Saint Catherines Hospice Trust

St Catherine's Day Hospice - Whitby

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 April 2016 and was announced. At our last inspection on 12 November 2013 the service met all the regulations we inspected. St Catherine's Day Hospice-Whitby provides free day hospice care to adults with a life limiting condition or a diagnosis of cancer that live in the Whitby area of North Yorkshire. The service operates on Thursdays between 9am and 3pm and there were three people using the service on the day we inspected.

The registered provider operates three services and we inspect all three services. Although the services are registered with the Care Quality Commission separately we found that there were areas that were common to all three services. For example, training programmes, staff meetings and one set of policies and procedures across all three services. For this reason some of the evidence we viewed was relevant to all three services. Our individual findings for St Catherine's Day Hospice -Whitby, St Catherine's Day Hospice-Ryedale and St Catherine's Hospice- Scarborough are discussed in individual reports.

St Catherine's Day Hospice- Whitby is run in an adapted bungalow in a residential area of Whitby. There was a large garden, patios and summer house for people to use. People who used the service had access to consultants and medical care, nursing care, physiotherapy, occupational therapy, social workers and spiritual support to meet their needs.

There was a registered manager employed for this service who also managed the main site, a hospice at home service and another day hospice. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was very experienced after being employed by the hospice for many years. The day to day running of this service was managed by a nursing sister employed by St Catherine's Hospice Trust.

Staff followed risk assessments and guidance in risk management plans when providing care and support for people in order to maintain their safety.

Staff were able to describe what it meant to safeguard people and told us how they would report any suspected abuse. There were policies and procedures in place for staff to follow.

Staff recruitment processes were followed with the appropriate checks being carried out. There were sufficient staff on duty to meet people's needs and the service had a team of volunteers who provided additional support. The hospice had a bank of staff who they could contact if they needed additional staff. All staff received supervision individually or as a group and annual appraisals were undertaken. New staff and volunteers received a thorough induction and regular training to ensure they had the knowledge and skills to deliver high quality care.

The environment was maintained by the hospice maintenance team. There were servicing agreements in place for mains services. The premises were clean and tidy with appropriate adaptations in place for people who used the service.

People brought their own medicines with them to the service and there were systems in place to ensure they were stored and administered safely.

Staff worked within the principles of the Mental Capacity Act where appropriate. People had choices about their care and their consent was sought by staff.

People were supported to receive a nutritious diet at the service. There was a choice of menu on the day we inspected and drinks and snacks were freely available.

When people needed specialist healthcare support the day hospice made referrals to specialist services such as occupational therapy or the dietician. People and their families could access advice and support through a helpline twenty four hours a day which linked directly to the hospice.

People told us that staff were caring and listened to them. There was a spiritual care co-ordinator who was available to people who used the day hospice and their families. This support was across all faiths but specific religious leaders could be accessed through the co-ordinator if a person preferred.

The seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were adequately provided for within the service. The care records we saw evidenced this and the staff who we spoke with displayed empathy in respect of people's needs.

People were able to make decisions about the care and support that they received. They told us that staff at the service communicated well with them. Confidentiality, privacy and dignity was respected through the safe storage of records and by the staff who offered privacy when having difficult or sensitive conversations with people.

People helped develop their care plans which were person centred. This is when any treatment or care takes into account people's individual needs and preferences. The persons chosen place of care and place of death was clearly recorded where the person had chosen to share that information. People were given time and support to develop advanced care plans, advance directives and living wills if they wished. People received help with symptom control and management at the day hospice but could also enjoy socialising with others.

People were confident expressing any concerns to staff at the service and knew who to approach if they were not satisfied with the response.

Staff and volunteers shared similar values and worked closely with each other. There were regular team meetings for staff to feedback their views about the service. There was also a newsletter for staff and volunteers, a time out group for carers of people who used the service and a drop in group for newly bereaved relatives to provide support.

Accidents and incidents were clearly recorded. Where any mistakes were made these were discussed and reflected upon in order to make improvements.

The hospice presented annual quality accounts which looked at patient safety, clinical effectiveness and

patient experience. They benchmarked their safety data against other hospices by engaging with a national initiative and audits were completed across the organisation providing a thorough and comprehensive system of quality assurance.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff used safe working practices and followed risk assessments and guidance in risk management plans when providing care and support for people.

Staff were able to describe what it meant to safeguard people and told us how they would report any suspected abuse.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

People brought their own medicines with them to the service and there were systems in place to ensure they were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff told us they felt supported. Staff had induction, training and supervision to ensure they had the knowledge and skills to deliver high quality care.

Staff worked within the principles of the Mental Capacity Act where appropriate. People had choices about their care and their consent was sought by staff.

People received a nutritious diet at the service. There was a choice of menu and drinks and snacks provided.

The day hospice made referrals to specialist services when appropriate. There was a helpline to provide support for people and their families which was available twenty four hours a day.

Is the service caring?

Good

The service was caring. People's spiritual care needs were met.

People were involved in making decisions about the care and support that they received and told us that staff at the service communicated well with them.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Symptom control and management was available for people. In addition people could socialise and take part in activities.

People told us that they knew how to complain if they needed to.

Excellent support was available for people who used the service from allied healthcare professionals and the social work team employed by the hospice.

People were involved in developing their care plans which were person centred and clearly described the care and support needed.

Is the service well-led?

Good

The service was well led. There was a registered manager employed at the service who supported a senior sister with the day to day running of the day hospice. They both had extensive experience of working in hospice services.

Staff and volunteers worked closely together and shared similar values.

Staff used a variety of means such as a staff newsletter, a time out group for carers of people who used the service and a drop in group for newly bereaved relatives to provide information and support.

The hospice had a thorough and comprehensive system of quality assurance.

St Catherine's Day Hospice - Whitby

Detailed findings

Background to this inspection

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

This inspection took place on 21 April 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is a day service and we needed to be sure that people would be using the service.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in adult social care settings and included experience of palliative and end of life care.

In order to plan our inspection we looked at statutory notifications we had received. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. Before the inspection, the provider completed a Provider Information Return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information they had given us to help with our planning.

During the inspection we were shown around the day hospice by the nursing sister who was in charge. We looked at the communal areas, treatment rooms, laundry, kitchen and outside space. We spoke with three people who used the service and ate with them at lunchtime, spoke with one care worker and one volunteer and had discussions with the registered manager and nursing sister in charge of the day hospice.

We pathway tracked three peoples care records on Systmone and observed practice throughout the day. Systmone is a clinical record system used to record patient care electronically in real time and make

referrals to other healthcare professionals. We reviewed other records relating to the running of the day hospice such as some policies and procedures, safety checks and maintenance records and saw the comments made by people in a recent survey by the service. A lot of the records relating to the running of this service were kept at St Catherine's Hospice main site. We looked at the appropriate records that related to this service on 13 and 14 April 2016 when we inspected St Catherine's Hospice Scarborough. We also looked at policies and procedures, staff recruitment and training records relating to those staff on duty during the inspection, quality assurance systems including audits and the hospice trust business plan which referred to the day hospice.

Following the inspection we requested feedback from a social worker and a member of the respiratory team at Scarborough Hospital and they gave a positive account of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff at the day hospice. One person said, "Yes, definitely. I feel really comfortable. They're all nice [people]. They're all from a good background. They're like your Mother." A second person explained to us, "Staff check on you, it's not just when someone's here and it's in the background. If you need the toilet you're helped, so you don't need to panic." We observed staff using safe practices. They assisted one person to mobilise when they required assistance with personal care.

In addition, we saw that staff had completed risk assessments in relation to people's health and welfare. For example one person was identified as needing oxygen. There was a risk assessment in place and when the oxygen was in use a sign was placed on the door of the room in order that specific precautions could be taken by staff in that area. Where there was an identified risk, people had a risk management plan in place which gave clear guidance to staff. In this case the person had been given specific instructions in the use of oxygen. We saw from people's records that risk assessments were reviewed weekly by the nurse in charge as people's conditions could change quickly.

The day hospice provided an escort service on the mini bus for people who needed to travel to and from the day hospice to ensure they had support during the journey to maintain their health and safety. There was a procedure for staff to follow when chaperoning people. One person told us, "They help me in coming here and get me back safely."

Safety checks of the environment were completed to ensure people's safety whilst visiting the day hospice. The service was based in a large bungalow owned by the hospice trust. The hospice trust had a team of maintenance workers and had servicing agreements in place where necessary. When staff required any maintenance to be carried out they completed a general maintenance request which went to the maintenance team. We saw evidence that repairs and renewals had been carried out following these requests. In addition, we saw evidence that electrical equipment had been tested and gas checks carried out. Water temperatures had been tested and there were COSHH data sheets available for all chemicals on the premises. There were up to date servicing and maintenance documents for the mini bus used by hospice staff to transport people to and from the service.

There was a fire risk assessment in place with clear procedures for evacuation identified. Tests of the fire safety equipment were carried out regularly to make sure it was in safe working order. Fire exits were clearly identified and staff were aware of each person's needs for evacuation. In addition there were carbon monoxide monitors in the house. Carbon monoxide is a poisonous gas that has no smell or taste and is produced when fuels such as gas do not burn fully.

We spoke with the staff about safeguarding people and asked what action they would take if they witnessed anyone being harmed. Everyone we spoke with said they would report any safeguarding concerns to the sister or registered manager. When asked if they felt safe with staff and volunteers at the day hospice one person told us, "Yes, definitely, they are trained."

Staff were able to tell us about safeguarding procedures and demonstrated their knowledge of the management of any abuse. This included knowing who they should contact when making referrals. There was a safeguarding champion within the service to support staff. Staff and volunteers told us that they had received training in safeguarding adults. A volunteer said, "They [Staff] are never dismissive if you have a concern. There was a [person] I expressed concerns about regarding their home situation. I raised this and it was clearly already being dealt with. "The service had safeguarding and whistleblowing policies and staff told us that they would be confident enough to inform senior staff of any concerns they had. There had been no safeguarding referrals made by this service in the last twelve months.

Safe recruitment procedures were in place. We looked at the files of the staff members who were on duty during the inspection. We saw they had completed an application form, which included information about their qualifications, experience and employment history. They had two written references in place, one of which was from the last employer, personal identification and evidence of a Disclosure and Barring Service check. This also applied to the team of volunteers who worked at the day hospice. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and minimised the risk of unsuitable people being employed.

Checks of nursing qualifications had been carried out prior to nurses starting working and regularly thereafter ensuring they were suitably qualified for their role. Nursing qualifications and registration details were checked with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK. The organisation maintains a register of all nurses, midwives and specialist community public health nurses eligible to practice within the UK.

Staff told us that they were part of a good team. The nurse in charge told us that they or another senior nurse would always be available when the day hospice was open. In addition there was a care worker and a team of volunteers. If more staff were needed the hospice had its own bank of staff to call upon. We observed that there was sufficient staff on duty to meet people's needs. No one was rushed and when people asked for assistance it was provided immediately.

The hospice trust employed their own team of doctors and allied healthcare professionals such as physiotherapists and occupational therapists who could be accessed when needed. In addition there was a social work team who worked closely with local authority social work teams to support people's needs. This meant that people's health and social care needs were well supported safely.

There was a lone working policy and procedure in place giving clear guidelines for staff. There was also a risk assessment carried out where necessary in order to protect staff when it was necessary for them to visit people at home or travel alone with anyone.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We did not see any accidents recorded for the people using the service. Any incidents would be recorded on Systmone in order to maintain current records. The nurse in charge had completed an emergency first aid at work training course recently which meant that any accidents would be dealt with by a qualified first aider ensuring safe treatment for people.

We looked at the systems in place for medicines management taking account of the services medicines policies and procedures and current national guidance. We saw that people brought their own medication into the day hospice in the original containers. Where necessary, nursing staff supported the person to take their medicine.

The nurse in charge was a non-medical prescriber and records showed us that they had completed the appropriate training and competency checks. Non-medical prescribing is undertaken by a health professional who is not a doctor. It concerns any medicine prescribed for health conditions within the health professional's field of expertise. There was an audit of prescribers every six months by the hospice trust and the information was fed back to the medical director for a review of medicines prescribed.

Medicines were stored securely whilst the person was in the day hospice and the keys were held by the nurse in charge. Medicines requiring refrigeration were stored appropriately and records of fridge temperatures were maintained. Detailed care plans and risk assessments around the identification of pain and symptom control ensured medicines were prescribed and given in a person-centred way. There were medicines policies and procedures in place which were regularly reviewed and up to date. There was no one using the service during the inspection that could not consent to staff supporting them in administering their medicines. However, staff were aware of the process to follow when someone did lack capacity.

Audits were completed annually using a nationally recognised tool and the results were benchmarked to determine how the hospice performed in medicines management against other hospices. Actions from audits were documented and discussed as part of the team meetings. We looked at the incident reporting system for medicines and found that lessons learnt from incidents were discussed in the executive and leadership team meetings and disseminated to staff through their team meetings for shared learning. In addition where there was a medicine error staff were asked to complete further training to ensure their competency.

Good

Is the service effective?

Our findings

People told us that the staff were knowledgeable. One person said, "Absolutely delighted with the service. All the [staff] here are excellent." A second person told us, "I have been feeling better lately. I think it's because I come here." They also said, "The attention [from staff] here is good."

Staff were well trained and supported. Staff told us about the training they had completed and we saw their training records which confirmed this. They had completed training in first aid, manual handling, use of oxygen, fire safety, dementia, safeguarding, MCA equality and diversity and other subjects. This training was updated annually. In addition volunteers received training. The day hospice held a volunteer training pack which covered moving and handling, safeguarding and complaints to support staff in giving additional training to volunteers. The volunteer working at the day hospice told us that they also worked as a bereavement support volunteer. They said, "I also work for the bereavement support service which is part of St. Catherine's, I've done a counselling skills course. It has taught me a huge amount, especially listening. I've done the usual Health and Safety, food hygiene, fire, confidentiality, safeguarding."

New staff received a thorough induction with two days of training in the hospice education department. They also spent one day at the main site with appointments made to visit each department in the hospice. In addition training was arranged for the next available date and this took place over two days. One member of staff told us, "I got a really good overview of the hospice service."

The management team at the hospice had accessed systems to support nurses in their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice.

Doctors in training were managed by a medical director when on placement at the hospice. They were all linked to different university medical schools. This service was a teaching hospice for doctors and they had education meetings every week. Nurses were also invited to the education meetings. The medical director and senior medical staff observed junior doctors and gave on the spot feedback.

During the inspection staff told us they felt well supported and we saw that trained staff had access to one to one supervision and care workers took part in group discussions. Supervision is a meeting between staff and senior workers. It gives staff an opportunity to discuss their work, training and development needs. A supervision log was completed outlining the focus of discussions.

We saw records to confirm staff received an annual appraisal which included a review of performance and progress within a 12 month period. This process also identified any strengths or weaknesses and areas for growth.

In order to maintain best practice the registered provider engaged with The National Association for hospice at home services and day hospices, Hospice UK, Skills for Care and others. This demonstrated a desire to develop skills and knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people (aged 16 and over) who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. There were no Deprivation of Liberty Safeguards (DoLS) authorisations by the Court of Protection in place for people using this service. People were supported to make their own decisions and consent was sought when staff provided any care and support.

People's nutritional needs were assessed and care plans recorded their food and fluid needs. The hospice provided lunch for people. One person told us, "You get a choice. They [staff] ask you beforehand; it's a lovely meal. It's very good." Snacks and drinks were available throughout the day. One person said, "You can have biscuits. I have orange juice; I like that. There's plenty of tea or coffee, you only have to ask. Whatever you want the staff or volunteers would get me." One of the volunteers told us, "One of the most important things is offering choice, lots of choice about where to sit, what to drink, as much choice as possible." They gave us an example of one person who had asked for a specific drink the day hospice did not have. The nurse in charge asked the volunteer to go out and buy it in order to make sure the person had a drink they would enjoy which in turn meant they received fluids.

The hospice catering team were well trained and responded to people's needs. They provided nutritious meals for people who used the day hospice. They were delivered and served by kitchen staff. The local environmental health officer had awarded the service a food safety rating of five. The food hygiene rating reflects the hygiene standards found at the time the business is inspected by a food safety officer. To get the top rating of '5', businesses must do well in all elements.

There was a separate dining room where people could sit to eat which was accessible for people who used the service. We saw one volunteer chatting and laughing with patients. A second volunteer helped with people's lunches speaking to them with warmth. There was a very friendly and relaxed atmosphere.

People were assessed to determine their nutritional status. Where there was any risk of malnutrition or choking the staff at the day hospice would make a referral to the appropriate professionals.

We saw that people could access any health or social care professional quickly when they attended the day hospice. The day hospice, hospital and GP surgeries in the area used Systmone which allowed quick access to appropriate support providing integrated care for people who received care from the hospice. Integrated Care is a way of coordinating health and social care services to make sure they are based closely around people's needs. It is aimed particularly at those with complex and long-term health problems. Systmone is a clinical record system used to record patient care electronically in real time and make referrals to other healthcare professionals. One person told us, "I was having a going on with PIPs [welfare benefits]. The car's essential to us and the [staff] sorted us out with Help the Aged. The PIPs [welfare benefits] got sorted. I had been worrying about that. They've got me a made to measure walking stick; I like to have a stroll. Nothing's too much trouble."

The day hospice used an initial and ongoing assessment process for every person. Where people had pain or other symptoms that caused them distress these were managed. The service used a validated pain scale in order to identify how people demonstrated pain. This was monitored closely and if it was necessary people

could be admitted to the main hospice in Scarborough for a short time to allow them to be supported by medical staff to get their symptoms under control and make them more comfortable.

The hospice had a patient advice line available to everyone who used the service to give specialist advice and support at all times of day or night. This was called Palcall. It linked to the in-patient unit at the main hospice site so that people could get instant advice. If a doctor was needed staff could access the GP services and arrange a call quickly.

Following our inspection we contacted external health and social care professionals to seek their views on the care and service provided. We received feedback from a social worker who told us they had used the service several times over the last year. They said, "It's a fantastic place you can't fault it. The people I was involved with all had very different conditions but they were managed very well."

Good

Is the service caring?

Our findings

People who used the service told us that the staff were extremely caring. One person described the best thing about the day hospice as, "The love and the care that's given. When I go home I feel so nice. I come once a week, when you get picked up by the St. Catherine's Hospice driver, they're so nice." Another person said, "They [Staff] take an interest in everything you do, look after you well. They've made me feel very welcome here. I have a chat with different people, couldn't fault it; it's beautiful."

Positive relationships were developed at the day hospice. We observed an interaction between a volunteer and a person who used the service when they were laughing about something together. People who used the service told us that staff treated them politely and with respect. One person told us, "They treat us very politely. When I come on a morning, straight away they get me a cup of tea and have a chat; they don't leave you unattended."

Staff told us they felt valued working at the hospice. A physiotherapist told us, "Everyone feels very valued. We all contribute to the service. It is a very supportive network."

There were people who used the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw that those diverse needs were adequately provided for within the service. The care records we saw evidenced this and the staff who we spoke with displayed empathy and understanding in respect of people's needs. We saw no evidence to suggest that anyone using the service was discriminated against and no one told us anything to contradict this.

People we spoke with during the inspection confirmed that they were involved in making decisions about the care and support that they received. One person could not tell us about their care plan but told us they had been involved in discussions about their care. They told us that staff at the service communicated well. One person said that staff explained the support they would be getting. They said, "The [staff] talk to me. They give me a choice of what kinds of things I can do."

It was clear that people felt cared for and that they mattered to staff. One person told us, "It's nice to have someone you can turn to." Another person said, "I'm highly delighted, it's done the world of good for me." One person had completed a questionnaire for the service and had written, "Staff have always been kind and caring. They give me a reason to keep fighting."

Staff did an initial assessment when people first came to the day hospice where they collected information about people's preferences. It was evident that staff knew the people they were providing care for when we observed their interactions and listened to their conversations. One person told us, "They know that I always sit where the light comes in from the window as my sight is poor." They went on to say, "I look forward to getting here. They get me a hot coffee ready for when I arrive."

There was a chapel available at the main hospice and a spiritual care co-ordinator who was available to

people who used the day hospice and their families. This support was across all faiths but specific religious leaders could be accessed through the co-ordinator if people preferred.

Throughout our inspection we observed staff who were extremely caring and thoughtful in their approach to people who used the service. They provided reassuring touches, laughed and joked with people. A volunteer gave an example of people using humour to express their feelings. They told us, "It's very comfortable within the hospice setting feeling you can express that sense of humour."

Confidentiality was respected through safe storage of records and by the practices of staff. A volunteer told us, "The staff share enough information with us so we feel comfortable, without telling us things we don't need to know and trust us to keep that confidential." People had access to a quiet space if they wished to talk privately. Staff demonstrated a good understanding of the meaning of dignity and we observed the respect they showed people.

Good

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's individual needs and preferences. An initial and ongoing assessment was undertaken when people came to the day hospice and the nurse in charge had conversations with the person about their condition. Advanced care planning was undertaken if the person wanted it to ensure that their wishes in relation to their care were recorded. 'Advance care planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. If the individual wishes, their family and friends may be included.' (National Council for Palliative Care). One person told us, "It's just nice to have someone to speak to freely, a lot of people outside don't really understand."

Each person who attended the day hospice was supported to make advanced plans for their future care if they wished to do so. Staff demonstrated knowledge and understanding about these discussions. We were told that they liked to discuss and record where possible the persons preferred place of care and preferred place of death. This was so that person could choose to be where they felt happiest or most comfortable at the end of their life and staff would respect that choice where they could. Discussions with people took place about advanced directives or living wills.

When we looked at people's care plans they reflected their individual needs and wishes. They contained information about people's needs such as personal care, mobility and support needed with eating and drinking. They had more specific plans in place reflecting their physical and mental health as well as their diagnosis. These had associated risk assessments completed with clear management plans in place. Peoples care plans were reviewed weekly by the nurse in charge before they arrived at the day hospice. Because the information was current on Systmone they were able to do so. Where a GP was not using Systmone the nurse in charge would contact the surgery or appropriate professional to update them about peoples care. This meant that people received the most appropriate support for their needs.

People were supported to maintain as much independence as possible. One person had started to come to the day hospice as they had not been looking after themselves very well. They told us, "I was in a much worse state before I came here. They arranged for me to see social services who arranged someone to help at home." Another person had been seen by an occupational therapist who had explored the need for equipment with them. They had been provided with a walking aid.

We met a physiotherapist who worked for the hospice and came to the day hospice once a month. They told us that if a person required a visit the nurse in charge would request one and they could come at any time. We saw that they had been carrying out walking practice with one person outside. The person told us, "I went out for a walk with the physio [physiotherapist] this morning."

When people arrived at the day hospice they were asked about their interests and hobbies. One person told us they were asked what they wanted to do whilst at the day hospice. They told us, "It's good; we get plenty of things to do. I paint and we play games on an afternoon, hangman, call my bluff, card bingo" and another said, "I bring letters and catalogues to see to because I don't want to join in activities. Staff put a little table

by my chair near the window so I can see."

Attending the day hospice had a positive impact on people's lives at home. One person said, "I go home with that feeling of well-being." If people needed spiritual support the nurse in charge was able to access the spiritual care co-ordinator who was based in Scarborough. They provided a listening ear and bridged the gap between informal chats and formal counselling. They were also available for staff and volunteer support.

If the person needed practical support or advice there was a social work team available and they regularly visited the day hospices. They could make referrals to the local authority social work teams if necessary. The social work manager was actively involved in the running of carers' groups and people's relatives could attend those groups which were run in different areas on a rotating basis to ensure access for people. They told us about other services available which included bereavement support that provided support to families after death. They told us how counselling was available to people who used the service and their relatives.

Until recently complementary therapies such as aromatherapy had been available but this was no longer the case. We asked the registered manager about this as the hospice information advertised aromatherapy as a service they provided. They told us that unfortunately staff had left the service recently and there had been some difficulty in recruiting to the posts. The chief executive told us there had been an issue this year with funding the posts and this would be reviewed at the start of 2017
A volunteer told us, "I would bring back the complementary therapy we've lost. I wrote to the CEO in Scarborough. They said it was in the interest of providing an equitable service, because it couldn't be provided across all three hospices, but at Scarborough they have a hairdresser and we don't at Whitby. I don't think the service needs to be equitable, it needs to be equivalent. I think it's okay for there to be slight differences. People who come to the hospice, they don't always get touched and hairdressing and complementary therapy does that. I know the patients have missed the complementary therapist."

One person who used the service told us that they enjoyed the massages and we saw from their care records that these had benefited them. However they said, "The best thing is I get peace of mind, it's worth more than anything." The Cancer Research website highlights that research into the effects of aromatherapy and massage has found that it may be a helpful complementary therapy for people with cancer and other types of illness in relieving symptoms or side effects or to help people to feel better emotionally. Massage can alleviate many symptoms in patients with long term conditions. The leadership team had identified that there was a need and were doing all they could to respond in order to benefit the people who used the service.

St Catherine's Hospice had a website which provided information about the day hospice, the facilities and different types of support offered. One of the things they provided was respite for relatives who were the main carers. The day hospice also provided people with a leaflet outlining all the services on offer. There was an information folder available for people in the day hospice. This explained the role of a hospice, contained the service's statement of purpose and information for people telling them how they could complain. There was health and safety information for people and information for visitors. Some information was in pictorial format.

People knew how to complain. There were contact details on the website telling people who to contact and they were given the compliments, comments and complaints leaflet. We asked one person if they would know who to approach if they had a complaint. They told us, "I would complain to nurse in charge or [name of staff] who's not here today. They are in charge when nurse in charge is not here. They're very easy to

speak to you could just have a word. I've never had a complaint."

There was a complaints policy and procedure for staff to follow. The leaflet provided to people who used the service highlighted the timescales in which they should expect a response. There had been one complaint received by the service through a questionnaire. The nurse in charge had responded immediately in line with the service policy and procedure and taken steps to make changes where necessary. People were confident their complaint would be dealt with appropriately.

Good

Is the service well-led?

Our findings

There was a clear management structure at the hospice. There was a registered manager at this service who had extensive experience of running the service having worked there for many years. There had been a new chief executive appointed during the last eighteen months and they were registered with CQC as the nominated individual for the service. There was a board of trustees who visited the hospice services introducing the 'board to ward' concept which was linked to the business plan. In addition the chief executive had been involved in working with some of the teams at the hospice. The staff we spoke with were aware of the roles of the management team.

During the inspection the registered manager was visible in the day hospice and we saw they related well to staff. One member of staff told us that the registered manager was, "Supportive and cared about staff." They gave us an example which demonstrated this.

On a day to day basis the day hospice was run by a senior nursing sister. They had also worked at the hospice for a number of years and had a wealth of experience. They had trained as a non-medical prescriber. Non-medical prescribing, is undertaken by a health professional who is not a doctor. Research has shown that non-medical prescribing has improved the quality of service to patients; there is evidence of not just greater convenience but also of improved clinical outcomes.

During the inspection it was clear to us that staff and volunteers worked closely together and had shared values with the hospice. People who used the service described them as very caring and said they were interested in what they had to say.

Regular team meetings were held where staff were kept up to date with developments and could have discussions about the running of the service.

The hospice had clear links with the community through their charity shop in the town. Local businesses had taken part in fund raising events for the hospice. In addition any events organised by the hospice included invitations to people who used the day hospice and their families.

The hospice was skilled in communicating with staff, people who used the service, their families and other professionals. They used a variety of means such as a staff newsletter, a time out group for carers of people who used the service and a drop in group for newly bereaved relatives to provide support. Where mistakes were made these were discussed and reflected upon in order to make improvements. Notifications were made to CQC where necessary meeting the services legal obligations.

The executive and leadership team had undertaken a strategic day as part of their strategic review to clarify the direction of the hospice and develop a plan for the next three years. An annual review was planned following this in 2017 to review achievements and areas which have not developed as a three year rolling strategy.

St Catherine's Hospice monitored the quality of care that was provided across the organisation via its Clinical Strategy and Governance Committee. They presented annual quality accounts which looked at patient safety, clinical effectiveness and patient experience. They benchmarked their safety data against other hospices by engaging with a national initiative through Hospice UK. They collected data and provided this on a quarterly basis which allowed for comparison of their rates of falls, pressure ulcers and medication incidents with the other participating hospices. The data for quarter one showed that they compared favourably. The hospice used methods of measuring outcomes of health care and looked specifically at the work undertaken by the Outcome Assessment and Complexity Collaborative (OACC) team at King's College.

St Catherine's Hospice Trust had participated in a number of research projects. They were one of eight national sites involved in a national C Change research project led by Kings College London. This is research which looks at the complexity of each person's care and how much time is spent with patients. Patients using the day hospice were involved in this research and their consent was sought before they took part.

Audits had identified areas for improvement in areas such as MCA and DoLS. In response to this the social work manager had led a project whereby the policies and procedures for MCA and DoLS had been updated, carried out two baseline audits, developed documentation and ensured that all staff received mandatory training looking at documentation and using a case study. There were meetings held to discuss progress every four to six weeks. In addition a leaflet had been developed which was available for people and their families to explain when decisions could or would be made in a person's best interests. These measures helped drive continuous improvement within the service.

The provider engaged with and had representation with a number of organisations. They were represented on groups such as the palliative and end of life care partnership board for Scarborough, Ryedale and York, end of life steering group for the East Riding of Yorkshire and Hospice UK and National Association for hospice at home services and day hospices. They engaged with Hospice UK through project auditing and benchmarking in areas such as pressure ulcers, falls and medicine errors. The NHS through four CCG areas supported the service through grant funding and commissioning of services.

The staff at the day hospice worked closely with local doctors, district nurses, specialist nurses and allied professionals. A healthcare professional told us, "The hospice staff have very specific knowledge and skills. If it wasn't worthwhile or beneficial to people I wouldn't refer them." A social work professional told us, "The only problem with this service is that people can't attend for longer but resources have to be shared. I have had no negative feedback from people."