Butterwick Limited

Butterwick Hospice Stockton

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	Inspected but not rated
Are services safe?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

Due to the focused nature of this inspection, we inspected but did not rate the service.

- The service did not always provide mandatory training in key skills to all staff and did not make sure everyone completed it.
- The service did not ensure staff received safeguarding training in line with intercollegiate guidance.
- The service did not always manage safety incidents well and learn lesson from them.
- The service did not have robust oversight of patient outcome monitoring. They did not use the findings to make improvements and achieve good outcomes for patients.
- Leaders did not always have the capacity, skills, and abilities to run the service. There remained confusion between senior leaders regarding their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

However:

- We saw improvement in the personalisation of care plans. These were comprehensive and reflective of current patient need.

Our inspection found significant concerns and found continued breaches of regulation which meant that the provider had not complied with the warning notice we issued following the inspection in May 2021. We have issued a notice of decision to impose conditions on the provider's registration.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	**Inspected but not rated**	We did not rate this service but inspected safe and well-led. See the Overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Butterwick Hospice Stockton

Butterwick Hospice Stockton was operated by Butterwick Limited. Butterwick Limited was registered as a charitable trust and received funding from the NHS. The hospice had seven inpatient beds and a day hospice and provided care for adults from Stockton, Middlesbrough, and surrounding areas. At the time of the inspection the hospice was admitting a maximum of two adults each week, Tuesday to Sunday for respite care.

Butterwick Hospice is registered to provide treatment of disease, disorder, or injury. We inspected hospice services for adults. At the time of our inspection there was a registered manager in post.

We previously inspected Butterwick Hospice Stockton in May 2021 and raised significant concerns with the provider by issuing a warning notice relating to breaches of Regulation 12 and 17. In addition we issued the provider with requirement notices and told the provider that it must take prompt action to comply with the regulators. In response the provider issued an action plan outlining how the service had taken action to address these concerns outlined within the warning notice.

This inspection was an unannounced focused inspection of the safe and well led domains to gain assurance the provider had acted in response to the concerns highlighted in the warning notice that had been issued to the provider following the May 2021 inspection.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Our team consisted of an inspection manager, inspectors, and a pharmacist specialist.

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We spoke with five staff, including the Human Resources Manager, Quality and Compliance Manager, Training and development Co-ordinator, Clinical Sister, and the Director of Care. We also reviewed three patient files, five volunteers' files and a sample of staff training records and current policies and procedures.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely **Regulation 12(2)(c).**
- The service must ensure that all staff receive safeguarding training for adults and children, as necessary, to evidence that systems and processes are operated effectively to prevent abuse of service users **(Regulation 12 (2)(c).**
- The service must assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity and include the experiences of service users within this **(Regulation 17(2)(a).**
- The service must assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity **(Regulation 17 (2)(b).**
- The service must ensure that there is a robust process in place that maintains accurate and up-to-date oversight of the mandatory training of staff working within the service **(Regulation 17 (2)(d).**

Action the service SHOULD take to improve:

- The service should consider a process to record patient's choices around administration of medicines.
- The service should consider giving senior leaders within the service a clear, defined roles and responsibilities that support delivery of the service.

Our inspection found significant concerns and found continued breaches of regulation which meant that the provider had not complied with the warning notice we issued following the inspection in May 2021. We imposed conditions on the providers registration which include the hospice may each admit a maximum of two people already known the service for respite care without our prior written agreement. Any other admissions would need our prior approval.

The service provider must also:

- improve its disclosure and barring policy
- establish an effective process for overseeing mandatory training and other staff competencies
- give us a written copy of safeguarding training for staff
- produce an effective emergency healthcare planning process to keep patients safe
- produce an effective governance system to assess, monitor and improve the quality and safety of services.

The service provider must also report to us monthly, with information to demonstrate compliance with the conditions.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated

Hospice services for adults

Safe	Inspected but not rated
Well-led	Inspected but not rated

Are Hospice services for adults safe?

Inspected but not rated

Due to the focused nature of this inspection, we inspected but did not rate this service.

Mandatory training

The service did not always provide mandatory training in key skills to all staff and made sure everyone completed it. Managers did not always monitor mandatory training and alert staff when they needed to update their training.

We requested the training files for seven trustees, including their training certificates, to review. The provider produced files for three out of the seven trustees employed. They told us that this was all the information the service held. There was no evidence of mandatory training except for one trustee file which contained print outs from a database but no actual training certificates. The provider told us that trustees had not received any training in relation to safeguarding. This is not in line with the providers policy which stipulates all staff within the organisation must receive safeguarding training or with the intercollegiate guidance that outlines all staff must receive basic safeguarding training.

We found an absence of any risk assessment undertaken by the provider for staff who had not undertaken this training. We saw evidence of escalation to senior leaders regarding this issue, but an absence of any further action taken. We raised this as a concern as that had been identified as part of the previous inspection and the provider was unable to demonstrate how they had taken sufficient action to address this.

During inspection we reviewed seven training files of staff working within Butterwick Hospice Stockton and the training matrix which provided an overview of mandatory training. We saw discrepancies between the training matrix and training certificates in staff files. Training completion dates recorded within the training matrix conflicted with dates documented on certificates within staff files.

We reviewed three staff files, in all the files they did not have the correct level of safeguarding for their role in line with their own policy and intercollegiate guidance.

Records

Staff kept detailed records of patients' care and treatment. Records were up to date, stored securely and easily available to all staff providing care. We reviewed three sets of patient's records. The care plan notes were comprehensive, person centred and specific to each patient. In all the records reviewed the pre-admission audit form had been completed.

Incidents

Inspected but not rated

Hospice services for adults

The service did not always manage patient safety incidents well. Staff recognised and reported incidents and near misses. Managers did not always investigate incidents and share lessons learned with the whole team and the wider service.

Managers did not always investigate incidents thoroughly. We requested a copy of the providers incident log and reviewed one completed incident investigation pack. We saw gaps in the documentation for example it had not been indicated if it had been entered onto the providers incident log and there was no evidence of being reviewed at integrated governance group. We could not be assured that the provider had investigated these incidents appropriately. However, the provider did have an action plan with associated timescales and that there was evidence of shared learning.

Medicines

The service did not always use systems and processes to safely monitor and record medication.

At the last inspection we found that patients that had been receiving medication administration by staff however had no accompanying supporting care plan in place. We reviewed the three care plan records and there was varying level of detail with information to support staff in the safe administration of medicines, particularly in relation to those taken on a when required basis. No processes were in place to record patient's choices around administration of medicines whilst they were in the service. The providers policy did not reflect this.

Are Hospice services for adults well-led?

Inspected but not rated

Due to the focused nature of this inspection, we inspected but did not rate this service.

Leadership

Leaders did not always have the capacity, skills and abilities to run the service. There remained confusion between senior leaders regarding their roles and accountabilities.

During the inspection, we observed that several senior leaders were absent from the service. We observed a number of ad-hoc interim arrangements in place, but an absence of any formalised arrangements. The absence of key leaders within the service had a demonstratable impact on the providers ability to work at pace to address concerns raised as part of the May 2021 inspection.

We were not assured that the provider would be able to act in a timely manner to address concerns raised by CQC with the level of sustained absence across the senior leadership team.

We raised concerns with the provider regarding the capacity of the senior leadership team to act on the highlighted issues, as this was an area of concern identified at the previous inspection.

Hospice services for adults

Governance

Whilst limited progress had been made, we were not assured that the service had effective governance processes and robust oversight of patient outcome monitoring. They did not use the findings to make improvements and achieve good outcomes for patients.

We reviewed three sets of patient's records. We found limited evidence of monitoring of patient outcomes. There was evidence that the Integrated Palliative Care Outcome Scale (IPOS) score sheets were in use. However, we did not see any comparison of outcomes over the episode of the patients care and no evaluation of the effectiveness of the care delivered using this information. We did not see in any of the records we reviewed, any discussions about outcomes.

We reviewed a copy of the providers current policy log. Senior leaders outlined the current process for maintaining oversight of the ratification process for policies. The policy log had been colour coded to signify the current status of policies, with each policy being assigned to a senior leader for responsibility. The policy log detailed dates of ratification and dates for review. Once ratified and reviewed, the most current version of policies and procedures are now stored within a folder on a public drive to be accessed electronically by all staff.

Management of Risk, Issues and Performance

Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

We reviewed the Human Resources (HR) files for five volunteers and two maintenance staff. We found that in all files, there was no evidence of a Disclosure Barring System (DBS). We raised this with the provide who confirmed that some, but not all, DBS checks were held electronically. The provider clarified that there was potential for staff to have unsupervised access with vulnerable adults and children.

We reviewed the providers DBS policy and the associated disclosure and barring roles checklist. DBS checks are a tool to ensure staff and patients are safeguarded from the risk or potential of harm or abuse.

We spoke with senior team leaders who provided conflicting statements, regarding the processes in place for DBS checks. Senior leaders also outlined that where a DBS had been undertaken, the outcome of this was not recorded. This is not in line with current national guidance. We were not assured that the provider had sufficient processes in place to mitigate patients from potential harm or abuse. There was an inconsistent approach to staff recruitment as we also reviewed clinical staff files and found that they contained the required information.

We reviewed a copy of the most recent risk register. We found that this had been updated to reflect current risks and had captured concerns raised as part of the May 2021 inspection.

We reviewed the providers current policy for Infection, Prevention and Control. We saw that this had been amended to refer to COVID-19 and directed staff to the providers protocols for COVID-19. We observed that the amendments to this policy had been recorded and details on the providers policy log.

We reviewed a copy of the providers plan for recommencing end of life services. The plan comprised of a list of actions for the service but was not measurable and lacked an underpinning

strategy and aim. The plan lacked sufficient detail as to how the provider would take the required actions to recommence end of life care. We raised this with the provider as this was an area of concern that had been identified as part of the May 2021 inspection. Senior leaders acknowledged the shortcomings of this plan and outlined further work would need to be undertaken to produce a more detailed strategy and plan to address this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely **Regulation 12(2)(c).** • The service must ensure that all staff receive safeguarding training for adults and children, as necessary, to evidence that systems and processes are operated effectively to prevent abuse of service users **(Regulation 12 (2)(c).**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity and include the experiences of service users within this **(Regulation 17(2)(a).** • The service must assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity **(Regulation 17 (2)(b).** • The service must ensure that there is a robust process in place that maintains accurate and up-to-date oversight of the mandatory training of staff working within the service **(Regulation 17 (2)(d).**