patient to stay an additional number of days to help the transition.

Managers and staff worked to make sure that they started discharge planning as early as possible. Staff told us that discharge planning started on the day of admission. Discharge planning was worked through with the patient and involved plans around medication, follow up appointments and transport.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. Staff gave examples where they had supported patients to attend their outpatient appointments by accompanying them if they requested this. Staff would ask patients how they would normally get to their appointment, for example by bus or taxi, and would always endeavour to get the same mode of transport to help patients to feel as comfortable and as 'normal' as possible. This was to help them to adapt to life once they had been discharged.

Staff supported patients when they were referred or transferred between services. Staff ensured all aspects of patients' health and social care was addressed prior to leaving the service. We saw multiple examples of working with other agencies and charities to ensure that a patent had the right level of support on their discharge. Patients told us how much they valued the level of support received and spoke of the relief of not having to arrange it on their own.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. There had been three complaints during the 2020/21 period. One was regarding information governance, and the others unknown.

Outstanding ☆

Hospice services for adults

The service clearly displayed information about how to raise a concern in patient areas. The website had a section on feedback and complaints which outlined how people could give their feedback or raise a concern. All patients also received on admission a welcome pack which had a section detailing how to complain. Patients were encouraged to speak to their care worked in the first instance, who would try to resolve the concern and could refer to the clinical team leaders to try and resolve in person. If the concern was still unresolved patients were given details of the CEO to write to.

Staff understood the policy on complaints and knew how to handle them. The complaints policy was in date and set out three different levels of complaints and how to respond to them. All written complaints were to be acknowledged within three days and responded to within 28 days.

Managers investigated complaints and identified themes but there was no independent review mechanism. The service did not have a clear independent review process for people to follow if a complaint had not been resolved. The policy also directed external complainants to complain directly to the CQC, who as the regulator do not have the power to investigate individual complaints.

Are Hospice services for adults well-led?

Good

Our rating of well-led went down. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. However, there was a lack of oversight of safeguarding training needs, clinical audits and responsibilities relating to statutory notifications.

The Board of Trustees delegated day to day responsibility for management and leadership to the Executive Director. There were currently six trustees.

Leaders at every level were visible and approachable. Staff told us they would happily approach the CEO in their office for formal or informal conversations. The CEO was non-clinical but occasionally attended handovers.

The clinical director had overall responsibility for the clinical teams, including the clinical team nurse manager. The clinical director reported to the executive director who reported to the board of trustees.

There was a lack of oversight of some of the registered manager responsibilities. For example, staff safeguarding training needs were not in line with national guidance.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Hospice services for adults

There is a clear statement of vision and values, driven by quality and sustainability. The business plan demonstrated a commitment to system-wide collaboration and leadership. The strategy was set by the board of trustees. The Sussex Beacon Plan set out the principal objectives as to be sustainable. To be a centre of excellence in the support and care of people living with HIV, to be a learning organisation, to be an active part of the community, to maintain close connections with partner organisations for the benefit of service users, and to ensure the tole and messages about the lives of people who are HIV positive will be widely heard and understood.

The values of the service were set out in the service Business Plan April 2021 – March 2024 and staff we spoke with echoed the values when we spoke with them. The values were: specialist, trusted, genuine and welcoming. Specialist – we know that people living with HIV prefer sometimes, to use services that are made for them, that meet their specific needs and that they influence through their own input. Welcoming – inclusive for anyone living with HIV. We will always be a warm, comfortable presence in people's lives and a welcoming place to come.

Staff were able to articulate the values of the service when we spoke to them. One told us: "Holistic care is at the centre of what we do…we have a unique and specialist approach that empowers patients".

It was widely accepted that patients living with HIV had better outcomes and an increased life expectancy. The leadership team were aware of how this would impact their care model and strategy. They were already considering what support was needed to ensure staff could meet the needs of patients with long term conditions for example long term acquired brain injury and dementia patients.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. However, the draft staff survey shared with the CQC was not appropriate.

Staff were proud of the organisation as a place to work and speak highly of the culture. We found staff to be open and friendly and spoke positively about working at the unit. Several staff told us that they were proud to work for the organisation. One staff member told us: "This is the first time since being a nurse I've been able to give nursing care in the way I was trained to do".

There was strong collaboration and team-working across the service and a common focus on improving the quality and sustainability of care and people's experiences.

Staff spoke highly of the chief executive, registered manager and the senior management team. They told us they would feel comfortable speaking with them about any concerns or issues; they felt their concerns would be listened and responded to.

The service conducted an annual staff survey. The staff survey was paused during 2021 due to the ongoing impact of COVID-19, however the RM advised that this would be re-started in 2022. The service shared the draft survey that had been planned for 2020 – whilst this was in a draft format, some of the questions listed were not fit for purpose. Following the inspection, the service advised that this version was shared in error and not intended for circulation, however had it been circulated, may have had an impact on staff ability to speak up.

The service monitored the NHS workforce race equality standard and sent us data that confirmed this. The senior team told us that the service promoted equal opportunities, diversity and inclusion as part of their philosophy. The board of trustees had a range of ethnicity and there was scope for development in broader BAME representation in operational teams.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The Board of Trustees met every two months, the Finance and Audit Committee met every two months and the Quality and Governance Committee every six weeks.

The quality and clinical governance meeting fed directly to the board of trustees. We saw reports prepared for this meeting and reviewed the agenda and action log from the December 2021 meeting. There was a set agenda including agenda items such as clinical incidents, workforce and infection control action plans. All actions on the log had details of the discussion held, an owner for the action and a date due for completion. We saw that previous completed actions were kept on the log as part of an audit trail.

The Board of Trustees met every two months. We reviewed minutes of the meeting held online and in the service from September 2021. We saw that staffing, the corporate objectives dashboard and policy updates were reviewed. There was also a standing agenda item to review the latest QGC minutes, however the one preceding the Board meeting had been cancelled due to staffing concerns.

The service met regularly with the clinical commissioning groups and reported performance and any concerns and issues.

As part of the monitoring process, the service bench marked the service incidents harm against the national reporting and learning system (NRLS) data. The NRLS is a system that collects patient safety data from NHS trusts. The service told us that the incidents reported and level of harm was comparable to their local NHS organisation.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service risk register was compiled by the senior leadership team and reviewed every six months. The risk register was split into sections including existential, quality, reputational, staff and volunteers.

The registered manager had a good understanding of the risks and the potential impact these would have on the service. Where risks were identified there was appropriate action in place to reduce or mitigate against any untoward consequences.

The service held a performance dashboard which monitored performance against a set of measures and targets such as inpatient unit occupancy, income, agency spend and number of active volunteers.

The provider told us that during Covid, the frequency of planned audits had been reduced to enable the practice development nurse (PDN) to supervise and work with staff on clinical shifts. At the time of our inspection, the PDN post was being recruited to which meant that the number of audits completed were reduced. A staff member told us that since the PDN had left the service, it felt like no one was driving this forward. The service hoped to return to regular, cyclical audits to improve practice when the PDN post had been recruited to.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Notifications were not consistently submitted to external organisations as required.

Incidents and complaints were recorded, analysed and monitored as part of the Quality Governance Committee meetings.

All electronic systems and computers were swipe card or password protected. Patients notes were kept in a staff-only area in a keypad locked filing cabinet. The service was due to move to electronic patient records in 2022.

The registered manager was the Caldicott Guardian. They were responsible for protecting the confidentiality of people's health and care information and making sure it is used appropriately.

Registered managers are required to submit Deprivation of Liberty Safeguards (DOLS) and safeguarding referrals to the CQC as statutory notifications. The CQC had received one DOLS notification in the last 12 months regarding a DOLS application, however there had been a second DOLS application made by the service that the CQC was not notified of. Following the inspection, the provider informed us that the second DOLS application had been withdrawn.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service received regular feedback through thankyous and cards. Feedback was also provided from the NHS unit the service worked closely with. Patient welcome packs encouraged patients to provide feedback.

All staff meetings had been limited due to COVID-19. Staff told us informal discussions were held all of the time and they felt confident to raise or discuss any concerns during handover. An all staff briefing was held in September 2021 to try to start bringing staff together again. We saw minutes from an all staff meeting held in September.

The staff survey was paused during 2021 due to the ongoing impact of COVID-19, however the RM advised that this would be re-started in 2022.

An online staff benefits system giving access to discounts and deals had recently been launched. Perk box – staff discounts, wellbeing and support. Set of online resources.

There was a well established service user forum that had its own terms of reference and could ensure concerns could be escalated to the board of trustees easily. The forum was held quarterly and was chaired and minuted.

Outstanding ☆

Hospice services for adults

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service recently supported nursing associate apprentices working on site. The nursing associate role is to work with and support the nursing team to deliver care for patients. Nursing associates can go on to apply for registered nurse training.

The service was upgrading its paper-based patient record system to an electronic patient record system.

A new patient safety training system was being developed for staff working in the inpatient unit. This was to include four focus areas around risk assessments, falls prevention, tissue viability and VTE prevention.