

Butterwick Limited

Butterwick Hospice

Inspection report

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

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

- The service did not always provide mandatory training in key skills to all staff and did not always make sure everyone completed it. Managers did not always monitor mandatory training and did not always alert staff when they needed to update their training.
- The service did not always manage safety incidents well and learn lessons from them. The provider did not collect safety information and use it to improve the service.
- The service did not have robust oversight of patient outcome monitoring. They did not use the findings to make improvements and achieve good outcomes for patients.
- Leaders did not always have the capacity, skills, and abilities to run the service. There remained confusion between senior leaders regarding their roles and accountabilities.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.


However:

- The completion of patient records had improved, although gaps across the documentation was evident.
- Some progress had been made that indicated improvements in the operation of effective governance processes within the service. The provider had taken action to establish a system to maintain oversight of the ratification process for policies.

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

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Summary of this inspection

Background to Butterwick Hospice

Butterwick Hospice is operated by Butterwick Limited and provides day-care, complimentary therapies, and family support. The hospice also offers home care, provided by a small team of domiciliary staff. Butterwick Limited is registered as a charitable trust and receives funding from the NHS.

A reduced day care service was offered by the provider, Tuesday to Thursday and ancillary to this, a service offering a home sitting service for patients at end of life. A family bereavement service was also offered by telephone. At the time of our inspection there was a Registered Manager in post.

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

We carried out a focused inspection on the 9 September 2021 to specifically follow up on this warning notice and to follow up on improvements made by the hospice as part of our previous inspection in March 2020. At the time of the inspection the provider told us they were not carrying out regulated activities.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our team consisted of an inspection manager, inspectors, and a pharmacist specialist, overseen by Sarah Dronsfield, the Head of Hospital inspection (North East).

We spoke with five staff, including: registered nursing staff and healthcare assistants. We reviewed six patient records.

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

Areas for improvement

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

Action the service **MUST** take to improve:

- The service must ensure that it can evidence promptly on request that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely (**Regulation 12(2)(c)**).
- The service must ensure that all staff receive safeguarding training for adults and children, as necessary, to evidence that systems and processes are operated effectively to prevent abuse of service users (**Regulation 12(2)(c)**).

Summary of this inspection

- The hospice must ensure that incidents, including medication incidents, are properly reported, and investigated, and that actions/learning is embedded to prevent similar incidents occurring in the future **(Regulation 12(2)(b))**.
- The service must assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) **(Regulation 17(2)(a))**.
- The service must assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity **(Regulation 17(2)(b))**.
- The service must ensure that there is a robust process in place that maintains accurate and up-to-date oversight of the mandatory training of staff working within the service **(Regulation 17 (2)(d))**.

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should consider auditing of patient records to ensure documentation is fully completed.
- The service should consider giving senior leaders within the service a clear, defined roles and responsibilities that support the delivery of the service.

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

The service provider must also:

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

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Hospice services for adults

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

Are Hospice services for adults safe?

Inspected but not rated 

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

Mandatory training

The service did not always provide mandatory training in key skills to all staff and make sure everyone completed it.

Managers did not always monitor mandatory training and alert staff when they needed to update their training.

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

During the inspection we reviewed five staff training files and the training matrix which provided an overview of the training that all staff delivering day care and home care services, had completed.

We saw inconsistencies in the mandatory training received across three of the records. For example, one member of staff was shown to have completed moving and handling, fire safety, infection prevention control, record keeping and information governance on the training matrix, but no training certificates were held on file.

Another member of staff was shown to have completed children's safeguard level two training on the matrix but again no certification was held on file. We also found training certificates was stored incorrectly in the wrong staff files.

Records

Staff did not always keep detailed records of patients' care and treatment. However, records were up to date, stored securely and easily available to all staff providing care.

We reviewed six patient records which were in paper format. We saw gaps in five of the files that we reviewed. For example, in three files admission dates were not completed and in one file the Malnutrition Universal Screening Tool (MUST) was not completed.

However, we saw that patient profiles were fully completed, and risk assessments were in place where appropriate and up to date. Consent was clearly documented, and manual handling assessments regularly updated.

Hospice services for adults

We raised the completion of records as a concern as part of the previous inspection, in particular risk assessment documentation. We saw during this inspection the provider had made some improvements in this area.

Incidents

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

We reviewed two incidents specific to this location. Both incidents related to the homecare service. We saw gaps in the documentation in both incidents. For example, in part two of the incident investigation form, not all of the required information boxes had been completed. In one of the incident forms pages four and five were not completed and in both incident records, the incident action plan was also not completed. These missing documents would be used to record how the provider intends to investigate and learn from such incidents and as they had not been completed there was no assurance that the provider had investigated these incidents appropriately.

We requested a copy of the providers incident log and saw that no learning was recorded for one incident and in the second incident actions taken to learn from the incident had not been completed. For example, the medication administration policy was to be reviewed. We saw at the time of inspection that the policy had not been reviewed to include this.

Are Hospice services for adults well-led?

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

Leadership

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

The provider told us they had strengthened the oversight of the day care and homecare service by appointing a clinical lead to oversee the monitoring of these services. However, during the inspection, we observed that several senior leaders were absent from the service. We observed several ad-hoc interim arrangements in place, but an absence of any formalised arrangements.

The absence of key leaders within the service had a demonstrable impact on the providers ability to work at pace to address concerns raised as part of the May 2021 inspection. We were not assured that the provider would be able to act in a timely manner to address concerns raised by CQC with the level of sustained absence across the senior leadership team.

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

Hospice services for adults

Governance

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

However, we reviewed six patients records and saw that patient outcome information was still not collated to measure the quality and effectiveness of the services provided.

We saw in all patient records we reviewed, that Integrated Palliative Care Outcome Scale (IPOS) scores were completed. However, in all records reviewed, we found no evidence within nursing notes or multi-disciplinary team discussion notes of any discussion regarding patient outcomes. This was also absent in any admission or discharge discussion notes.

We raised this as a concern at the previous inspection and the provider was unable to demonstrate how they had taken sufficient action to address this.

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

Management of Risk, Issues and Performance

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

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

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

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

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The service must ensure that it can evidence promptly on request that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely (Regulation 12(2)(c).• The service must ensure that all staff receive safeguarding training for adults and children, as necessary, to evidence that systems and processes are operated effectively to prevent abuse of service users (Regulation 12(2)(c).• The hospice must ensure that incidents, including medication incidents, are properly reported, and investigated, and that actions/learning is embedded to prevent similar incidents occurring in the future (Regulation 12(2)(b).
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The service must assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (Regulation 17(2)(a).• The service must assess, monitor, and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity (Regulation 17(2)(b).

This section is primarily information for the provider

Requirement notices

- The service must ensure that there is a robust process in place that maintains accurate and up-to-date oversight of the mandatory training of staff working within the service **(Regulation 17 (2)(d)).**