St. Luke's Hospice (Basildon & District) Limited

St Luke's Hospice

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 14 December 2016 and was unannounced. Following the inspection we received feedback from family members of the people who used the service, volunteers and other services working in partnership with St Luke`s Hospice.

St Luke`s Hospice is registered to provide specialist palliative care, advice and clinical support for adults with life limiting illness and their families. The service delivers physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists. The service provides care for people through an In-Patient Unit, Day Service and Out- Patient Care. St Luke`s Hospice contracted with a registered nursing care provider to run a 'hospice at home service'. The hospice at home service and a fast response team called 'One Response' were based and had their offices in St Luke`s Hospice and offered a service for people with palliative care needs living in the community.

The 'One Response' service was an innovative fast response service which offered support, assessment and advice to people with life limiting condition living in their own homes over 24 hour seven days a week. The support could be accessed via telephone where the call was triaged and staff could arrange specialist visits to people within two hours. This service was run in conjunction with Macmillan nurses, Marie Curie nurses and end of life specialists. At the time of our inspection the service was supporting approximately 300 people either with direct care or by telephone support.

At the time of the inspection there were three people using the inpatient service and around 500 people using day services. The day services offered a range of services to people recently diagnosed with life limiting conditions, their carers and families. The service provided specialist advice, courses, complementary therapy sessions and outpatient clinics. It aimed to empower people to be in control of their condition and achieve what was important to them.

St Luke`s 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.

Staff had permanent support and guidance from a social care professional employed by the hospice and were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns they had. Risks to people`s well-being were assessed by staff daily and there were measures in place to mitigate risks and keep people safe. Risk assessments were reflective of people`s changing abilities and needs and measures to ensure people were as safe as possible were implemented accordingly.

People received care based on best practice from experienced staff with the knowledge, skills and competencies to support their complex health needs. People and families received care from staff and

volunteers who developed positive, caring and compassionate relationships with them. The service promoted a culture that was caring and person centred. Staff worked together as a multidisciplinary team to provide the care people wanted and needed.

People told us they were fully involved in setting their priorities for care. Care plans in regard to all aspects of people`s medical, emotional and spiritual needs were personalised and written in partnership with people. Staff delivered support to people respecting their wishes and preferences.

People who used the various services offered at the day hospice told us the help and support they received was invaluable for them and their family. They valued the support they received from the different activities, courses and clinics which helped them to live with and manage their symptoms to maximise their health and helped them prepare for the future. They also appreciated the opportunity to meet with people in similar conditions and the social aspect of the services provided.

People told us that staff understood their individual care needs and were compassionate and understanding. Staff told us they undertook training which enabled them to provide good quality care to people in the inpatient unit, in the community and in the day hospice.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Staff reported any concerns so these could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of recurrence.

Recruitment procedures were robust and ensured that staff working at the service were qualified and skilled to meet people`s complex needs. Staff told us they worked and trained towards their personal development plans and were happy with the support from their managers. There were sufficient numbers of staff to ensure people received support when they needed it.

People's medicines were administered by trained and qualified staff who had their competency to give medicines safely assessed regularly by their manager. Any changes in people`s medication were discussed by the medical team, nurses and pharmacist to manage and support people's symptoms and pain management. Medicines were regularly reviewed and audited to ensure they met people's needs.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care.

The registered manager was committed to improve and broaden the services the hospice offered. They established seamless working relationships with other organisations to be able to reach out to as many people with complex needs as possible. They were constantly involved in research and development of new services together with partner organisations and promoted coordinated personalised care for people in the community. The services provided by the hospice had the support of volunteers who were closely involved in every aspect and department the hospice operated.

The service actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the quality and education service team. Action plans were comprehensive in detailing actions taken, time

frames and the person responsible for the actions.

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. The provider had developed systems for reporting and monitoring allegations of abuse.

Potential risks to people were assessed and discussed with people and measures were put in place to reduce risks.

Accidents and incidents were analysed and learning was shared amongst staff in meetings to prevent recurrence.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people`s needs at all times.

People received their medicines from staff who were trained and qualified in safe administration of medicines and the use of specialist equipment to ensure people received their medicines in time and safely.

Is the service effective?

Outstanding

The service was very effective.

People received effective care, based on best practice from staff with the knowledge and specialist skills to manage their pain and physical symptoms.

Staff received excellent training and support to gain practical skills as well as develop their knowledge and abilities further and met people`s needs holistically.

People's human and legal rights were respected because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Staff were qualified and followed best interest processes where people lacked capacity.

People were supported to eat and drink and maintain a balanced diet. The chef and the catering team worked very closely with the nurses and doctors from the hospice to improve

the quality of life for people and meet their nutritional needs.

People's health needs were carefully monitored by nursing staff and if people`s health required, appropriate referrals were made to other professionals.

Is the service caring?

Outstanding ☆

The service was very caring.

People's and their relative`s feedback about the caring approach of the service and staff was overwhelmingly positive.

People told us staff showed kindness and showed empathy when they faced challenging situations.

Staff made exceptional efforts to ensure people could achieve their preferred place of death.

The service was very flexible and responded quickly to people's changing needs or wishes. Staff communicated effectively with people and treated them with compassion and respect.

People were consulted about and fully involved in their care and treatment. The service provided effective end of life care and people were enabled to experience a comfortable, dignified and pain-free death.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People and their families were fully involved in assessing and reviewing their needs and planning how their care should be provided. This included their wishes and priorities regarding their end of life care and preferred place of death.

The service provided person-centred care based on best practice and focussed on continuous improvement.

Staff and the management from the hospice developed new services in response to the needs of the people using the hospice and people living in the community.

The service encouraged people with life limiting conditions and their family's involvement in the hospice by offering a range of services and complementary therapies in the day service centre.

People's families were offered bereavement support and

counselling for as long as they needed it.

The service had a positive approach to using complaints and concerns to improve the quality of the service.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The service promoted a positive and open culture. It provided a range of opportunities for people who used the service, their relatives and people from the wider community to comment on and influence the quality of service provided.

The Board of Trustees, the Chief Executive and the Registered Manager met regularly to discuss the services offered to people and their families and ways to improve and diversify these.

The service worked in partnership with other organisations to ensure they followed best practice and provided a high quality service. They developed new services to meet the needs of the people in and outside their catchment area.

There were robust auditing systems in place to ensure the quality of the service was monitored and actions were in place to constantly drive improvement.

There was a constant effort to improve and people`s voice was actively listened to by staff and the management in the hospice.

St Luke's 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.

We inspected the inpatient unit on 14 December 2016. This inspection was unannounced. Following the inspection visit we contacted people and their relatives who used the hospice services to get feedback about the service they received. We also asked the registered manager to share our contact details with visitors, partner agencies and staff so they could give us feedback about the hospice. We received numerous e-mails from staff, health and social care professionals and volunteers following the inspection visit.

The inspection visit was carried out by one inspector, a pharmacy inspector and a specialist advisor. The specialist advisor had experience of 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 requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with three people who used the hospice services on the day of the inspection visit, four relatives, and seven staff (nurses, clinical lead and care assistants). We talked to a social worker and heads of in-patient services and head of day hospice, out-patients and therapy services. We spoke with the Head of Quality and Education, Human Resource Manager and the Director of Care Services who was the registered manager for St Luke`s Hospice.

Following the inspection we received feedback from members of the Board of Trustees from the hospice and managers from the organisations working in partnership with St Luke`s Hospice.

We reviewed three people's care records to see how their support was planned and delivered. We looked at a selection of medication records to check medicines were managed safely. We also looked at a range of policies and procedures, quality assurance and clinical audits and meeting minutes for the different departments within the hospice.

Good

Is the service safe?

Our findings

People who used the hospice services and their relatives were pleased with the service they received. They told us they felt safe and well looked after by staff who were knowledgeable and met their needs. One person told us, "I feel very safe. I trust them [staff] completely. They are very good." Another person told us, "I feel well cared for and safe because of them [staff]." One family carer told us, "The care [person] received from staff in St Luke`s was beyond words. He was safe and well looked after. Staff are like angels." A volunteer who worked at the hospice wrote to express their gratitude and feelings for the staff who worked at the hospice at a time when they had close friends and family dying. They wrote, "On a personal level, when I have had very close friends and family in the in-patient unit, I have always felt very welcomed in a relaxed, safe environment, even though your world is falling apart because you are losing someone close to you. All colleagues are very caring too, when you are going through this difficult time. I always feel I have people to talk to."

Staff were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse. Staff had safeguarding training and regular updates to ensure they were knowledgeable in how to keep people safe. They had support from a safeguarding lead, a social worker employed by the hospice. One staff member told us, "It is very important to listen to people and bond. We need this to be able to pick up if any problems occur. We work as a team and any issues we have we always have somebody around to discuss it with." The safeguarding lead told us they attended regular safeguarding training held by local safeguarding authorities and they kept up to date with changes in legislation regarding safeguarding adults and children. They told us, "I am attending regular training and keep up to date with changes in safeguarding processes for adults and children. We [staff in the hospice] are taking a special interest in safeguarding children. We all work together to make sure people are safe." Learning from these training sessions were shared with staff working in the hospice through regular updates and discussions.

We found that safeguarding matters were reported and documented. Where possible the hospice staff helped people and their relatives overcome situations which may have triggered safeguarding issues. For example, extra support was arranged for a person when their family carer became anxious and stressed because they were struggling to look after the person's needs. The person was offered respite care in the in-patient unit to give their family carer a break. This demonstrated there was a strong commitment shown by staff and the management team to safeguard people from any harm or potential abuse.

People had individual risk assessments which were reviewed every time they received support from the service. An initial `holistic assessment` was done for each person when they started using the service. This assessment looked at people`s care needs and wishes, as well as the risks to the person`s well-being. This was reviewed and developed further by nurses and other professionals depending on the needs of the person. For example, one care plan we looked at had assessments for risk of falls, breathlessness, pain and self-care when another care plan had risk assessments for the use of bedrails and mobility. We reviewed the risk assessments and found they were updated and reviewed daily and accurately reflected people`s current needs. Risks assessments were signed by people to agree to the measures in place to mitigate risks to their well-being.

Incidents and accidents were monitored by the registered manager who collated the information and this was then analysed and discussed in regular meetings with the staff working at the hospice. Incidents and accidents were categorised by the management team to ensure relevant actions were taken to prevent re-occurrence. A member of the Board of Trustees who was part of the incidents and accidents monitoring committee told us, "I am part of the Monitoring of Incidents Committee. This meets every month and receives reports and discusses clinical and non-clinical incidents over the preceding month. The strength of this meeting is that all incidents being discussed are very recent which minimises delays in taking remedial actions and so reduces on-going risk quickly. I believe that this committee is working very well and has led to a variety of modifications to policies and procedures which reduce the risk of untoward incidents." The registered manager used a spread sheet developed to automatically produce graphical data to look for emerging trends and patterns in incidents and accidents. This meant the provider took all the necessary steps to ensure their risk management processes were safe and improved following any incidents and accidents.

People who used the hospice at home service and their relatives told us staff were always on time and spent as much time with the person as needed. One person told us, "It is so comforting to know they are coming. It is a lifeline."

People in the in-patient unit told us their needs were met by staff at all times and staff had time to spend with them as much as they needed. On the day of the inspection we saw there were plenty of staff assisting people in an unhurried way, call bells were answered promptly and staff were seen talking to people and their relatives as often or as long as there was a need for it. One person told us, "There are always plenty of staff. They never ever rush you or make you feel that you are a nuisance."

Staff told us they had enough time to spend with people and they felt there were enough staff to meet people`s needs. They told us they valued the help of the volunteers working at the service. One staff member said, "Today we only have three people in the in-patient unit and two of them are not well at all. We do have flexibility in staffing and we can ask for more if people`s needs are high. We do have enough staff. " Another staff member said, "We have enough staff. We all work together and that's why I like working here."

Staff rotas were planned in advance and ensured there was a good skill mix within the teams. For example, there were nurses with different levels of qualifications and experience, an experienced consultant and care assistants on duty all the time. Staff leave and absence was managed and covered by regular staff. This meant that there were enough staff with the right skills and experience to deliver safe and effective care to people who used the service.

Safe recruitment processes were followed. Criminal record checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the hospice until it had been established they were suitable to work with people who used the service. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work. References had been taken up before staff were appointed and were obtained from their most recent employer.

There was an effective system in place for obtaining medicines from a local hospital Trust including those required outside of normal working hours. Prescribing was done on dedicated treatment charts and records of administration were clearly documented on the charts including drugs administered through syringe pumps (medicines that are mixed together in a syringe and given through the skin). Systems were in place to monitor pain relieving patches when people used them.

People had their medicines administered by staff who had comprehensive induction and training with

regards to medicines and had regular competency checks. All the Medicine Administration Records (MAR) we examined had people`s allergies clearly recorded and there were clear instructions on how often 'as required' medicines could be given. People were receiving their medicines as intended by the prescriber.

Medicines were stored safely and securely, in locked medicine cupboards within a secure treatment room either in the in-patient unit or the day service. There was a system in place to check that all medicines were within date and suitable for use and clear guidelines were displayed in the treatment rooms for staff to know when to discard medicines. There were medicines available for use in an emergency and these were checked regularly.

We saw there were regular meetings involving doctors, nurses and the pharmacist. Medicine incidents were reviewed and actions taken and any learning was shared with staff. The hospice produced a Clinical Bulletin on a quarterly basis which included information about medicines management issues. References were observed to be in use which provided information about the safe and correct use of medicines and there was a system in place to deal with alerts and recalls of medicines.

People received information in an easy to read format about 'off licence' use of medicines. This allowed people to make an informed choice when medicines were used differently to what the product company intended them for. The use of medicines outside their licence is widespread within pain and palliative care, for example mixing medicines together in a syringe pump.

A pharmacist visited the hospice three times a week to monitor the medicines prescribed. The pharmacist was also involved in providing medicines advice, development of policies within the hospice and also attended clinical review meetings where any medicines incidents were discussed.

Outstanding ☆

Is the service effective?

Our findings

People and relatives we spoke with said they thought all the staff were well trained and delivered an excellent service which was effective and met their needs. One person said, "They are all very knowledgeable and give sound advice and support." Another person said, "If you are not well, the nurses pick it up quickly and try and sort it out for you, I can't speak highly enough of the staff." One relative told us, "[Nurse in charge of person`s care] is so professional and clearly very knowledgeable, and yet is also approachable, supportive and caring." Another relative said, "I have trusted their [staff] judgement completely, they explained everything and they knew what they were doing."

People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the specific care needs of individuals. One staff member told us, "We do have a lot of training and study days which are more interactive and fun." Another staff member said, "The training is excellent. I learned so much since I started working here."

Staff had access to training that was essential for their role, and supported to maintain their skills and progress in their profession. Staff were offered opportunities to develop their career and achieve qualifications in their areas of interest. For example, one staff member told us they stared working at the hospice as a care assistant; however they were interested to learn and become a lymphoedema specialist (Lymhoedema is a condition of localized fluid retention and tissue swelling frequently caused by cancer treatments.) They told us, "I worked initially with a nurse in the lymphoedema service and I could see the positive results on patients. I was encouraged to do training and become a lymphoedema therapist." Another staff member told us, "I have worked here for five years initially, for one year, as a sole practitioner and then as a team leader for a new team of physiotherapy and later for SELS (South Essex Lymphoedema Service). [Registered manager], right from the beginning has had faith in my clinical abilities and knowledge and has been willing to support any initiatives and developments that I have discussed with them."

One of the physiotherapists working at the hospice completed a Foundation Acupuncture Course and registered with the British Medical Acupuncture Society. They began to develop this new service with support from the management team and were providing acupuncture for six patients per week in a newly established clinic. Acupuncture has been shown to be beneficial in palliative care treating complex presentation of symptoms having positive benefits on multiple symptoms which help improve people`s quality of life. Acupuncture sessions were provided for people for the management of pain, constipation, insomnia, fatigue, anxiety, breathlessness, relaxation and stress. Staff measured the efficiency of this treatment using the Integrated Palliative care Outcome Scale (IPOS) a nationally recognised tool. We saw that this service benefitted people and improved their quality of life. Testimonials from people included, "Acupuncture helped with my pain and also put my mind in a different space. Before I would feel down and after the appointment I felt good it had a really positive impact", "Before the Acupuncture I had terrible trouble sleeping, I had tried everything – it worked wonders and just eased everything", "Acupuncture has help my shortness of breath very much, improving my life and has made me more independent."

Staff told us they had help and support from managers and nurses in various forms. They had supervisions,

meetings and individual communication books some staff used to privately communicate with their line manager. One staff member told us, "All the managers and the nurses are very supportive, I can just ask and I get the help I need." Another staff member said, "My manager is very good and supported me to get used to my role." Staff told us they felt the support they received from their managers was individually tailored to their needs and made them feel valued and appreciated. One staff member told us, "I have regular one to one meetings with my manager and I love having a personal communication book I use to ask questions and share my thoughts with my manager. I will always have an answer in my book and this makes me feel appreciated and well thought of." Another staff member told us, "I never worked in a place like St Luke's` before. I really feel appreciated and valued for the job I do. We are all working as a team and support each other. The manager's doors are always open and this makes me feel good and important."

Staff were encouraged and supported to share their knowledge with other staff from the hospice and with other organisations. Staff attended conferences and organised training to spread awareness about palliative and end of life care. For example, the training department in the hospice regularly organised a three day and free of charge 'Palliative & End of Life Care' training for staff working in care homes. This was organised and delivered by staff at the hospice to increase awareness and improve the quality of end of life care people received in care homes and prevent unnecessary hospital admissions. The effectiveness of the training was monitored by asking the candidates feedback about the training and monitoring the impact on admission to hospital with the local authorities commissioning group. Feedback from the staff attending these courses included, "I have attended lots of courses. This has been one of the most valuable for me. The topics have been extremely thought provoking and I have learnt a lot of skills to take back with me", "Excellent study day", "Excellent course, good deliveries, content and time for reflection and analysis."

Staff were developed and trained to take up leading roles in their areas of interest and help mentor and guide staff who worked for other providers. For example there were dementia, nutrition, infection control and tissue viability (skin and wound care) links amongst staff working at the hospice. Staff taking on these roles were offered more specialist training and they were able to support staff working at the hospice daily with their expertise. For example, the dementia champion worked closely with local hospital trusts and care homes to improve the quality of end of life care people living with dementia received. Feedback from participants who attended study days organised by the dementia champion was overwhelmingly positive. Comments included, "Felt the virtual dementia (VD) tour was a very useful experience and I will be able to carry my experience into my practice. Would recommend nurses/carers take the `tour`", "Excellent insight into the experience and needs of patients", "The tour was certainly eye opening. It was a very frightening and confusing experience but provided great insight into how a person with dementia may feel." This meant that the staff from the hospice were successfully able to engage staff and other professionals working in different care settings, and positively influence the quality of the care delivered to people using those services.

Staff from the hospice worked in partnership with other organisations to make sure they shared their knowledge and trained staff working in care homes and hospitals to follow best practice and they contributed to the development of best practice. The training provided to staff and other professionals working for different organisations had a significant impact on the candidates and improved the quality of the care people received in these services. For example a candidate learned how to conduct difficult conversations with the family members of a person who was dying. As a result they were able to understand and help the family to have calmer and better quality of time spent with the person. A community nurse highlighted that a more junior member of staff that attended the training a week before, had used the communication skills learnt from the training which had given them the confidence to change the way they did a person`s assessment. The feedback stated that the community nurse felt more confident in assessing the people. This benefitted people in the community whose needs were better identified and addressed by

the community nursing team. Another candidate emailed the hospice to say that following completion of the six day course, the skills they learnt from the course had enabled them to find work with a local palliative care community team.

New staff completed a comprehensive induction programme which included topics related to health and safety and infection control, incident reporting and communications skills and also training on how to sensitively handle subjects surrounding death. The same induction training was offered to volunteers who worked at the hospice. The induction process started with two study days which covered areas like: What is Palliative Care, Understanding Prejudice, Discrimination & Stereotyping, Religion & Beliefs – Exploration of Customs, Rituals of Dying & Death from a Faith Perspective, Confidentiality, Complaints Management, Stress, Well-Being and Resilience. After the study days newly employed staff were assigned a mentor and completed their induction process and practical competencies. At the end of the induction process care staff achieved the `Care Certificate` qualification. This practice helped to ensure that the care people received was consistent and staff were competent and skilled to meet people`s needs effectively.

People told us and we saw that they were asked for their consent to the care and the services they received from the hospice. One person told us, "I am always asked what I want and I can take decisions." Another person said, "I am involved in my care and they always ask if it is `okay` to do something." Relatives told us they and their family members were involved in taking decisions regarding the care and treatment people received. One relative said, "We [family] and [person] were involved from day one. [Person] was talking and consenting to everything while they were able. When this was not possible anymore we [family] were consulted and decisions were taken together to make sure [person] received the best care." Another relative described how staff made sure they had information in a format they understood so they could make informed choices. They explained, "[Staff member] had an ability to help and answer questions in a way that made sense and not seem insurmountable. Just knowing that we could ring when there was a problem or something we needed to ask was a relief and it never seemed to matter what time it was or how small the question. [Staff member] was always supportive and there for us all."

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. We saw examples when people were supported and involved in decisions if they wanted to be resuscitated in case of a cardiac arrest. Do Not Attempt Cardio Respiratory Resuscitation forms were signed by the person or their rightful representative only after it was explained what were the implications of having this in place. This meant that people were enabled to make informed choices and decisions regarding their life and treatment.

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. The application procedures for this in hospices are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection people using the service had capacity and did not require any DoLS authorisations. However, staff understood the role of the MCA and the need to act in a person's best interests if the person they cared for had difficulty making a decision, for example about their treatment or their wishes as they approached the end of life. Best interest decisions were taken following a process which involved a meeting with nursing staff, a consultant and the person was present or their rightful representative. The registered manager submitted applications to the relevant authorities if there was a need for it.

People and relatives we spoke with were very complimentary about the choice and quality of food available and on the steps taken by staff to ensure that people had food they preferred to eat. One person told us, "The food is out of this world. I can't fault anything." Another person said, "Oh, it is [food] great, we have a lot of choice and we can have anything we want. It tastes amazing." There was a menu for people using the in-patient unit and day services. However, people could have whatever they wanted to eat every day.

People`s nutritional needs were assessed when they started using the hospice services. This was part of the holistic assessment each person had when they joined the service. These needs were regularly reviewed taking together with people and accommodating any religious or cultural needs and personal likes and dislikes people had.

Nurses adapted a Malnutrition Universal Screening Tool (MUST) to a MINI-MUST so they were able to monitor people`s nutritional needs weekly not monthly. This helped staff identify promptly when people showed signs of malnutrition and they needed dietary supplements. There was a Clinical Reference Group in the hospice which periodically audited and reviewed the nutritional support offered to people. They monitored how often people were supported to receive adequate nutrition and hydration recognising that people`s dietary intake may decline due to illness and health deterioration. Staff again shared their knowledge with staff working for other organisations regarding the nutrition and hydration of people who were nearing the end of their life. For example a staff member from a care home wrote to the hospice and detailed the conversation they had with close family members of a dying person. They used the training they received and managed to change the family member`s emphasis of trying to feed the person even when the person`s health caused them to lose appetite. As a result the family were able to focus on what was important to the person and spend quality time together.

Staff liaised with the community nurses and GP surgeries regarding the health of people who used the day services. People in the in-patient unit had on-going medical support. Various complementary therapy sessions were available where people had on-going support from a physiotherapist, specialist nurses and other complementary therapy specialists. The aim of these clinics was to provide support to people with regards to symptoms and managing their life limiting condition. It was an important aspect of supporting people to maintain their health and receive on-going support. People told us attending these clinics and the day service was an opportunity for them to meet with others who had similar symptoms and it helped them learn about their condition and how to effectively manage it. One person told us, "The service has been a God send to me, at first I wasn't ready to come here but as I started coming to the groups, I got to meet different people, we have a laugh and a joke, staff can't do enough for everyone." Another person told us, "Reflexology is brilliant, really relaxing," and stated that there was a whole support network with counsellors, physiotherapists and nurses who were involved in their care. They explained, "I wouldn't be doing as well as I am if I didn't have access to the Day Hospice."

People had medical support over weekends to ensure continuity of care was maintained out of hours. The medical team worked on an on-call rota and they covered weekends and out of hours, providing people and staff with medical advice if they needed it. . Staff from the day hospice kept people`s own GPs and community nurses informed and involved in people`s care. This ensured people`s medical needs were effectively met by all the professionals involved in their care.

Staff provided people with help and advice day and night which people and carers appreciated. The `One Response` service was available for people, relatives, staff and other healthcare professionals. This service model provided a maximum of a two hour visit response for people providing assessment and implementing the required plan of care to manage people`s current and future needs. The service was successful in dealing with over 2000 calls each month and the month prior to our inspection, 700 calls

resulted in some type of care provision for the people and their family carers. The rest of the callers received advice or were referred to more appropriate services. Testimonials from people accessing the service included, "One Response has been a lifeline for my patients - I couldn't manage without it", "I've been doing this on my own for five months and I can't tell you how amazing it is to finally have a phone number to call, and someone answers. It's changed our lives already"; "I hope this service continues indefinitely. [Person] was their first priority which is how it should be, although they were there for me too, 24/7."

Representatives of the local authority involved in setting up this response team wrote to us to express their opinion about the effectiveness of the service. They wrote, "The Clinical Commissioning Group (CCG) has over the past couple of years enhanced its working relationship with the hospice. We have jointly worked with them to develop an initiative service model supporting patients whose condition is rapidly deteriorating to receive assessment and care at home to be supported in their last weeks of life and achieve their preferred place of care/death. This service has benefitted patient outcomes reducing the need for nursing home admission by nearly half in the first year of this model for end of life care through supporting more patients and their families to be managed at home. The hospice worked with the CCG to launch the 24 hour a day, 7 day a week access service, One Response. Our GP members feedback about this service has been very positive outlining how the service model provides expert advice and guidance for them on managing their patients and reduces acute admissions that would be unnecessary through effective patient management and support. The model has been so successful that it has been rolled out across the entire South West Essex population. This model has been picked up as an exemplar model and is being explored by surrounding CCGs. Our close working relationship with St Luke's Hospice and their innovative approach to service development and improving patient outcomes has led to them becoming our lead provider for community palliative care services. This approach and service model is now being replicated across the county."

Outstanding ☆

Is the service caring?

Our findings

People and relatives were overwhelmingly positive about the care provided by the hospice staff. They told us staff were approachable and showed empathy towards people. People and relatives told us staff were exceptionally friendly, kind and caring. One person told us, "They are brilliant; caring and kind." Another person said, "Staff are all marvellous, very compassionate and caring." One relative said, "I cannot wish for better. The staff are so lovely and kind." Another relative said, "The care staff are so kind and loving. They were angels to us."

People told us and we observed that staff respected their privacy and dignity. Discussions regarding people`s care and needs were held in private and in an empathic way. One person told us, "The staff always have time to talk to me and they do so with patience and kindness." Another person told us, "It is very good; they are respectful of my needs and make me feel good." One relative told us, "I cannot describe how well [person] was supported by staff at the hospice. They were always mindful of dignity and privacy and they managed to make us all feel special." This meant that people were treated as individuals and staff were knowledgeable and understood how to promote privacy and dignity for people who were in a very vulnerable position.

Staff in the inpatient unit in the hospice provided specialist care and support for people with life limiting illnesses. This support was extended to families, friends and carers and included support and advice from other health and social care professionals working in partnership with the hospice team. People were fully involved in decisions about their treatment and care, enabling them to retain dignity and control of their life and death. All staff and volunteers aimed to foster a friendly, homely environment where there was a balance between specialist clinical expertise and comfort for people.

Staff were aware of the needs of the whole person which involved the family and the people important to them. 'Completion of life' wishes were an important part of providing compassionate, holistic, personalised care. For example, staff facilitated a family gathering to perform religious needs pertaining to a person and their family's culture and beliefs. Plans had been made previously for the gathering and tradition to take place in the family home. However, due to the person`s deteriorating condition the family felt unable to proceed as planned. With the help and commitment from staff the gathering was brought to the person at St. Luke's Hospice.. The hospice dining room had been decorated to be appropriate for the occasion. The catering and housekeeping staff assisted and nursing staff ensured the person`s comfort and symptoms were managed and maintained to enable them to participate in the ceremonies. It was of vital importance to the person and their family that this event took place and essential to their beliefs and on-going well-being. A lasting memory was created which was of significant value to all who attended. Staff told us the person and their family felt both happy and content that the occasion had proceeded and expressed their sincere gratitude to staff from the hospice.

Staff developed very positive working relationships with people. We observed staff attending to and approaching people using the service. From the discussions staff had with people it was obvious they were knowledgeable about their needs and how to support them. All staff we observed had a gentle and calm

approach. They created a sense of peace and comfort for people. One relative said, "They are all so calm and patient. It just gives you a sense of peace." Another relative told us, "This is a lifeline for us, such a nice environment with calm and compassionate staff." This meant that people were supported in a caring way by staff who recognised their individuality and the support staff gave to people was personalised to meet not just their needs, but offered comfort to family carers as well.

People we spoke with told us they had made decisions about their care, which included advanced decisions with regards to future treatment. People had regular reviews of their care and needs. The team from the hospice, including the doctor, nurse and social worker, the person and their family reviewed and discussed the care the person received and agreed changes if any. One person told us, "We had a discussion about my needs and what to expect. They are very good in explaining everything." This meant that people were involved and informed about the care they received. Staff had discussions with people about the future when they started using the service. This enabled people to prepare and make informed decisions about what was important for them and make the most of their remaining time.

Staff went above and beyond their professional duty to ensure people achieved their preferred place of death. For example a person in the in-patient unit approached their final stage of life. Their family felt strongly that they should die at home which had been the person`s expressed wish. Staff responded immediately by completing an urgent fast track assessment and ensuring adequate medication, care and equipment was in place in the home. All the community agencies were contacted and coordinated by staff from the hospice and the person was discharged home within a day. They died peacefully at home as per their wish surrounded by their family. The family wrote, "We have been blessed with all of you [staff], not only do you work hard but what matters is that you care with compassion, the latter that matters because life is too short and the reality of life becomes more visible when someone you love is of poor health." We found that 97 percent of the people using the hospice services were able to achieve their preferred place of death with the help and support from staff working at the hospice.

All staff and volunteers we talked to were proud working at the hospice and told us they felt they made a difference to people nearing the end of their life. One relative shared with us their supporting statement for a staff member`s nomination for an 'End of Life Champion Award'. They wrote, "As a family, we could not have got through this extremely difficult and sad time without the care and support that [staff member] gave us. They enabled us to carry out [person's] wishes, to be at home with family around them, which, in the aftermath of their passing, has been of great comfort to us. Without [staff member's] help I have no doubt that we would not have been able to do this." One volunteer told us, "I am a volunteer working in the day hospice. A patient said to me, "This is the only place I can really be myself and talk freely about my feelings without worrying about what people think." This expresses so much. A safe and caring environment that is being provided, that for many is not available outside of the hospice and I feel privileged to be part of this." This meant that people were supported in a caring way by staff who went over and beyond their duty of care to help people achieve their last wishes before they died.

People had access to information about the services provided by St Luke`s hospice. This was shared with them when they joined and used the hospice services. The hospice had an information resource service in the local town near a hospital trust where information was shared with the general public about services they were entitled to should they be diagnosed with a life limiting illness. The information leaflets available covered a range of topics, which included practical support, information about advocacy services, and information about other organisations that provided support. Information booklets about specific health related conditions were used by staff in the hospice and given to people to help them understand their health needs and how to manage them. This meant people were supported to have access to information relevant to them to help them make decisions about their care.

Outstanding ☆

Is the service responsive?

Our findings

People told us the service staff delivered was very responsive to their needs. People and relatives from the in-patient unit and day hospice appreciated that staff involved them in regular reviews of their care. One person told us, "Staff keep me informed and talk to my GP if there is a need for it." Another person said, "We are definitely fully consulted about planning care and what happens next."

The staff from the hospice provided a range of rehabilitation, wellbeing, counselling and bereavement services through the hospice's day services. A wide range of therapies that were additional to medical and nursing care were available to respond to people's needs in regard to relaxation and general wellbeing. Complementary therapies included aromatherapy, massage, reflexology, music therapy, occupational therapy, lymphoedema and physiotherapy. People were able to try and then choose the therapies they preferred and when they wished to have them.

People's care and support was planned in partnership with them. Staff anticipated how people felt when planning their care and support. Upon admission to the inpatient unit, and when people received support from the hospice at home service, staff spent as much time as people needed, encouraging them to ask questions, discuss their options and reflect upon their choices. As people and staff worked as a team to ensure each support plan was unique and responded to specific needs, people felt valued and understood. People were encouraged and helped to complete advance care plans to record their wishes regarding how and where they wanted their end of life care to be managed.

People told us they appreciated and valued the services provided by the hospice and they felt happy when they were visiting the hospice. One person said, "It is such a happy place. People may think a hospice is sad and frightening. St Luke's` is wonderful." One relative told us, "The support is great for [person] but for us family as well." Another relative said, "Nothing was too much for them, [staff] from St. Luke's was always at the end of the phone and when things changed with [person], supported us providing night and day sitters and help when we most needed it."

The hospice staff provided counselling and bereavement support for people and their families. The bereavement and counselling services helped family members face the loss of their loved ones. This service was available for children as well. One relative said, "[Staff member] put my mum first; [staff member] was caring and showed empathy not only to [person] but the whole family. An example of this was when [person] passed away we received a card of support written by [staff member] expressing sympathy for our loss but offering support to us at any time for as long as it was required. [Staff member's] help was more than just ensuring all [person`s] needs were met; it also extended to consideration for our family."

People's families were encouraged to remain involved with the service for as long as they wished after their loved ones had reached the end of their life. There was a 'memory tree' onto which relatives placed remembrance messages. They were encouraged to attend support groups and socialise in the support groups at the hospice in a comforting setting to ease their grief. Therefore the service provided emotional support for families that continued beyond the provision of care for people.

People's wishes were at the centre of their care planning. Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. People`s constantly changing needs were assessed and discussed by staff on a daily basis or more frequently in order to address them appropriately. Staff attended thorough handover meetings at the beginning of their shift. Each person was discussed in depth including care needs, changes to treatment and care plans and medication requirements.

Services were developed to ensure there was a diversification of services offered by the hospice for people who lived with different life limiting illnesses. For example, there was a service for people with advanced liver disease. This was a pilot programme initiated by one local hospital trust and St Luke`s hospice. This service proved cost effective and improved the quality of life for all the 20 people initially referred to the service. The project had won the Hospice UK innovation award and was planned to be rolled out nationally. People who used this service said that the biggest impact for them was that they could use the hospice and receive the medical interventions they needed without having to be an in-patient, whereas previously they had to stay an average of six days in hospital for the same procedure. One person`s feedback about the service was, "Going into hospital for [medical procedure] usually meant a 3-4 day stay and now I can often have the procedure done in a day at St Luke`s and go home at night. The staff at the hospice have the time to understand how I feel and really look after me."

St Luke`s hospice offered specialist care and services to children and young people. The `Clan Club` was a monthly support group for children and young people aged 6-19 years with a cancer diagnosis ranging from the point of diagnosis into survivorship and beyond. It also offered support to siblings and parents of children with cancer. There was no other support group currently identified in Essex for this group of people. The monthly group provided youngsters with the opportunity to meet peers, get support from trained facilitators and, more importantly, have fun. There were indoor and outdoor activities available and the youngsters were encouraged to be active and enjoy life. Testimonials from children using this service included, "I like meeting my friends and having fun when I come to the Clan Club!", "My mum and dad get to talk about their experiences with their friends while I have fun with mine!"

In addition to the `Clan Club` there was a counselling service for children and young people where staff from the hospice provided an opportunity, through 1-1 support and counselling or group work, for children and young people to 'tell their story' and meet others, thereby reducing the sense of isolation that children and young people experience during challenging times. We found that this service had a positive impact and enabled children and young people to express their feelings. For example staff from the hospice supported a child to deal with their grief of losing a loved one. They helped the child to choose creative activities which enabled them to express their world and how they were feeling emotionally using pictures and colours to explore their grief and confusion over the death of their loved one. This had a positive impact on the child, helped build their confidence to express their worries and concerns in a safe environment. As a result their behaviour and sleep pattern improved.

We found that management and staff from St Luke`s Hospice strived to ensure people received person-centred care based on best practice. They were responsive to the needs of the people living in their community and worked together with other organisations to ensure person centred care was delivered across care homes and in people`s homes. Working together with the local Clinical Commissioning Groups (CCGs) staff from the hospice wanted to ensure that the care providers for people in care homes with palliative and end of life needs had access to support and training to ensure that people were able to die in their homes, supported by services that were trained to manage their needs. To avoid admissions and readmissions to hospital from local care homes a new Clinical Nurse Practitioner (CNP) role was developed at the hospice. The CNP provided support, assessment and advice to staff from local care homes. Since the CNP was in place, for those individuals in care homes that the CNP was working with, there had been no re-

admissions into the hospital.

A health care professional gave us feedback about this service and the impact it had on the people living in care homes or in their own home. They wrote, "[CNP`s] team is able to assess service user's needs, liaise with GP`s and other healthcare professionals to prescribe treatment without patients having to be admitted to hospital or seen by out of hours GP. We have been experiencing difficulties with registering new service users with local GP`s. The process might take between 2 to 7 days. There has been a worry that if a service user was to require symptom control, pain management or treatment for infections [emergency services] needed to be contacted. CNP`s team takes the pressure off these services and as a result cuts down the number of unnecessary hospital admissions. From my perspective as a nurse I greatly appreciate their hard work. They enable service users to be looked after in the care home, in familiar environment, surrounded by staff they know and have rapport with. In my opinion, it's the best possible outcome for patients with advanced progressive illness- receiving care according to their care plan, which takes into account their needs and preferences, and ensuring they can have rapid access to all the support they need."

People, relatives and staff were encouraged to comment on the way care was provided. There was a robust complaints procedure in place. Staff, people and their relatives told us they would be comfortable to complain and would do so if necessary, however they had no complaints about the hospice, only praise. We found that where a complaint was received this was investigated and dealt with in accordance with the provider`s complaint policy and procedure.

Outstanding ☆

Is the service well-led?

Our findings

People and their families thought highly about the management of the hospice and the staff working there. They told us they felt grateful that the management were so focused on developing and delivering a service which holistically looked after their needs. One person told us, "Very well led, love the way things are done." One relative told us, "The place is very well managed and organised."

Every person we spoke with told us that all staff, regardless of their role, were friendly, kind and supportive and gave them comfort and a `sense of peace`. Our observations and discussions we had with staff demonstrated that across all areas within the service they were motivated, enthusiastic and committed to providing a high quality service to people and their families. One staff member told us, "I feel extremely privileged to be part of St Luke's Hospice which I truly believe is a very special, caring and professional organisation which is held in very high regard by the community it serves." Another staff member said, "I wanted to say what a great organisation St Luke's is to work for. I have always felt very supported by all levels of staff from top management to our wonderful volunteers, without them we would not be able to deliver such a great service. The organisation is effective because we are moving with the times, by addressing early diagnosis right through to living with cancer and beyond and also bereavement."

Staff told us they felt well supported and were encouraged to learn and improve their skills and knowledge. They felt part of a team and valued by the senior staff, managers and doctors. Staff felt that having lead roles where they developed training skills, improved their knowledge and took ownership of areas such as tissue viability, infection control, and dementia was an excellent method of maintaining high standards of care. They also acted as a resource for others.

We found that innovation was one of the many qualities staff from the hospice had. Staff were supported and helped by the registered manager to broaden their knowledge and develop new services. These services were developed in partnership with other organisations and aimed to meet the needs of the people who used the hospice services and people in the wider community. These services developed and implemented successfully by the management and staff team from St Luke`s Hospice had a significant positive impact on the quality of the services people living with a life limiting illness received, not just if they used the hospice services but in the community as well.

We found that the OneResponse, Fast Track Care and St. Luke's Hospice Community Services responded to more than 2000 calls in a month. The team developed seamless working relationships with local hospitals, care homes, other providers to ensure people`s needs were met. One of the nursing staff working for a local hospital wrote, "I am writing to pass on my sincere thanks to OneResponse team in assisting a very complex discharge of one of our patients to their home. The patient in question had unfortunately been told that she was reaching the end of their illness much to the shock of the patient and their family. Their one request that they kept repeating was that they wanted to be at home. [Staff from OneResponse team] were constantly in contact to ensure that all the relevant measures were in place, took control of liaising with the community teams to set up district nursing teams, relevant equipment and most importantly ensuring [person`s] family had all the support mechanisms in place. As a result the patient was home in less than 24 hours after being

told how unwell they were. I honestly can't thank everyone [OneResponse team] for all the support and guidance, the doctors and nurses were all singing your praises for days after."

The registered manager told us about recent researches the hospice participated in and following the positive impact observed they developed new services for people. These were, challenging and improving the care of patients with advanced liver disease, acupuncture clinic, supporting young people in transition from children services to adult services, palliative care services for people living with dementia and several other clinics and services which benefitted people and their families.

The wide range of specialist services the staff and management from St Luke`s Hospice offered to people in and outside their catchment area had a significant impact on the quality of the care people received and in many instances reduced hospital admissions and re-admissions. This was a direct result of staff from the hospice coordinating the support people received from other health and social care providers and built up seamless communication with people, their families and all the other service providers involved in people's care.

There was a management structure with senior staff allocated to lead roles; this included a registered manager for the service, quality, education and audit nurse and head of quality and education and a manager of each of the services offered by the hospice. The management team demonstrated a strong commitment to providing people and those closest to them with a safe, high quality and caring service. The team promoted high standards. The registered manager was involved in national organisations representative of hospice services and they were dedicated to constantly improving the service. They worked to develop new services and meet the needs of the community. For example, they were developing a service more responsive to the needs of the people living with dementia and needing palliative and end of life care. There were regular meetings and training offered to staff to develop a better understanding of good dementia care. The dementia link nurse from the hospice was in the process of setting up a forum group to look at aspects such as different coloured crockery and minimising noise for people with dementia who needed care and support in the inpatient unit. This meant that the management was responsive to the needs of the people in their community, and services offered by the hospice were shaped to meet these needs.

Volunteers were an important part of the service and provided support in a variety of ways. Volunteers who were trained provided support to people who used the hospice at home and to their families. Others helped with daily tasks in the day service, serving tea and coffee to people and visitors and greeting visitors at reception.

Volunteers spoken with said they attended regular training and study days. Their contribution to the quality of the service was recognised and they felt valued by the management team from the hospice. One volunteer told us, "I have been a volunteer at St Luke's for nearly 16 years and find it a truly inspirational place to work. I know that I am making a difference and I feel part of the team." Another volunteer said, "I have great admiration for all the staff I come in contact with and, contrary to what friends and family sometimes believe, it is not an unhappy environment to be in. The aim of the staff is to enhance people`s lives and they will go to any lengths to do this. They are positive and cheerful and are very supportive of each other as well as their patients. It appears to be a very well run establishment with regular training for volunteers and high standards of nursing and care. I am very glad I decided to become involved with the Hospice when I retired."

The registered manager worked with other organisations which provided a similar service and other health and social care providers to promote good practice through training and learning events. This enabled the

management team to continually review the quality of the service provided and drive improvement. The registered manager had implemented systems to ensure they shared information with external organisations in a timely way; accidents and incidents were reported to relevant outside agencies including the CQC. This demonstrated that the management team promoted an open and transparent culture.

The registered manager worked in partnership with a local nursing care agency who they contracted to jointly deliver a hospice at home service. The hospice at home service was based in the hospice environment and brought together various staff from the other local community palliative care teams to jointly meet the needs of people with life limiting conditions in the community. One of the managers from the hospice at home service wrote to us and said, "There are local and national problems in recruiting the right calibre of community care staff so we turned to other well trusted partners to support this. Marie Curie have an excellent reputation in end of life care and St. Luke's were happy to contract them to help quickly build and enhance all our services - rapid response in One Response, Lead Nurse in fast track and two carers for the evening and two carers for the morning shifts. It has enabled our capacity to be increased and it is our aim to provide as much of the end of life fast track care in the area as possible. The key thing about partnership working is that everyone has the same ethos at heart - to provide appropriate quality care, and for the patient and family to have one number to contact to meet all their needs. St. Luke's have always taken a proactive approach and welcomed collaboration without any inter - agency problems; their leadership has enabled this to happen."

The registered manager explained to us the role of the Board of Trustees, whose members had specific areas of responsibility, which they oversaw and were responsible for. The Board of Trustees had an active role in the leadership of the service and met every four to six weeks, providing clear directives to enable the service to work well. Senior management at the hospice had the responsibility for running the service, under the direction of The Board of Trustees. The Chief Executive and the Director of Care Services [registered manager] attended board meetings and gave regular updates on all aspects of the service provided. One member of the Board of Trustees said, "The agenda items at the Board Meetings are about subjects that need to be brought to the Board either for a decision or for information. The discussions that take place at Board meetings are open, frank and honest. I feel privileged to be a part of what I believe to be a centre of excellence in an incredibly important area of healthcare."

There was a comprehensive auditing programme for all the services the hospice provided. These covered health and safety, medicines, incidents and accidents, training, care records and staff competency checks. Striving to continuously improve services offered by the hospice was evidenced by regular clinical leadership meetings and the clinical care committee meetings. These were meetings where managers from different departments, the CEO, registered manager and members of the board discussed the results of the regular audits, issues identified and agreed actions to improve the services.

There were regular surveys done by the management of the hospice to evaluate and improve the services they provided to people and their family carers. People were asked to use comment cards and share their views about the service and areas in need of improvement. There was a `You said, we did` board displayed in the hospice which contained people`s comments. The In-Patient Satisfaction Survey involved distributing questionnaires to patients on the In-Patient unit selected at random. We found that feedback from people was overwhelmingly positive. When people indicated that they were not aware of the `quiet time` in the afternoon, this was promptly taken on board and staff were reminded to help create the quiet and calm atmosphere people needed to rest after their meals. We saw that there was a suggestion from parents whose children were using the hospice children services to have these sessions outside school hours. This was accommodated and the sessions for children were mainly delivered after school hours which also contributed to an increase in the numbers of children using these services. This meant that the

voice of the people was actively listened by the management team and measures were put in place to improve the services people received.