

Treetops Hospice Trust

Treetops Hospice

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 6 and 7 April 2016 and was unannounced.

Treetops Hospice is registered to provide palliative care and support to people within their own home that have a life limiting illness, and includes providing a respite service for people's relatives and carers. The aim of the hospice at home service is to enable people to remain at home as their preferred choice, to be cared for and to die at home, thus reducing unnecessary admissions to hospital. The services offered by Treetops Hospice supplement and complement existing service provision. At the time of the inspection there were 109 people using the hospice at home service. Treetops Hospice as part of its service provides counselling to people with life limiting conditions and those bereaved. And in addition provides complementary therapy and day care.

Treetops Hospice had a registered manager in post. 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.

People who used the service and their relatives or carers told us they felt they received safe care from the staff employed by Treetops Hospice; which was confirmed by information gathered from questionnaires we had sent to those using the service.

The provider and staff were committed to promoting people's safety across all levels of staff within the organisation and included, the meeting of a health and safety committee to review incidents. Policies and procedures were in place to promote the safety of its staff when working alone within the community.

Staff within the hospice at home service followed the risk assessments developed by health care professionals with primary responsibility for the provision of the persons care. Staff when visiting a person at home observed for potential risks. Where these were identified these were shared with the health care professionals who were responsible for assessing and minimising risk. So that people's plans of care and risk assessments could be reviewed and updated.

Staff spoke positively about their induction and on-going training, which enabled them to meet people's needs; this was confirmed by the completed questionnaires we had sent to staff. Staff had the opportunity to develop their skills through reflective practice when they met to discuss people's care. This enabled them to further develop their understanding and awareness to improve the quality of the care they provided.

People's physical, psychological and emotional needs were met as the provider employed sufficient staff from a range of disciplines to provide holistic care, which included the provision of the hospice at home service, day care and complementary therapies. People's needs were regularly discussed and changes to people's health and welfare were raised with health care professionals who had overall responsibility for

managing people's care. People we spoke with told us this was managed effectively so that information was shared amongst all those involved in their care.

The frequency of people's support was planned by the hospice at home co-ordination team and led by a nurse with the involvement of people using the service and their relatives. The support provided was based upon people's individual needs and took into account changes to people's health in order that the service provided was effective.

The service supported people within the community providing psychological and practical support. People in some instances accessed the day care facility, which included complementary therapies, art therapy and social activities. People told us the day care facility enabled them to meet with people in similar circumstances and was a welcome part of their support.

People told us staff understood their individual care needs and were compassionate and understanding. Their cheerful and friendly approach meant that they viewed staff in many instances as an extension of their family or friend network. Staff told us that they undertook training which enabled them to provide good quality care, which supported a holistic approach to care.

People's medication needs within the hospice at home service and day care were met by nurses or health care assistants employed by Treetops Hospice, who administered or supported people with the taking of their medicine where required. The support provided was consistent with their training and role within the service.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They worked collaboratively with people and other health care providers in supporting people to make informed decisions about their care.

The hospice at home service supported people with their nutritional needs where required, following the person's care plan as written by health care professionals with the primary role of assessing and planning the person's care.

People, friends and relatives were consistently very positive about the caring and compassionate attitude of the staff. They told us they were completely satisfied with their care. They spoke of excellent relationships with staff who understood their needs and preferences. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way.

People using the service, their relatives and carers told us staff understood their emotional needs and focused on their wellbeing as well as the wellbeing of their family member. Bereavement support was available to people and their families and friends. This provided emotional and practical support to those who required it. People who used the service, their relatives and carers shared with us what the service meant to them and the very positive impact it had on their day to day lives.

People we spoke with told us that information about the services offered had been made available to them and had been useful in informing them of the range of services offered. Information about the service is made available within the wider community and the service has a presence through its shops and fundraising work.

The management structure showed clear lines of responsibility and authority for decision making and leadership in the operation and direction of the hospice and its services. The Board of Trustees and the

management team demonstrated a strong commitment to providing people and those closest to them with a safe, high quality and caring service and promoted high standards.

The provider encouraged people who used the service and their relatives to provide feedback and comment about the service in order that they could influence the service and continue to drive improvement.

The provider is open and transparent providing a range of information within the service and on its website. This included the outcome of surveys and audits undertaken and their response to improving the service. There were systems in place to enable people to make comments and ask questions about Treetops Hospice, which include completing questionnaires.

The provider, registered manager and other staff worked collaboratively with the wider health care community to review its commitment and effectiveness in providing good quality palliative and end of life care to people in their own homes.

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 had been trained to recognise and respond to any actual or potential abuse.

Potential risks to people were managed as staff adhered to risk assessments developed by health care professionals. Where risks were identified these were communicated with the relevant health care professionals to ensure people's risks were reviewed.

People's needs were met and they were supported and cared for by staff from a range of disciplines that had the appropriate skills and knowledge.

People were supported by staff where necessary in the administration of medicine or the prompting of medicine dependent upon people's needs and the designation of staff providing support.

Is the service effective?

Good ●

The service was effective.

People received support and care from a staff team who were trained to meet their needs. Training was well managed and effective within the service. We found staff were encouraged to develop their knowledge and skills.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They worked collaboratively with other health care professionals where required to ensure people's rights were protected and promoted.

People were supported to eat and drink and maintain a balanced diet as staff followed people's care plans.

People's health needs were carefully monitored and there were effectively and timely procedures for sharing information within the service and the wider health care community.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff treated them with exceptional kindness, care, dignity and respect at all times. Staff demonstrated compassion in every aspect of their work to make people feel valued and supported.

People using the service and their relatives and carers were actively involved in making decisions about the care they wished to receive from the service.

Staff supported the emotional wellbeing of people and their relatives with end of life care being provided with sensitivity.

Is the service responsive?

Good ●

The service was responsive.

The staff responded to people's physical, psychological and social needs. People and their families were fully involved in assessing the level of support they wished to receive from the service, which responded to people's changing needs.

People received information on how to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider and registered manager promoted a positive and open culture and provided opportunities for people who used the service and their relatives to comment and influence the quality of the service provided.

The Board of Trustees and managerial teams provided strong, effective leadership and provided a clear strategy for the long term development of the service.

The management team was pro-active in monitoring the quality of the service it provided by the use of internal quality assurance systems and through its reporting to the wider health care community.

The provider worked with other healthcare professionals to develop the strategy for palliative and end of life care, to

promote care within the community in order that people could be cared for within their own home.

Treetops Hospice

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 April 2016 and was unannounced.

The inspection was carried out by one inspector, a member of the CQC pharmacy team and a specialist professional advisor. The specialist advisor had experience working as a nurse within the community and within the field of palliative care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to the Care Quality Commission. We found the information in the PIR was an accurate assessment of how the service operated.

We sent out questionnaires to people who use the service, their relatives and community professionals and staff seeking their views about the service.

We also reviewed the information the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with two people who were accessing the day care facility who used or had used the hospice at home service. The registered manager arranged for us to speak with people who used the hospice at home service or their relatives by telephone. We spoke with one person who used the service and 9 relatives on the 8 and 11 April 2016.

We spoke with the registered manager; six nurses, the director of clinical services, the hospice at home manager, the community complementary therapy nurse and the chief executive.

We viewed twelve people's records to see how their support was provided and recorded. We looked at a selection of medication records to check medicines were managed safely.

We also looked at the recruitment files of four members of staff, a range of policies and procedures, quality assurance and clinical audits and the minutes of meetings.

Is the service safe?

Our findings

People we spoke with told us they or their relatives felt very safe when being cared for by staff from Treetops Hospice. One person using the service told us, "Having people at home made me feel secure, it provided me with reassurance, I wouldn't have felt safe otherwise, I had lost my confidence when I was diagnosed with cancer." A relative told us, "If I go out, I'm completely confident that he's safe and receiving the care he needs."

Questionnaires we received showed people receiving a service or their relatives felt safe from abuse from the staff providing care. Questionnaires completed by staff recorded they were aware of their responsibilities in keeping people safe, which was confirmed when we spoke with them. Staff were aware of their role in reporting concerns of potential abuse. Staff were provided with guidance and training so they understood their role in keeping people safe from abuse.

Records showed that where staff had concerns about people's safety or well-being or that of a family member, these were reported by staff to the management team of the hospice who then referred their concerns to the appropriate agency.

The provider and staff of Treetops Hospice worked collaboratively with other services in providing care to people and their relatives within their own home. This meant they were not primarily responsible for assessing potential risk to people using the service and the mitigation of risk. For example, where people required equipment to support their mobility, this was assessed and provided by other health care professionals. Treetops Hospice staff told us they followed the risk assessments and used any equipment identified to promote people's safety, and liaised with health care professionals should they identify any additional risks in order that these could be addressed.

Nurses we spoke with told us how they promoted people's safety within their home, nurses comments included, "I make sure patients are safe by making sure they are comfortable, equipment is available and working. I carry out risk assessments based on my observations, record and report any concerns." And, "I feel I deliver a safe service to patients as I follow the district nurses care plans and check that they are up to date. I carry out risk assessments, for example checking if the patient's condition has changed. I do this each visit. Where I find issues, I ask the district nurse to review the care plan."

We found the provider, management team and staff had a pro-active approach to promoting people's safety which was discussed and shared and used to ensure the service was safe for people. A health and safety group met regularly to ensure potential risks and the safety of people was openly discussed and shared to develop the service and improve the outcomes of people's care. The group discussed audit results, safeguarding issues, serious incidents, potential areas of risk specific to individuals including the environment and the potential risks for staff.

The provider and registered manager recognised the potential risk to staff that worked within the community. They told us policies and procedures had been developed to minimise risk to staff. Guidance

advises staff to inform someone of their whereabouts and expected time of return in order that any concerns can be raised and action taken to determine whether the staff member is safe. A recent review of health and safety incidents had resulted in all staff working within the hospice at home service to be provided with a torch, following an incident where a member of staff had fallen on a pathway.

The hospices at home co-ordination team, which included nurses, planned the schedule of visits to be carried out by staff to people's homes a week in advance. The majority of the respite (a short period of rest and relief) support is provided overnight, with a smaller number of hours provided during the day. Visits on occasions were re-scheduled when the needs of people increased and there was a need for additional support to be provided. People we spoke with told us this was explained to them when they commenced the service and fully understood why people when their health deteriorated, required additional support, and that in these instances the arrangements for their care maybe re-scheduled. One person told us, "At some time we may well need increased care so I understand if our call is cancelled, however this doesn't happen very often and it is always re-scheduled, so we still receive the service." Questionnaires recorded people were satisfied with the level of the support that they received and that staff arrived on time, in some instances people told us staff stayed longer when they were unwell.

The hospice at home co-ordinator told us that where a person's need deteriorated and the hospices capacity to provide care is reduced they liaised with the other services involved in the person's care. This was to find out if these agencies that were involved in people's care could provide additional care and support.

A nurse told us how they ensured people received their medicines safely and how they would ensure people received support with the management of their pain. They told us, "I make sure that medicines are delivered (administered) safely by making sure that I work to protocol and Nursing and Midwifery Council guidelines. PRN (medicines that are prescribed and taken when required) medicines are given according to legal guidelines. If I feel the pain relief is inadequate I would call the district nurse team, 111 or the doctor to change the medication."

The hospice at home team worked closely, and in partnership, with other providers of care for patients with terminal or life limiting conditions. Medicines for people who used the service were prescribed by their own GP's, out of hours' doctors or by the palliative (an approach that improves the quality of life of people and their families with life-threatening illness, through the prevention and relief of suffering) care team. Only registered nurses were involved in administering medicines to people in their own homes, although healthcare assistants supported people to self-administer their own medicines. Medicines were kept in the person's own home and remained their property and responsibility.

Accurate records were kept of medicines prescribed for and given to people. These showed us people who used the service received their medicines at the times they needed them. Medicines, including oxygen and controlled drugs, in the day care service were correctly stored so as to protect people using the service and to ensure the medicines would be effective when used.

Nursing staff also received training to ensure their skills remained up to date. We saw medication incidents were recorded and reviewed. Minutes from the clinical subcommittee meetings showed that medicines incidents were discussed and lessons learnt. People we spoke with told us staff had prompted them or their relative in taking medicine. A majority of people we spoke with told us that they as the person's relative administered medicine.

Is the service effective?

Our findings

People received care from a staff team who were qualified, supported and trained to meet their needs, which was confirmed by the staff records we looked at. This included the provision of complementary therapies available to people within their own homes and within the day care facility.

The approach of staff development and learning was proactive which meant people using the service received care based on up to date practices and knowledge. The provider employed a nurse educator who had the responsibility of facilitating and planning training. The training provided over the year both internally and externally was reviewed and feedback from the participants of courses and training was reviewed. This enabled the provider and registered manager service to continually review the quality of its training and to identify topics for future training.

Staff supporting people received training, referred to as 'Sage & Thyme', this provided staff with guidance and knowledge on how to listen and respond to people, relatives or their carers who were distressed or concerned. Treetops Hospice has three staff members that have attended additional training which has enabled them to deliver the training to other staff. People we spoke with and their relatives told us how staff demonstrated empathy and offered support during difficult times.

Training was well co-ordinated by a practice educator and set against a training policy which informed staff at all levels what training was needed for their role. Staff had protected time for training, which was organised annually in advance and reflected a range of topics.

Nurses we spoke with shared their views about the training. "Treetops offer training in the evening and sessions for 2016 are already planned. I have received training in the revalidation process (where staffs knowledge is reassessed) and in end of life care for respiratory diseases and pain management. The training is disease specific and is delivered by specialist nurses." And, "The benefits of training enable me to realise we don't know it all and gives food for thought. It's nice to meet with my peer group to know you're not the only with that same thought. There is always up to date training on things; the training we get is really good." Additional comments included, "I am finding it hard to identify areas for improvement. I received an excellent induction programme, shadowing staff and given the opportunity to experience all that Treetops offer. I feel passionate about working at Treetops."

We sought the views of nurses as to the service they provided and the support they received from the management team of the hospice. They told us, "The hospice at home service is a good service, I feel well supported, and policies are in place to allow us to work well, for example lone working. The management team runs an open door policy and we can contact them easily if we are distressed or concerned."

A nurse told us they had an annual appraisal which provided an opportunity to reflect on their practice and to plan objectives to further develop their skills. They told us that at the end of the training sessions held in an evening, there was an opportunity for all staff to take part in reflective practice. This enabled staff to talk about how they had managed particular situations and further developed their skills through shared

practice to improve the experience and care of people using the service and their relatives. This was confirmed by questionnaires we received from staff and those who received a service, who recorded they would recommend the service to others and the staff that supported them were familiar with and helped them to manage their symptoms due to their knowledge and expertise.

Staff told us they felt supported when they were caring for people and their families with life limiting conditions or those at the end of their lives. A nurse we spoke with told us, "The emotional support is second to none. Following a difficult visit staff gave me time to talk about my feelings. I would have struggled without this support; it meant I was able to carry on providing high quality care."

The hospice at home co-ordination team when planning their service considered the needs of each person. They reviewed the person's needs and identified whether their support and care mean their care could safely and effectively be provided by a health care assistant or a nurse. Staff we spoke with were aware of their role and what aspects of people's care and support they could provide. For example nurses carried out specific duties to which training was required which included the management of oxygen and the administration of medicine.

A Multi-Disciplinary Team (MDT a group of people who have responsibility for providing specialist areas of support within the service) met monthly. Minutes of meetings showed the needs of people who used the service were discussed and any changes made to the level of support people required was reviewed.

Effective communication systems were in place to ensure people received care which met their needs. Staff at the end of their hours of support contacted the hospice at home co-ordination team and spoke with the nurse, providing an update as to the care provided and reported on the well-being of the person. Information provided was entered on to the person's records on the computer and were used to update other health care professionals involved in people's care to ensure people's care was reflective of any changes in their health and well-being. Staff in addition completed written notes which were kept within the person's home detailing all aspects of the care provided and any observations about the person.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications would be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and discussions with staff showed that they were aware of the principles, however there were no current nor had there been any Court of Protection orders in place. We were advised by the Director of Clinical Services and the registered manager of the service that whilst they may be involved in any best interest decisions, other agencies that were the primary lead in people's care would be responsible for making any applications.

Health care providers referred people to Treetops Hospice, providing an overview as to the person's needs, which included information on nutrition and hydration. People's care plans were written by health care professionals who had the overall responsibility for the persons care and were kept in people's homes so that all those involved in the persons care had access. Staff working for Treetops Hospice; followed these, which included those written to ensure people received the appropriate diet.

Records which detailed the care and support provided to people, showed that staff provided food and drinks where required. This included where the amount a person ate and drank needed to be recorded to monitor their health and welfare. In some instances people's diet was provided via a PEG, which is a system by which people who are unable to take food or fluid by mouth receive supplements via a tube directly into their stomach. In these circumstances this was a task carried out by Treetops Hospice nurses.

People we spoke with told us staff provided them or their relative with drinks when needed. However in the majority of instances this was not frequent as people's care was provided during the night, where in the main people were resting. A relative told us, "If my husband woke during the night they would get him a drink if he wanted one." A person using the service told us of one occasion when they were very poorly saying, "The nurse throughout the night encouraged me to drink through a straw, and they brought me back from the edge."

We found records supported the information provided within the PIR. The PIR detailed that the nutritional needs of the person were considered as part of the referral process and were monitored with people's care plans being reviewed as their health deteriorated. In these circumstances this was discussed with people's relatives or their carers sensitively and all health care professionals involved in the person's care.

Referrals to Treetops Hospice can be made by the person themselves, in such circumstances the Hospice would liaise with the person's general practitioner to ensure the staff was able to work collaboratively to provide the best care. In the majority of instances people were referred to the service by a health care professional, which helped to provide an effective approach to care and people's on-going health care support, where a number of different services were involved.

The day care premises were used to offer additional services to people, which included weekly clinics to which external health care professionals attended, providing appointments to people with specific needs. For example, a palliative care consultant led clinic and a community nurse led heart failure clinic.

Treetops Hospice staff worked as part of a team of health care professionals who provided care and support to people within their own homes as per their wishes. The purpose is to reduce the unnecessary admission of people to hospital. This was achieved by good and effective communication between all the professionals, which included general practitioners, district nurses and other organisations that provided palliative and end of life care and support. The impact of this was described by people we spoke with, they told us. "Treetops staff wrote everything down, as a family we kept a diary, we found all the services worked well together, which meant the care received was good, we never felt that communication wasn't effective and that health care support was compromised." "Treetops have been instrumental in organising our support, which has meant a lot to both of us."

People received support which managed their pain and other symptom's. This was achieved by those responsible for commissioning people's care making available medicines which may be needed, known as anticipatory medicines'. Nurses employed by Treetops Hospices told us, "I make sure that patients have the necessary medications available in the 'just in cases boxes.'" Nurses as part of their role checked the stock of medicine and liaised with district nurses if supplies were required.

Questionnaires completed by staff recorded that staff were confident to liaise with health care professionals, who supported people in receiving good quality care as people's care plans and the support they received was updated as information was shared effectively. Questionnaires completed by community health care professionals recorded that Treetops staff worked collaboratively with them to achieve the best possible outcomes for people using the service.

Is the service caring?

Our findings

People who used the service and people's relatives spoke with enthusiasm about the quality of the care they received and the attitude and approach of staff in providing their care. People's comments included, "This service is second to none, and all staff are a credit, caring and dedicated to their job." "The staff were amazing, they were the best thing. When they arrived you'd give them a hug, it was like greeting family and friends, and they were so approachable, polite and respectful."

People told us that often they received care from staff they were familiar with. One person told us how the staff who had been involved in her husband's care had visited her following his death, and had attended the funeral. They told us, "I always felt a personal link with Treetops they provided consistent carers."

Staff working within the hospice at home service spoke positively about their commitment to deliver good quality care. One nurse told us, "This is a free service for patients. I believe this to be an excellent end of life service provided in the patient's home. The care is provided by health care assistants and nurses who are continually updated. We meet the needs of patients and their families."

Questionnaires we received showed that people receiving a service or their relatives were happy with the care and found staff to be kind and caring. Comments written within questionnaires included, 'When I was seriously ill Treetops Hospice were very supportive both to myself and husband. They sent nurses/carers to my home to look after me which enabled my husband to go to work and therefore keep his job. Treetops Hospice is a place that is extremely special with a warm, caring, home from home feel.' And 'I have only recently started using Treetops and I cannot stress the help and support I have received, this has made a tremendous difference to myself and family.'

One person told us of the impact on their lives of their relative attending the day care service, they wrote. 'It gives me a much needed break from caring and peace of mind for my son's well-being and safety on the days that he spends at Treetops. It provides me with guilt-free time-out to do things for myself. My son enjoys the company of the other service users and all of the staff as he feels that he is treated like a young adult with dignity, fun and respect rather than being home alone with me daily.'

Questionnaires completed by people receiving a service and their relatives showed people had the opportunity to be introduced to staff before they received care. And that staff were kind, caring and supported people's privacy and dignity.

Treetops Hospice provided support to families of people who used the service through the carers support group. One aspect of the service is to offer a workshop programme which enabled people to discuss how being an unpaid carer affects them and to provide support and guidance. The workshop programme is developed through consultation with carers to determine what they wished the workshops to provide. Topics for discussion for spring and summer of this year included, planning for an emergency, stress management and relaxation, and dealing with anxiety and guilt. Guest speakers contributed to the workshop programme, where specialist advice and knowledge was required.

Treetops Hospice provided a Counselling and Emotional Support Service which supported people who were diagnosed with a life limiting illness. The service also provided counselling to bereaved families and is open to people who have not previously received a service from Treetops. A bereaved relative we spoke with told us that following her husband's death, she had been contacted by the service and offered bereavement counselling. They went on to say that at the time they had been appreciative of the offer and knew that at any time the service was only a phone call away.

People told us they had been given information about the services offered by Treetops Hospice and told us they had found the information useful. One person told us, "I have used the information to spread the word about Treetops, to help with fundraising."

People had access to information about the services provided by Treetops Hospice which were made available to people when they commenced a service. The Support and Information Service, provided information to people with a life limiting illness and their family. Information was offered on, symptom's and treatments, finances including benefits, specialist organisations along with information about specific illnesses and conditions.

People told us how they had made decisions about accessing the Complementary Therapy for both their family member who cared for them and themselves. One person said, "I had complementary therapy, they [Treetops staff] would collect me whilst staff sat with my husband at home." And, "I had Reiki and a hand and foot massage, the first time I had it I fell asleep, it was so relaxing." A third person told us how the massages provided by staff within their home had helped them manage their pain and were therefore able to sleep. They said, "The professional massage at home kept me pain free for several days."

People we spoke with said that all aspects of care was discussed with them by the staff from Treetops, which included where people wanted staff to base themselves during the night. For example, within the same room as the person or in a room nearby. A relative told us how their husband was anxious during the night if staff were not with him. Staff from Treetops sat so the person could see them when they woke up. They said that should the member of staff have to get up from the chair and leave the room, they would ensure they left their coat or bag on the chair so that their husband if he woke up knew they were still within their home, knowing they had left the room to make a drink. Another person told us, "Staff interacted with dad; his face would light up when he saw them. Staff always made a point of introducing themselves and explaining about their visit and asked dad if it was okay." "Staff always phoned a couple of hours before they are due to visit, to make sure nothing has changed, they always show me their identity badge when they arrive."

People's records included information as to how staff were to access people's homes. For example by a relative providing them access. Records showed that Treetops staff would ensure people's properties were secure when they departed if the person was in their home alone.

Is the service responsive?

Our findings

People using the service and their relatives told us how the staff of the service were able to respond to ensure their needs were met. One person told us how staff had been concerned about their health and upon leaving their home had reported their concerns to the hospice at home co-ordinator. The person told us, "I received a phone call suggesting I would benefit from additional support, which was provided. The quality of the care brought me back, I was in a lot of pain and discomfort, the patience of the staff provided all night, encouraged me to drink." And went on to say, "Sometimes the nurses are run off their feet due to the pain I experience, sometimes I really need their support. You have only got to move and they're there. They sit and hold your hand; they've brought me back from 'the edge'."

People told us what the service had meant to them and the impact it had on their lives. "I was struggling getting up during the night, to care for my husband. It meant I could get some rest." "It's been wonderful, such peace of mind, knowing that they are here looking after him. I go to bed knowing he'll be cared for, they're wonderful and offer me reassurance." "Gave us the capacity to keep dad at home, to die as he wished." "I don't know what I would have done, they were so lovely, it meant I could go out shopping, to have some me time. They [staff] kept him company, in the latter stages when it was difficult to understand what he was saying, they made a terrific effort to understand him. So caring, for me as well, the support I got was amazing. They were very flexible, if I had an appointment I'd contact them and within half an hour they contacted me to say they had found someone."

People told us how staff had provided 'those little things' which had meant so much. "Staff are good to him; they help him with his pillows and make sure he is comfortable." "I am aware that they sometimes need to reallocate staff when people's needs change, this was fully explained to me. When my father's care deteriorated, we had an increased number of visits." "The staff would sit and talk to him about the Peak District. They asked me for photographs, so that they could sit and talk with him about our holidays. They were a 100% I cannot fault any aspect of the service."

Records of the care and support provided to people showed how small things made a difference to people's quality of life. For example, a member of staff had written they had put into place a person's hearing aid before they played music so the person could enjoy the sound of the music. Another person had been so comforted when staff gave them a hand massage they had fallen asleep.

We spoke with the community complementary therapy nurse, whose role was to visit people in their homes, where it was not practical for them to access the service within the day care unit. They explained that they received referrals from staff working within the hospice at home service, or through other health care professionals involved in people's care. Initially each person was given four treatments, which could include reiki, reflexology or massage. We asked them what impact the service they provided had on people. They told us, "It's not lifesaving, it's something nice amongst all the other stuff going on, and it makes them a person again."

Questionnaires completed by people receiving a service and their relatives showed people were involved in

decisions about their care and support. Whilst questionnaires completed by community health care professionals recorded staff worked well with them, sharing relevant information, which included when people's needs changed.

People we spoke with told us how staff contacted them by telephone prior to their visit to establish whether the visit was still required and to identify whether the needs of the person had changed. People said this was reassuring and provided an opportunity to discuss any specific areas.

People we spoke with had no concerns about the service and had not raised any concerns or complaints. Information about how to make a complaint was included within the information provided to people when they commenced using the service.

Questionnaires completed by people receiving a service and their relatives identified people knew how to make a complaint and were satisfied that any complaints would be managed well.

The provider and registered manager had not received any complaints or concerns, and we The Care Quality Commission (CQC) have not had any concerns about the service brought to our attention.

Is the service well-led?

Our findings

Treetops Hospice is visible within the community through the events it organises which include the promotion of the service in offering training and a training facility. Courses provided by the staff employed by the provider were reflective of the service it provides. Training is provided in symptom management, end of life care and communication. The staff provided bespoke training that was commissioned and covered all aspects of end of life care, which included the role of staff and the qualities they required when supporting people and their families.

Questionnaires completed by people using the service and their relatives reflected people had been given the opportunity to comment upon the service they received. And that information about the service was available, which was clear and easy to understand.

Staff organise a range of fundraising events and has shops sited within the community. People we spoke with told us they were or were planning to be involved in fund raising. A person whose relative had received a service told us, "We've supported fund raising events. I'm going to do volunteer work for them as they've really inspired me."

A well-being day will be introduced later in the year, which will be open to people who are referred to Treetops Hospice. The day will be planned to focus on rehabilitative palliative care and raising the awareness and promotion of quality of life and people's self-esteem who have a life limiting illness.

Information about the services provided are accessible via the Treetops Hospice website and their brochure and leaflets are made available at services within the community, such as doctor surgeries and local libraries.

Staff completed the 'Birdsong' survey, which is facilitated independently by an organisation that supports charitable organisations in seeking the views of staff in order that services can develop and support its staff. The results found Treetops Hospice was identified as being the top charity in the UK for staff satisfaction. The results of the survey were reviewed by The Board of Trustees.

There were effective systems in place to ensure staff received information about the service. The 'Treetops Team Talk', is a newsletter which is produced providing information about forthcoming events, which included fund raising, developments within the differing areas of the service, changes in staffing and recruitment.

Questionnaires we received from community professionals provided information about their views as to the service. Additional written comments included, 'Treetops Hospice undertakes a tremendous amount of work within the organisation. The comments that are made from staff, guests and carers about the care they receive are powerful testimonies for a well-run and effective service. And. 'I'm a community palliative care nurse for people with long term conditions. I find the services offered by the Treetops Hospice invaluable and feel I would struggle to do my job without the support of this wonderful service. I have accessed for

patients on numerous occasions the day care facility, Hospice at home. Complementary therapy support and bereavement support. I have had nothing but positive feedback from patients and carers. The staff are friendly approachable and professional, always.'

There was a clear management structure with senior staff allocated lead roles. Throughout the organisation staff understood their lines of responsibility and accountability for decision making, about the management, operation and direction of the hospice and its services. The management team demonstrated a strong commitment to providing people and those closest to them with a safe, high quality and caring service and promoted high standards. All the staff we spoke with were enthusiastic about their work and shared the values and aims of the service.

The staff of Treetops Hospice actively seek to promote a positive culture that is open and inclusive to people who use the service and their relatives, the staff who work at the service and the wider community through its publicity and fund raising. The service has developed links with health and social care providers and professionals to promote good practice through training and learning events. This enables the service to continually review the quality of the service it provides and to bring about improvements. The provider also promoted learning and development within the wider health and social care community.

The service in 2013 held its first staff conference as a result of staff feedback about the service. The impact of the conference was evaluated and it found that it had improved staff relations and morale, the next conference is scheduled to take place this year.

An employee handbook which is provided to all staff, details the values and expectations of the provider along with expectations the service had with regards to the conduct of its staff. Information about the service, including the support staff received from the management team in relation to training and appraisal. The handbook in addition provided information about the service and how it operated, including how it monitored the quality of the service provided.

Treetops Hospice produces an annual quality account that is available on the NHS choices website, which provides information as to the services priorities for the next twelve months, along with a progress report on the previous year's priorities. The report includes information provided by people who have used the service, which have been gathered through questionnaires along with information gathered through complaints and compliments.

Questionnaires we received showed staff that provided the service were positive about their involvement. Additional comments included. 'I have used this service myself and my husband before me. I have also volunteered for Treetops for 10 years and feel qualified to say this is a very special place and I feel it is run extremely well by people who care about those in their charge. Also Hospice at Home is superb and really helps people and their families at a very difficult time and of course we have the Bereavement Service which really helps people to accept the loss of their loved ones. I cannot fault the hospice and its staff. They are wonderful.'

Questionnaires we received from community professionals reflected that the service strived to continually improve the quality of the service provided and that managers of the service were approachable and accessible and dealt with queries effectively. They indicated staff were knowledgeable and competent to provide the quality care people needed.

Leadership of the organisation was demonstrated through the Board of Trustees, the full board met every two months. There are sub-committees which oversaw specific aspects of the service, which included

finance and clinical services, which regularly met. The Director of Clinical Services leads and oversees all clinical departments.

The provider, registered manager and staff worked in partnership with other key organisations, including the CCG's to complete the National Minimum Data Set for the National Council for Palliative Care to compare the performance of their hospice with other hospices. The information gathered reviewed the effectiveness of local policy decisions and its impact on the services within the community and the impact on those using the service. The providers contractual commitments required that the service provided a quarterly review to ensure targets were being met to drive improvement and meetings attended by the Director of Clinical Services with the CCG ensured an on-going dialogue.

The Clinical Sub-committee monitored the governance to ensure the aims and objectives set out were achieved in a range of areas. These included the services response time to referrals, complaints management, the availability of staff to meet the needs of the service, and the outcome of questionnaires which sought the views of people.

The nurse educators report recorded that Treetops Hospice had worked with other palliative care education sectors, which had included attending meetings held at another hospice, and their attendance in conferences held by the Open University. The focus of these being on palliative and end of life care. Representatives of the service took part in the National Association of Palliative Care Educators conference, which focused on taking palliative care education out of the classroom and into the community.