CareQuality
Commission

Nottinghamshire Hospice Limited(The)

Nottinghamshire Hospice

Inspection report

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Ratings

Overall rating for this service	Good ●

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

Summary of findings

Overall summary

We inspected Nottinghamshire Hospice on 28 November 2016. The inspection was unannounced.

The hospice provides care and support for people with life limiting conditions and those who are nearing the end of their lives. The provider operates a day therapy centre which can support up to 35 people each day and a hospice at home service. The hospice at home service can provide support from nurses and healthcare assistants across a 24 hour period within the county of Nottinghamshire. The hospice also provides a range of therapies and counselling and bereavement services. These services are available to people who use other hospice services and their family members and loved ones.

There was an experienced registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their family members spoke highly of the compassionate and personalised nature of the hospice services. They praised staff for their warm and attentive approaches to care and support. They told us staff were knowledgeable and skilled and this inspired confidence in the services.

The emotional and social impact of life limiting conditions and palliative care was fully recognised by service managers and taken into account when planning and developing hospice services. The commitment to providing a holistic service for people and their family members was central to the organisation's vision.

People were at the heart of the service. They were fully involved in developing and reviewing their own care packages. Family members and those who were important to them were also consulted. Care plans were personalised and took account of people's preferences and wishes, including those related to the end of their lives.

People's consent was sought before any part of their care package was delivered by staff. Staff were aware of how to provide support for those people who were not able to give their consent, either by following the wishes and decisions they had set out in advanced care planning discussions or by following the guidance of the Mental Capacity Act, 2005 (MCA). This meant that people's rights were protected.

People were protected by robust systems to manage their health, safety and welfare. Staff followed detailed risk management plans when providing care and support. They demonstrated a clear understanding of how to recognise and report any situation that may put people at risk, including those situations which may be abusive in nature. Medicines were managed in a safe way and people received all of the healthcare and nutritional support they needed.

There were effective systems in place to recruit, train and support staff. This included volunteers. This meant that there were enough suitably skilled staff to provide the support and care people wanted and needed.

Strong leadership and effective management systems promoted a culture of continuous improvement, openness and inclusiveness. Learning from mistakes and listening and responding to people's views was embedded in this culture. A programme of audits designed to monitor the quality of services supported this approach. This meant that people would benefit from services that were flexible, responsive and could be tailored to their needs.

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 were supported in a way that minimised risks to their health, safety and welfare.

Staff knew how to identify and report any concerns for people's safety.

There were enough staff, who were safely recruited, to ensure people's needs and wishes were consistently met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions about their care and staff knew how to support those who were unable to do so.

People received all of the healthcare and nutritional support they needed.

Staff had the necessary specialist skill and knowledge to provide effective care and support.

Is the service caring?

Good ●

The service was very caring.

People were supported to have as much control over their care and support as they were able to, including how they were cared for at the end of their life.

People's diverse care and support needs were met with sensitivity and warmth. People were treated with respect and dignity.

Staff recognised and understood the emotional and psychological impact of life limiting illness upon people who used their services and their loved ones.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to ensure people received care and support that was responsive to their complex and changing needs.

People were fully involved in determining how and when their care and support was provided.

People benefitted from personalised and well-monitored care packages and were supported to maintain social and personal interests.

Systems were in place to respond to any concerns or complaints raised with the service.

Is the service well-led?

Good ●

The service was well-led.

An open and inclusive culture was promoted within the service by effective leadership and service management.

A commitment to continuous improvement was embedded within the culture of the service.

People were able to be involved in how the service was run and contribute their views about how the services could be improved.

Nottinghamshire 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 November 2016 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor (SpA). A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the hospice such as notifications, (which are events that happened in the hospice that the provider is required to tell us about), and information that had been sent to us by other agencies such as service commissioners.

We spoke with 12 people who used the hospice services and three relatives both during our visit to the day therapy centre and by telephone. We looked at five people's care records. We also spent time observing how staff provided care for people using the day therapy centre to help us better understand their experiences of care.

We spoke with the organisation's Chief Executive Officer, the registered manager, two qualified nurses, five healthcare assistants, two volunteer workers, a student nurse and two administrative staff members. We looked at nine staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the hospice services.

Good ●

Is the service safe?

Our findings

People and their families unanimously told us they felt safe with hospice staff and with the services provided for them. They made comments such as, "I feel safe with everyone here around me", "I feel safe here, they take me right up to the door when they drop me off. If they could take away my aches and pains too I would be on top of the world" and "Yes I feel safe, I wouldn't come here otherwise. I've seen them moving other people and they always make sure that they are all strapped in and everything." A family member told us, "It is very comforting to know that [loved one] is safe. I can relax; I can go to bed and get a good night's sleep because I know they are there. It feels totally safe."

Staff demonstrated a commitment to helping people stay safe. They had a clear understanding of local safeguarding policies and procedures and knew how and where to raise any concerns they had. Records showed that staff had followed correct procedures when they had identified concerns. We saw examples of how staff had involved other health and social professionals when they had concerns for people's safety. In one example we saw how staff had also sensitively worked with family members to provide extra support at home in order to avoid a person experiencing unsafe care. A member of staff told us, "We try to intervene early and prevent [issues] before it happens by being there for people. We are not insular about people; we talk to people and share information."

The PIR returned to us by the registered manager showed that maintaining people's safety was central to the services they provided. During the inspection we saw that there was a clear plan to ensure staff were trained and regularly updated about how to identify and manage any abusive situations they may come across. An example of how staff were kept up to date was seen in the minutes of a staff meeting. In this case a scenario was presented to staff and they were able to discuss what actions they should take and what lessons could be learned. Staff told us they found this approach to be a useful way of keeping their knowledge up to date.

The information in the PIR also demonstrated that the registered persons placed high emphasis on ensuring that any risks to people's health, safety and welfare were identified and minimised. Nationally recognised assessment frameworks were used to predict, for example, risks related to the development of pressure ulcers or mobility and falls. We found that people's risk assessments contained clear and detailed instructions for staff as to how to minimise identified risks. For example, information included guidance about correct seating positions, the correct use of mobility equipment and how many staff needed to support a person with their care needs.

Risk assessments were regularly reviewed and updated as people's needs changed. Care plans demonstrated that support was proactive and developed to minimise identified risks. For example, one person had planned massages for their jaw to avoid the risk of them causing injury to their lips and special machines were made available in the day therapy centre for people who required a continuous supply of oxygen. This reduced the risk of portable oxygen supplies running out.

We saw that the registered persons also had systems in place to review any accidents or incidents that occurred. Records showed that any trends were identified and actions taken to learn lessons and reduce the risk of them happening again in the future. An example of how lessons were learned was demonstrated by the provision of extra training for staff in how to manage relationships with people and their families following an incident.

As well as personalised risk assessments, the registered persons had assessed and developed action plans for the environments in which care and support was provided for people. These action plans included the management of emergency situations such as a fire or if the day therapy building became unusable. Maintaining the safety of staff who provided care in people's homes had also been recognised and planned for. Staff were aware of lone working policies and understood the actions they should take if they felt unsafe, such as confirming with the co-ordination office the time they arrived at a call and the time they left.

Safe systems were in place for the recruitment of new staff. The registered persons carried out identity checks, reviewed employment history and gathered references from previous employers. They checked that nurses were correctly registered to practice with their governing professional body. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that new staff would be suitable to work with the people who used the service. Similar systems were also in place to ensure volunteer workers were safely recruited. Staff members and volunteers confirmed to us that the checks had been carried out prior to them commencing work within hospice services.

We concluded that there were sufficient numbers of staff employed to provide care for people in both the day therapy service and the hospice at home service. This was because people told us, and we saw, that no-one had to wait for the care and attention they needed. Care was provided in a relaxed and unhurried manner. Direct care staff were able to concentrate on people's needs and wishes as they were supported by a range of staff fulfilling other roles such as cleaning, catering and driving. There were also numerous volunteer workers within the day therapy service who provided extra support to enable people to enjoy social activities and individual pastimes. Direct care staff described volunteer workers as "invaluable" and "well trained to fulfil their role."

The registered persons told us they monitored and reviewed staffing levels regularly. We saw that they calculated the number of staff that needed to be on duty through regular assessment of people's needs. This assessment included people's physical, social and emotional needs as well as the needs of their family members. We saw that they had recently identified an increase in the complexity of people's needs and had increased the numbers and skill mix of staff as a result.

Medicines were managed by staff in a way that was safe. In the day therapy service people brought their own medicines. These medicines, including oxygen and specially controlled drugs, were correctly stored so as to protect people and to ensure that the medicines would be effective when used. Across the hospice services accurate records were kept of medicines prescribed for and given to people. People told us they received their medicines at the times that they needed them.

The registered persons carried out regular audits of the medicines arrangements. We saw that where any issues were identified they took appropriate actions to improve practice. An example of this was where the systems for communication between the hospice at home team and local community nurses had been reviewed and improved to address issues with stocks of medicines in people's homes.

Good ●

Is the service effective?

Our findings

People who used the hospice services and their families consistently told us that they received all of the care and support they needed. They told us that staff were knowledgeable about their needs and health conditions and this inspired their confidence in the services. One person told us, "They are all experienced professional people; they know the job inside out. If something did arise they would know how to deal with it." Another person said, "The staff are all so friendly and are confident when supporting people. They are really reassuring and put you at ease." A family member told us, "They know exactly what is what. I can go out without any worry."

Staff we spoke with demonstrated the knowledge and confidence that people told us about. Staff knew in detail the nature of people's health conditions, social and emotional needs and home life. A member of staff told us, for example, how a person's emotional needs had a direct impact on their physical health. They told us how it was important to support the person emotionally across day therapy and hospice at home services and involve family members closely to prevent a deterioration in the person's physical health.

To ensure support was consistent and effective for people where ever they received care a nationally recognised communication document was used. An example of this was for a person who experienced dementia. The document gave details about the person's life at home and within hospice services, including how their families and carers were managing. We saw that the document was updated regularly. Staff told us they found this beneficial not only for ensuring the person's needs were consistently met, but also so that they could identify family and carers needs for support.

Staff told us they received a range of training which included a thorough induction programme when they first started to work at the hospice. Training included subjects such as keeping people safe, first aid and fire safety. The registered persons engaged external training partners to provide face to face training for staff. Some of the training was also delivered by hospice staff. For example, the hospice physiotherapist delivered a course about moving people safely; a registered nurse delivered training about infection prevention and control, and a bereavement and carer support manager delivered training about coping with death and loss.

Records showed that where specific training related to the needs of people using hospice services had been identified as needed, this was provided. For example training had been provided about needs such as swallowing difficulties, pressure area care and helping people to breathe using specialist equipment. A member of staff told us, "If I mention a training need then it's normally provided." We saw that there were training and support systems in place to aid registered nurses to maintain their registration with their professional governing body.

Staff told us they received regular support and supervision from colleagues and senior staff. They made comments such as "I feel well supported" and "There's always someone around to talk to." They told us they were able to discuss their development needs and had opportunities to discuss any practice issues they had. We saw that they had regular staff meetings which were also used to discuss practice issues. Staff also told us they had access to the hospice based and external counselling services if they had need.

Volunteer workers told us that they received a good level of training and support. They described training courses about keeping people safe and maintaining confidentiality. One volunteer told us, "I have confidence in the staff; they are always there to help out and give advice." The registered persons told us that they were currently reviewing how they provided support for volunteer workers and were seeking their views about how they could improve the systems already in place.

The registered manager and staff demonstrated a clear understanding of the requirements of the Mental Capacity Act 2005 (MCA). Staff told us and records showed that they had received training about this topic. The 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.

Throughout the inspection we saw, and people told us, that staff encouraged them to make decisions and choices for themselves where ever they were able to do so. People told us that staff always provided them with enough information to help them make the right decision for themselves.

The registered manager and staff were also aware that 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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no one using the hospice services was subject to any restriction to their freedom.

We spoke with people about how they were supported with eating and drinking. One person who used the day therapy service told us, "The food is very good and you get a choice. They offer drinks all the time, I've got a sore mouth at the moment and so they cool my drink down for me; they always do that." A person who received support in their own home told us that staff made sure they were eating and drinking as well as they could. They told us staff regularly helped them to take drinks and snacks and made sure they took meal supplements when necessary.

We saw that people's nutritional needs were assessed using a nationally recognised framework and were clearly documented in care plans. Care plans also showed that people were offered the opportunity to have their weight recorded weekly. This approach meant that staff could identify early on if the person's needs were changing. We saw that when required people were referred for extra nutritional help from other professionals such as dieticians and speech and language therapists. Staff demonstrated their understanding of how to support people whose nutrition was given though a tube in their stomach. A person who required this type of nutritional support told us they had confidence in staff members. They told us staff always carried out the appropriate checks on their equipment before and after they received their nutrition.

People and their families told us the hospice services provided all of the healthcare they required and wished for. One person told us, "They help me with my [medication] and my health." Another person said, "I can ask for advice about my health, in fact I have just asked the physiotherapist for some advice about my bed at home."

The hospice maintained close links with people's local doctors and other health services which people used. We saw they worked closely with community based palliative and end of life services such as Macmillan nurses. They also worked closely with other specialist nurses to provide long term disease management.

The hospice provided their own physiotherapy and complementary therapy services for people.

Good ●

Is the service caring?

Our findings

Without exception people and their family members told us that Nottinghamshire Hospice provided them with a very caring and supportive service. This feedback was reflected across hospice at home and day therapy services. We received comments such as, "The staff are very nice, the care shines through, they have to be a special sort of person to care for us the way they do", "It's a place where I can just be me, feel really comfortable and staff understand me" and "The staff are fantastic, they are caring and welcoming." A family member told us, "Everyone has been so kind and caring. They are amazing; I would find it extremely difficult without them. Everyone is really professional; they are all lovely, lovely people."

Family members told us how staff involved them and communicated regularly with them so as to ensure people received consistent and appropriate care and support. One family member told us, "Staff always ask how [my loved one] has been and they always tell me how they think [my loved one] has been. They are interested in [my loved one] and their needs." We saw that for people who attended the day therapy service, communication books had been introduced to enhance the level of communication for people and their families. A member of staff told us this approach helped people who experienced problems with their memory to communicate important issues more effectively.

The commitment to ensuring people were empowered and treated with dignity and respect was apparent in our discussions with all grades of staff within the hospice. The Chief Executive Officer told us, "Hospice is not all about dying, it's about living well." They described the importance of supporting everyone involved in a person's life so as to ensure they could cope with the caring roles they undertook. Other members of staff made comments about their approach to care and support such as, "I believe it should be really patient led", "We try to be individual about the support we provide" and "I try to never lose the value of treating people how I would want to be treated."

All of the staff we spoke with were aware of the impact that referral to hospice services can have on people and their families. With this in mind people and their families were invited to visit the day therapy services before accepting support from the hospice. There was also a wealth of information available about all aspects of hospice services that people could take away with them. This meant that they could be helped to understand and experience the types of support available to them before making a decision to use the services. During the inspection we spoke with people who were looking around. One person told us, "I've only been here a short time but you get a good feeling, you just know." We saw that staff recorded people's initial reactions to visiting the service in order to help provide the right level of support. An example of this was where one person had initially expressed a negative view of hospice services. However staff had supported them throughout the day and recorded that the person had left feeling more positive and wanted to use the service again.

We saw that in day therapy services the caring culture began as soon as people arrived in the building. People were greeted warmly by staff, offered drinks and settled into the areas of the building where they felt comfortable. A 'Tree of life' was situated in the reception area where family members could make dedications to their relations. One person told us, "They greet you like they have been waiting just for you."

Another person said, "As you come through the door you can smell toast in the morning, its' homely as soon as you get here." One person told us, "Even the bus on the way makes you happy. [The driver] sings and makes jokes over the microphone. We call it the happy bus. If you are feeling a bit down before, you are happy by the time you get there." Another person told us, "I feel really honoured when they pick me up in the morning."

Everyone we spoke with told us that staff encouraged people to say how they wanted their care and support provided. One person said, "I get a choice about what I do, they accept you as you are." Another person said, "I told them what sort of support I wanted and that's what they give me. If I change my mind they'll go along with me." People and their relatives told us staff gave them enough information to help them be fully involved in making decisions and choices about their care. They described how staff explained issues such as the use medicines and gave them information about other support services such as physiotherapy. We were also told about regular events held in the day therapy centre where external professionals came to provide information and advice on subjects such as benefits schemes.

Staff recognised the importance of supporting people to retain as much independence as they could for as long as they could. They understood that this helped people to maintain their dignity and self worth. People's wishes to retain an element of independence was clearly recorded in their care plans. We saw staff followed care plans by, for example, encouraging people to use mobility aids to move around and enabling them to manage their own medicines safely. In the day therapy centre we saw staff demonstrated patience and understanding when people experienced any difficulties maintaining their independence. An example of this was where a member of staff was supporting a person to walk with a frame. The person was becoming a little tired but wished to continue their journey. The staff member brought a chair to the person and gently encouraged them to rest a while before continuing. The person was clearly pleased with this support and later noted their satisfaction at being able to complete their journey.

People who used hospice services, and their family members, told us that staff went out of their way to help them feel comfortable and relaxed. One person said that they, "Really look forward to [staff member] coming." A relative said, "They can't do enough for [my loved one]." They described things like having foot massages to help with relaxation. Another relative told us, "[My loved one] gets confused and anxious; they know just what to do to put them at ease." One person said, "It's the little things they do that make the difference." They went on to describe how staff often went over and above the planned care. They gave us an example of when a member of staff had supported them to acquire a special key to use in their home. One person described the atmosphere at the day therapy centre as, "It's homely and not clinical, but you have got the backup of the clinical staff. It's really welcoming here, it feels comfortable."

In the day therapy centre we saw several examples of staff noticing early on when people's moods were changing. One example of this was where a person had begun to withdraw from interacting with people. The staff member knew the person well enough to understand that they just needed the comfort of someone sitting next to them and a supportive hand on their shoulder without any talking. We saw that the person responded well to this support and soon regained a more outgoing persona. Another example was where a member of staff knew by observing a person's responses that the person needed time to sit and talk through some personal issues. We spoke with the person later in the inspection and they told us the support they received helped them to "See things more clearly." Another person said, "When you are feeling down, they know, they can just tell by looking at you and they will come over and check how you are."

Throughout our visit to the day therapy centre we saw that people enjoyed the relaxed and compassionate company of staff members. We saw people laughing and joking with staff; we saw staff regularly checking with people that they had everything they needed and taking time to sit and chat with people about any subjects they wanted to. One person told us, "Coming here is like when I used to go to my friend's house. I can just have a laugh."

People told us their privacy was maintained and they were treated with dignity and respect by all staff. One person told us that staff made sure doors and curtains were closed when they were supported with personal care. Another person said that staff made sure that they had privacy when they spoke about their personal issues. In the day therapy centre we saw staff promoted people's privacy and dignity by consistently using these and other approaches. We saw examples such as staff discreetly adjusting people's clothing to preserve their dignity when they could not do so themselves and enabling people to eat their food in private if they chose to. There was a comfortably furnished bedroom where people could have privacy if they felt tired or unwell. There were also other comfortably furnished sitting rooms that people and their relatives could use when they wanted to have quiet time or be alone. Well-equipped clinic rooms were available for people to be supported in private with physical care and treatment such as having wound dressings changed or being fed through a tube which goes directly into a their stomach.

We noted that the staff team consistently demonstrated their understanding of the need to ensure people's personal information was kept confidential. Paper records were kept in an office area that could be locked when no-one was using the room and computer based records were secured by using passwords. Care records clearly showed that staff had sought people's consent before they obtained confidential information from other health and social care professionals. This meant that people's private information was only available to those who needed to know about it.

We saw the service supported people's spiritual needs. The hospice had a multi-faith chaplaincy service and staff had information to source support from a variety of faiths and cultures as and when required. Materials reflecting, Christian, Jewish, Muslim and other faiths were on display. One person told us, "My faith is very important to me. They understand that and support me with it."

People and their family members told us people were supported to make decisions about how they wanted to be cared for at the end of their lives. They told us that staff spoke with them sensitively about such matters and plans included their decisions about where they wanted to spend their final days. The registered manager told us they were reviewing and improving their approach to advanced care planning to ensure information was more detailed and fully reflected National Council for Palliative Care guidance. The registered manager had also identified a need to strengthen the way in which they supported people with information about how to develop living wills and advanced directives.

We saw letters and emails that bereaved family members had sent to the hospice conveying their experiences of the end of life care their loved ones had received. One family member commented on the compassion staff had shown at the end of their loved one's life and how sensitively staff had recorded their visits. Another family member expressed that the professional and caring attitude of staff had enabled them to manage during such an "intense and moving" time.

The hospice offered counselling services through a team of trained and volunteer counsellors. Some people we spoke with, and family members, had used this service and told us how it had helped them to cope with their thoughts and emotions. We saw that this service continued to be available to family members when they were bereaved. Staff made contact with relatives six to eight weeks after bereavement to help them re-engage with support services if they wished to. We saw that this support had led some family members to become volunteers within the hospice services. This helped them to maintain the networks and friendships they had developed. One volunteer told us, "You can give something back to others who need help." Family members were also encouraged to use the complementary therapies offered by the hospice such as massage, acupuncture and aromatherapy. The registered manager said, "It's a holistic service; everyone involved in a person's care needs support."

Good ●

Is the service responsive?

Our findings

People who used the hospice services and their family members told us that they received flexible care packages that were responsive to their changing needs. They told us that staff listened to their views about the care they received and took timely action to make the changes people wanted and needed. One person described an example of this approach when they had received a complementary therapy. They said the therapist had listened to their view of a previous therapy session that had not had the desired outcome for them. They said the therapist had reviewed the treatment plan with them and they had agreed on a different approach which was more effective for them. We saw that staff clearly documented these types of discussions and amended people's care plans to reflect any changes.

People's needs were assessed before they started to use hospice services. Records showed that the assessment process included close liaison with the person, their family members and other health and social care professionals involved in supporting them. The registered manager told us they had noted that people sometimes had a less than positive view of hospice services and this had often meant that they declined support. This had prompted a review their assessment process so as to try and engage people in a more effective way. An example of this was how referrals to the day therapy centre were now managed. People were now encouraged to visit the day therapy centre where they were able to so as to begin the assessment process. The registered manager told us, "This means we are dealing with people's fears on their first visit and providing reassurance." They went on to say that analysis of this approach had shown a marked increase in the acceptance rate for hospice services. One person told us, "I didn't want to come here but now I am finding it very nice."

Assessments clearly identified people's personal goals and the outcomes they wished for as well as any care and treatment requirements. We saw examples were recorded such as 'maintaining independence for as long as possible', 'to socialise and reduce isolation', 'to manage symptoms with complementary therapy' and 'respite for carer'. A family member told us that their need for respite was identified in their relative's initial assessment. They told us how they had been supported to have days out with other family members for example.

Detailed care plans were developed with people to meet all of their identified needs. During the inspection we saw and we were told that staff supported people in line with those plans and in a person centred way. We saw, for example, in the day therapy centre care plans identified a person centred approach to medicines administration. This meant that people had their medicines at the times they wanted them and were used to having them at home and were not restricted to set medicine rounds timings. Another person who was unable to communicate verbally had a picture care plan which identified for staff the correct posture and positioning of their body when they sat in their wheelchair.

Records showed and people told us that they and their family members were regularly involved in reviewing and updating the care they received. As well as regular updating of personal care plans staff carried out an individual review of palliative outcome measures every three months. This was done by way of a survey and looked at how people viewed their symptoms and quality of life over the three days preceding the survey.

This enabled staff to gain a broader view of the person's life and make additional changes to their care and support if needed.

The registered manager told us they had identified through care reviews and analysis of new referral patterns, the need to improve the ways in which they could meet the needs of increasingly dependent people. We saw, as a result of this, they had taken actions to improve the range of hospice services. For example, in the day therapy centre they had refurbished a bathroom area and had an overhead hoist and Jacuzzi bath installed. This meant that they could support more people to enjoy bathing. The registered manager told us about a recent referral from the MacMillan nursing team for a person whose last wish was to have a bath. They said that the improved bathing facilities had meant they could support the person to fulfil their last wish in a safe and comfortable way.

People who used the day therapy centre were supported to develop and engage in meaningful social activities and interests of their choice. We saw there was a programme of activities available for people to choose from that was based on their known preferences. People told us about having regular trips out, entertainers visiting the centre and being able to pursue hobbies such as gardening. A local arts group had recently visited the centre to perform an interactive theatre session. People told us they enjoyed the sensory aspects of such involvement. The registered manager also told us they had arranged for students from a local university to have placements at the day therapy centre so that people could engage in therapeutic dance sessions. This is part of a research project looking at the impact of therapeutic dance upon people's well-being.

The hospice employed a member of staff known as a 'garden enabler'. They told us that people enjoyed using the garden for socialising and relaxation as well as being involved in gardening tasks. We saw the garden was thoughtfully landscaped to ensure that everyone could have access to it. There were raised beds to enable people to grow and tend to flowers and vegetables. The garden enabler told us there were also arrangements in place to support people to garden indoors if they did not wish to use the garden.

In addition to activities related to their well-being, such as aromatherapy, massage and reminiscence sessions, people could make use of a range of books, games and films that were available. We also saw that staff encouraged people to join in with group activities such as bingo. One person told us, "They have word games, I enjoy that. Staff seem to get involved too. I could have gone out today but I chose not to." Another person said, ""We can go to a quiet room, or there are word jumbles, that keeps the old brain ticking. I have enough to do, I can just sit and watch the world go by or I can join in with things, it's my choice."

There was a policy in place to ensure any concerns or complaints raised with the service were addressed quickly and appropriately with a focus on resolving the issues. Records showed us that verbal and written complaints were managed in accordance with the policy. The records gave details of the outcomes of the complaint for both the complainant and the service. We saw an example of this in which a member of staff had been provided with a package of supervision and support to ensure key lessons were learned.

People and their family members were aware of how to raise concerns and complaints. They told us they had received information about how to do this when they began to use the hospice services. One person said, "If I had a complaint I would speak to staff, I would have no qualms about that at all, but I have no worries here." Another person told us, "If you have a problem you only have to mention it and they are on to it."

Good ●

Is the service well-led?

Our findings

There was a registered manager in post when we carried out the inspection. We saw, and were told, that the registered manager and Chief Executive Officer (CEO) for the provider organisation had a visible presence within the hospice services. They knew people who used the service and staff by name. They were also able to describe the needs of individuals who were using the day therapy centre on the day of the inspection. They both demonstrated a clear overview of the hospice services which provided direct care and support for people, as well as how those services fitted in with the wider organisation. The CEO told us, "It's a hands-on operation here; you need to feel it and touch it every day."

People and their family members spoke positively about how Nottinghamshire Hospice services were run. They told us that managers and staff alike were approachable and available whenever they needed to speak with them. One family member told us, "They are just the most caring company. I feel extremely lucky and blessed." People told us they were encouraged to share their views about the hospice services they received as an integral part of their everyday care. They said that managers and staff consulted with them about any changes or improvements planned for services. One person told us about how people were consulted about improvements to the garden area of the day therapy centre and felt that their views had been taken into account. We also saw they were invited to complete surveys about their experiences of the hospice services. People's responses to a survey conducted in August 2016 indicated clearly that the services they received had a positive impact on their quality of life in relation to areas of need such as symptom management, social isolation and coping with emotions.

All of the staff we spoke with, including the registered manager, CEO and volunteers, were aware of their roles and responsibilities within the hospice services. There was a clear management structure in place and staff told us this ensured they could provide a consistent and effective service. Staff told us how managers supported a flexible workforce who were able to care for and support people across the different types of hospice services. We saw that existing staff were encouraged to undertake secondments to parts of the service they had not previously worked in and new staff were now recruited with a view to working across all areas.

Staff told us there was an open and inclusive approach to management of the hospice services. One staff member told us, "I can go to my manager with any problems; they are open and encourage you to go to them with feedback." Another member of staff told us, "I feel listened to." Staff were aware of the organisation's whistleblowing policy and said they would not hesitate to use it if they needed to. All of the staff we spoke with told us there was good team work and they felt supported by colleagues as well as managers. One staff member told us, "It's a good place to work; there has been lots of change and improvements. I feel well supported."

Staff and volunteers told us they thought communication systems within the hospice services were effective in enabling consistent support for people. Three staff members commented that the systems were "excellent". Staff spoke about daily handover meetings in which they received up to date information about topics such as people's medicines, general safety and moving and handling needs. Volunteers told us they also received an overview of people's needs at the start of their day so that they could tailor their support for individuals. We saw a text system was in place to ensure hospice at home staff could inform team co-ordinators of any changes in a person's needs in a timely manner. A staff member said, "People can deteriorate very quickly and this helps us ensure that people are aware of any changes." The system also meant that team co-ordinators could react quickly to re prioritise care visits and staff availability if required.

The registered manager and CEO displayed a passion for and spoke about their vision of, "breaking down barriers and building a compassionate community." They told us about their work with a local university to develop ways in which they could offer the local community opportunities to explore end of life, death and bereavement issues. They also spoke about how they worked with staff in the hospice charity shops to promote the values of the hospice within the local community and provide opportunities for people to explore the services offered.

We saw as part of their continuous improvement programme and working with partner organisations, the hospice now provided a single contact point for end of life services across the county of Nottinghamshire. This involved the creation of an integrated computer based system with NHS services such as GP's, district nurses and local hospitals. This system enabled information about people's care and treatment to be shared in a more robust and timely way. As part of this overall service improvement the hospice was also working with other partner organisations to increase the number of in-patient beds available within the local area. These service improvements enabled referrals, care and treatment to be managed in a more efficient and timely manner and reduced the risk of unnecessary emergency admissions to healthcare services. This meant that people and their families could receive the right services at the time and in the right place for them.

In addition, the hospice had developed a computer based application to enable staff and volunteers who worked in community settings to access essential information. This information included hospice policies, emergency procedures and good practice guidance. The application was also available to hospice Trustees and on-call managers as a resource for supporting staff.

There were effective and well-managed systems in place to monitor and improve the quality of services people received. On the day of the inspection we saw a regular meeting of the Trustees led Quality and Safety Group was taking place. The CEO told us that these meetings provided opportunity for the Board members to monitor the operation of the hospice in line with its strategic plan and ensure that the organisation was meeting its aims and objectives. The hospice operated a Quality and Safety Group which provided a focus for clinical governance and performance as well as providing information to assist the Board of Trustees in fulfilling their role.

Each year a programme of audits was set out for the year ahead. It included audits of risk management systems, infection control practices, medicines arrangements and incident reporting systems. The Quality and Safety Group provided an oversight of the audit programme to ensure that appropriate actions were taken to address any shortfalls or issues identified. Regular reports of the audit activity were made to the Quality and Safety Group to assist in their oversight. We saw examples of where the outcomes of audits had led to improvements in communication with bereaved families, medicines arrangements and staff training. We also saw that the programme was reviewed each year to ensure it continued to encompass the key elements of good quality care. An example of this was the further development of audits to check the quality of complementary therapies, bereavement services and how well the Mental Capacity Act 2005 guidelines were being met.