

The J's Hospice

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Inspection report

Ground Floor Alexandra House
36A Church Street
Chelmsford
Essex
CM2 7HY

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The J's Hospice is a domiciliary care service that provides personal care and treatment to younger people aged between 16-40 years old who are living with a life threatening illness in their own home. The office is located in Chelmsford. The service is owned by The J's Hospice, a charitable organisation. The office is located in Chelmsford.

The service has 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.

The provider was given 48 hours' notice of our visit. This was to ensure documentation and people we needed to talk to were accessible on the day of our inspection.

People were complimentary about the service they received from The J's Hospice. People's needs were assessed and appropriate information was given to people before the service commenced.

Staff had good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for

themselves.

People knew how to make a complaint and the service had a clear complaints procedure in place. People had been provided with this information as part of the assessment process and it included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

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.

People could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good ●

This service was caring.

Staff were kind and very caring.

Staff had a good understanding of people's care needs.

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 and dignified pain-free death.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

People's families were offered bereavement support and counselling for as long as they needed it.

Is the service well-led?

Good ●

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

The J'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.

The inspection was an announced inspection and took place on the 30th November 2016. This was because it was a domiciliary care agency and we needed to be sure someone would be at the office to talk to us and to give us access to the agencies paper work.

The inspection was carried out by two inspectors and an Expert by Experience, who assisted us to make phone calls to people who used the service. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the day of our inspection, The J's Hospice was providing support to 100 people.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, the quality and evaluation lead and two nurses and a social worker who was employed by the service. We also spoke with two care staff. As part of the inspection we spoke with three people who received care from the agency and also spoke with seven relatives.

As part of the inspection we also reviewed six people's care records. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support record. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. Comments included, "I always feel very safe." Relatives told us, "I am absolutely positive [Name] is safe with them they are a very professional organisation." And, "[Name] is 100% safe with them we trust them and they know them so well."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Feedback from staff included, "I would call the office immediately if I had any concerns." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything. There were on call arrangements in place this meant that staff were supported and could contact a manager out of hours if they needed to.

People had individual risk assessments which were reviewed every time they received support from the service. An initial assessment was carried out at the start of a person using the service which identified any risks and details were documented on how staff should work with people in order to mitigate any potential harm coming to the person. This was reviewed and developed further by nurses and other professionals depending on the needs of the person.

New referrals were allocated a key nurse, who was their main point of contact and ensured people and their families had relevant contact numbers to call for the necessary help when required.

Staff knew people well and were familiar with their needs and how to manage risks in a positive way to make it possible for people to achieve things that were important for them. People and their family carers told us staff always suggested things and discussed options, however they let people decide and take control of their life.

The service was run from a self-contained office, which had access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

Rotas were planned in advance and ensured there was a good skill mix within the teams. For example, there was a qualified nurse on duty at all times for staff to speak to for advice if they needed to. We found there to be sufficient numbers of staff employed to meet people's needs. The registered manager told us that they would not commit to taking on a new care package unless they had sufficient staff to do so.

People told us staff were always on time and spent as much time with them as needed. Staff told us they thought there was enough staff and they had plenty of time to carry out their visits without the need to rush their care calls. The registered manager told us they used their own bank staff on occasion in order to meet the care needs of people.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring Service checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Observations of competency were carried out by the nursing staff. If people required medication to help with pain during end of life care this was administered by the qualified nurses. Any assistance with medication had been identified during the initial assessment and was part of the person's care plan. Care plans seen, clearly stated, whether assistance with medication was needed, but most people we spoke to did not need assistance from staff due to having relatives who could assist or they were self-medicating.

Is the service effective?

Our findings

People and their relatives were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "They are definitely well trained and have all the right skills they know what they are doing." And, "They are well trained and they often teach me, I have learnt a lot from them."

We were informed by the registered manager how new staff were inducted into the service. Once the potential candidate had been interviewed and were deemed suitable, they were required to complete a comprehensive induction. During the induction, they covered topics relating to health and safety and infection control, incident reporting and communication skills and also training on how to sensitively handle subjects surrounding death.

Staff inductions consisted of classroom learning days which were based on the care certificate. The care certificate was developed by Skills for Care. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector. This included practical and theoretical training and also included the requirement to complete an induction workbook within twelve weeks of commencing employment. New staff were then required to undertake shadowing visits with experienced staff members in which they had their competency assessed. Staff told us, "When I first started I shadowed for around two to three weeks with a more experienced staff member who showed me what to do until I felt confident to go on visits on my own." One staff member told us, "I had excellent training and I didn't do any lone working until I felt confident." And, "There is always training taking place something on offer all the time."

Staff were regularly supervised by the manager. This included formal monthly supervision facilitated by an external counsellor and group clinical meetings where each person was discussed this gave the opportunity for staff to discuss and reflect on their practices. Staff told us, "I feel really well supported, as well as training sessions and supervision; we can always just pop into the office for a cup of tea and a chat." Staff also had access to counselling sessions if required, these were provided by the company by an external counsellor anonymously. This support helped to ensure the care people received was provided by staff that were emotionally supported and valued and had the opportunity to reflect on their work and practices.

All staff had received training appropriate to their job roles, for example moving and handling and safeguarding training. Staff were provided with specialist training when required such as catheter care, tracheostomy and gastrostomy awareness.

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 checked whether the service was working within the principles of the MCA.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had

received training in MCA both during induction and at regular refresher training. People we spoke with told us they were asked for their consent before any tasks were undertaken. Where people were able to sign an agreement to their care plans this was done. If people were unable to sign, this was discussed and recorded. Documentation was recorded where people had lasting power of attorney, court of protection involvement and advocacy. This meant the service was aware of how to support and promote best interests in line with the MCA.

Most people were supported by family members with eating and drinking. However staff told us how they ensured people were actively encouraged to eat and drink and how important it was to follow any special diets which had been highlighted for health reasons. For example, someone with swallowing problems needed a soft or pureed diet.

The service worked well with other health professionals to ensure people's health needs were met. The nurses worked in partnership with multi-disciplinary teams and collaborated with in-patient hospices and other palliative care providers to achieve a seamless service for people and their families. The J's Hospice holistic approach to care ensures that the nurses liaise with health; social and educational colleagues to ensure the needs of the people they supported were addressed and met.

Is the service caring?

Our findings

People and their relatives were extremely positive about the care provided by the hospice staff. They told us staff were friendly, helpful, kind and caring. One person told us, "They are very good they have changed [Name] quality of life." And, "They are very special people I wouldn't know what to do without them."

From our discussions with people it was obvious that staff were knowledgeable about their care needs and how to support them. People told us they ensured their dignity and privacy was respected. One relative told us, "They always take time when helping [Name] with personal care talking and letting him know what is going to happen next to try and put [Name] at ease curtains are drawn and doors are closed they are definitely respectful."

People told us they were encouraged to be as independent as possible and that staff went out of their way to ensure they had the time to do things for themselves whenever possible. One relative told us, "They have sorted out [Name] medication so they can go out and socialise when they want to it has made such a difference and helps them to maintain their independence."

The J's Hospice worked with families to provide a smooth transition for young people between 16 and 25. This service included taking into consideration the needs of siblings and parents when the young adult became independent. People were referred to other adult hospices. The registered manager spoke to us about their awareness that this could prove to be a difficult time for some parents or primary carers as their child moved from the support of children's services to adult services and also it could be difficult for parents or primary carers to understand the need for their relative to be as independent as possible. Each young adult was encouraged to identify and pursue their hopes, desires and aspirations.

The service offered counselling or bereavement support for people and extended this to their families. One person told us, "I see the counsellor and this helps me so much."

The registered manager told us that people and their families had made decisions about their care, which included advanced decisions with regard to future treatment. This was referred to as a 'person's journey' and this information was clear within the persons care plan.

People had access to information about the services provided by The J's Hospice, which was given to them when they started using the service. The information leaflets provided covered 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 service and given to people to help them understand their health need and how to manage them. This means people were supported to have access to information relevant to them to help them make decisions about their care.

Is the service responsive?

Our findings

People told us the staff delivered a service which was responsive to their needs. People and their relatives told us that staff involved them in regular reviews of their care. One person told us, "Staff keep me fully informed." And, "We definitely feel consulted about planning care and what happens next."

Staff from the hospice provided a range of wellbeing, counselling and bereavement 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 and massage. People were able to try different therapies, and then choose the therapies they preferred and when they wished to have them.

The hospice also provides social support known as J's Inspire this enables young people to get together socially. The registered manager spoke with enthusiasm when talking to us but how this was set up, it was felt that people needed an opportunity to come together and socialise. The name Inspire was chosen by people who attend and they have formed part of a focus group that helps input ideas for forthcoming events. Inspire is held around 8 times a year and run by a group of staff and dedicated volunteers who come together with the people and enjoy a variety of arts and crafts, baking, complementary therapies, music and interactive entertainment. These events were arranged for a Saturday afternoon which gave families an opportunity for some short respite, safe in the knowledge that their loved ones were being entertained and well cared for.

Every month the service also offered J's Days which were days when an activity was offered to people that they may want to attend as part of a group. These included trips out to places of interest such as zoos, stately homes or a pantomime or show. Comments from relatives about these days included, "It was the best inspire day I have attended, and [relative] was buzzing for two days afterwards."

People were happy with the care they received and told us they had been fully involved in their care plan. One person told us, "I was involved in writing my care plan when I first started with the agency and the manager came to visit me and talk about what help I needed."

The care needs of people had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. Care plans had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs.

The hospice employed a social worker who looked at ways they could help people and their families. They worked closely with people and their families and carried out home visits when issues were raised, they offered families guidance and support around housing issues and provide them information about other services that may be able to help. For example, if someone had concerns over finances or families were struggling with the transition between child and adult and the implications that could arise.

Care plans were reviewed on a regular basis if people's needs changed a review was undertaken promptly to ensure people were receiving the support and care they required. People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

The senior nurse told us they visited people in their homes and carried out a clinical assessment of their needs which would then be re-visited regularly therefore ensuring all of the information was up to date. This information was then shared amongst other staff and professionals at a clinical meeting.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the booklet handed to people when they first started using the hospice. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

People confirmed they knew who to contact if they had a concern and all knew where to find information in the folder in their home. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager.

Is the service well-led?

Our findings

The service had a registered manager, who was aware of their responsibilities and everyone we spoke to spoke very highly of them. Staff told us, "[name] is brilliant so supportive and knowledgeable you can talk to her about anything." And, "I feel fully supported by [name] she always makes time for me and the rest of the staff team."

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care delivery. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time.

Staff were enthusiastic about their roles and responsibilities and said they always felt supported by the manager and the office staff. The manager spoke to us with passion and enthusiasm about the work the hospice was doing and this was cascaded throughout the staff team. Staff were motivated and felt valued they told us they enjoyed their job despite the challenges they were faced with. One staff member told us, "I love my job the support and encouragement I receive is second to none, I feel like it is a privilege to be able to support people and their families."

An on-call system was in place which ensured staff always had someone to call in the need of a problem or emergency. This included one of the clinical nurses for staff to phone if they were concerned after a visit. All staff had to text the on call person once they had finished their shift out of hours to let them know they had finished and were home safely.

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

It was evident from discussions with the manager and staff that a clear organisational structure was in place and staff were able to access senior management easily. The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

Quality assurance checks were in place such as regular auditing. The registered manager was responsible for undertaking quality checks when daily records books were returned to the office. However these were not returned on a regular basis and therefore were at risk of being mislaid by people within their homes, we discussed this with the manager who agreed to ensure the completed notes were brought back to the office on a regular basis for checking and auditing.

The registered manager produced a three monthly clinical governance report which covered all aspects of the service including details of their analysed data such as accidents and incidents and any safeguarding.

Changes were then made if necessary for example, one person had complained about missing their care visits this was investigated and the outcome included in the report.

People confirmed they were sent satisfaction survey to complete. Out of 84 that were sent out 38 were returned and comments were all positive. Comments from people included, "The J's understand my everyday problems and help me to understand myself." And, "Support from the J's nurse has been lovely, helped me cope with my [relative name] illness much better." The results from the survey were analysed and a report was generated which was made available to the Trustees. Although the return rate of the questionnaires were low people told us they were visited on a regular basis by the senior nurse and asked if they were happy with the care they were receiving.