Dove Cottage Day Hospice

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Inspection report

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Date of inspection visit: 28 April 2022
Date of publication: 17/10/2022

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location went down. We rated it as requires improvement. We rated this location as requires improvement because:

Staff and volunteers were not up to date with all their mandatory training and the provider did not monitor this effectively, which put people at risk of harm. Staff safeguarding training was not completed in line with policy and staff knowledge was varied. Staff assessed risks to people but did not always review them. Care records were not complete or contemporaneous.

The provider did not have policies which included best practice and up to date guidance. The medicines policy contained information which was out of date.

Managers had no way of monitoring the effectiveness of the service. Managers did not use audits to improve the quality of the service. Leaders did not use reliable information or governance systems to assure themselves the service being provided was safe. The provider did not practice safe and effective recruitment practices.

However:

The service had enough staff to care for people and keep them safe. The service controlled infection risk well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave people enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of people, supported them to make decisions about their care. Key services were available three days a week.

Staff treated people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to people, families and carers.

The service planned care to meet the needs of local people, took account of people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of people receiving care. The service engaged well with people and the community to plan and manage services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Requires Improvement 	Our rating of this location went down. We rated it as requires improvement. We rated this location as requires improvement because: Staff and volunteers were not up to date with all their mandatory training and the provider did not monitor this effectively, which put people at risk of harm. Staff safeguarding training was not completed in line with policy and staff knowledge was varied. Staff assessed risks to people but did not always review them. Care records were not complete or contemporaneous. The provider did not have policies which included best practice and up to date guidance. The medicines policy contained information which was out of date. Managers had no way of monitoring the effectiveness of the service. Managers did not use audits to improve the quality of the service. Leaders did not use reliable information or governance systems to assure themselves the service being provided was safe. The provider did not practice safe and effective recruitment practices. However: The service had enough staff to care for people and keep them safe. The service controlled infection risk well. The service managed safety incidents well and learned lessons from them. Staff provided good care and treatment, gave people enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of people, supported them to make decisions about their care. Key services were available three days a week. Staff treated people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to people, families and carers.

Summary of findings

The service planned care to meet the needs of local people, took account of people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of people receiving care. The service engaged well with people and the community to plan and manage services.

Summary of findings

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Summary of this inspection

Background to Dove Cottage Day Hospice

Dove Cottage Day Hospice is operated by Dove Cottage Day Hospice. The service opened in 1996. Dove Cottage Day Hospice is an independent organisation offering a day care hospice to people with life limiting conditions living in Northeast Leicestershire, Rutland and Southeast Nottinghamshire. The service also offers a family support service, complementary therapies and a dementia support group. All services are provided free of charge. The service has no overnight beds. The service is situated close to the village of Stathern. For people who struggle to get to the hospice, there is a team of volunteer drivers and a fleet of minibuses. A donation is requested for the cost of the transport.

There is a registered manager in post. A small team of nurses and nursing assistants are supported by over 35 volunteers. Facilities include communal lounges, a garden room with access to a landscaped garden and treatment rooms where people receive massage and complimentary therapies. Up to 20 people use the service each day. For people who meet hospice criteria, but do not want to attend for day care, there is provision for a bathing service as well as a home loan service, which focusses mainly on the provision of wheelchairs.

Dove Cottage Day Hospice has over 200 volunteers working in the hospice and across five charity shops. The service also operates a tea-room. However, the charity shops and tea-room were not part of this inspection.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 28 April 2022.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The service provided the single speciality core service: Treatment of disease, disorder and injury.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and was overseen by a CQC inspection manager.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service 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.

During the inspection we found breaches of Regulations 18, 12, 13, 17 and 19. After the inspection, the provider submitted further evidence. However, the provider has not submitted evidence to show they were compliant with Regulations 18, 12, 13 and 17 and Requirement Notices for the breaches of these regulations have been served.

Action the service MUST take to improve:

The provider must ensure that persons providing care or treatment to people have the qualifications, competence, skills and experience to do so safely. Regulation 18 (1)

The provider must ensure risks to the health and safety of service users are assessed. Regulation 12 (2) (a).

The provider must ensure systems and processes are established to prevent abuse of people. Regulation 13 (2)

The provider must establish systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a)

The provider must ensure management records are fit for purpose. Regulation 17 (2) (d)

The provider must ensure accurate, complete and contemporaneous records are maintained in respect of each service user. Regulation 17 (2) (c)

Action the service SHOULD take to improve:

The provider should ensure that staff records maintain evidence pertaining to the recruitment and selection process for all staff and volunteers.

The provider should ensure that all policies are updated to give appropriate guidance to staff and volunteers.

The provider should ensure care plans are reviewed in a timely manner.

The provider should ensure that training is provided by a recognised training provider.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Community health services for adults

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Community health services for adults safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

The service provided some mandatory training in key skills to staff but did not make sure everyone completed it.

Mandatory training available to staff was comprehensive but not all staff had updated the required training modules identified for their role. The registered manager had a matrix which identified the training each member of staff needed to do, depending on their role. This specified all staff and volunteers must have induction training which included equality and diversity, safeguarding, health and safety, fire safety/fire procedure, moving and handling, infection control and hand hygiene, confidentiality and data protection, communication skills and quality, training and support. Identifying which staff had completed the training they needed was difficult because the day care leader told us there were 35 people working or volunteering in the hospice; another member of staff told us there were 46 staff and volunteers. No-one had completed all the training required for their role.

The training matrix specified how often some of the training should be completed but did not specify how often other topics should be refreshed. For example, there were no timeframes identified for refreshing health and safety and safeguarding training. Following the inspection, the registered manager informed us staff refreshed their training annually by revisiting the information and training pack. Volunteer drivers should have training for wheelchair use and securing before starting to drive the wheelchair accessible vehicles, though the training matrix did not identify this as training that needed to be refreshed. The training matrix stated all staff should have annual fire procedure training but evidence provided showed only 24 members of staff had completed it, 12 of which was after our inspection.

The day care leader told us separate training was provided for fire training, vehicle training and the use of stand aid equipment. Electronic records showed only two people had completed driving/volunteering/infection control training and this was completed in September 2019. This training had been provided by the day care leader.

Managers monitored mandatory training for some staff and some staff were alerted when they needed to update their training. Although staff files contained printed training certificates, these were confusing and unhelpful because they were in disarray. Electronic records did not evidence all staff had received the required training identified for their role. Much of the training was delivered by the day care leader, who did not have 'Train the Trainer' training or any other similar accreditation.

The day care leader told us all volunteers, including drivers, had the same recruitment process which included an application form, references, Disclosure and Barring Service (DBS) check, and were all given an induction. All were shown how to use equipment and did manual handling training. However, electronic records did not evidence all the above. Staff files did not contain all the information necessary to show the recruitment process was safe and effective. After the inspection the registered manager assured us everyone had an enhanced DBS and the staff files had been audited and where information was lacking, this was rectified.

The service provided support for families and people with living with dementia but only three members of staff had received training for dementia awareness. This training was completed in 2015 and 2016.

Processes for monitoring mandatory training were not effective. The day care leader told us everyone had an annual appraisal, and this was an opportunity to cover training for the individual. However, none of the staff files we reviewed contained annual appraisals more recent than from 2020. After the inspection, the registered manager told us annual appraisals had been completed and were waiting to be filed. The volunteer appraisal plan did not have every member of staff listed but did show six volunteers out of 21 had been appraised since January 2022. Only one member of staff, out of the five we spoke with, told us they had received an appraisal.

Staff and volunteers were given an information and training pack which contained information about health and safety, safeguarding adults and safeguarding children, fire safety, moving and handing, infection control, communications skills and policies.

Staff did not complete end of life care training because they did not provide end of life care.

The registered manager attended 'Nourishing the spirit; a one-day conference exploring spiritual well-being'.

Safeguarding

Not all staff had appropriate training on how to recognise and report abuse.

The provider did not have safeguarding policies which contained accurate and effective information to ensure people were protected from abuse. The provider's 'Safeguarding Vulnerable Adults and Safeguarding Children' policy was confusing because it referred staff to their 'Safeguarding Adults' policy or their 'Safeguarding Children' policy. This meant one of the policies was confusing because it referred staff to two other policies. Although the policy guided staff to report concerns to the manager or day care leader, the policy said if staff were concerned about the safety or welfare of a child, they could contact the National Society for the Prevention of Cruelty to Children. The policy also stated the service's responsibilities were to report concerns to social care at the appropriate local authority or the CQC. CQC does not have a statutory duty to investigate safeguarding concerns. This is the responsibility of the local authority, and the police where it is suspected a crime has been committed or a person is at immediate risk of harm or needs urgent protection. After the inspection, the registered manager told us the policy had been reviewed.

Requires Improvement

Community health services for adults

At the time of the inspection, we found staff were not trained to the appropriate level to safeguard children and adults from abuse. However, following the inspection, the registered manager sent us an action plan detailing how they planned to address this, including using a professional training company to deliver safeguarding level two training to all staff and volunteers. At the previous inspection, in May 2019, we noted "The provider should ensure that suitable level one training in the safeguarding of children is provided to all staff working in the healthcare premises.". At this inspection, we found the provider's electronic records showed only one member of staff completed bespoke safeguarding children level one training, which had been completed in October 2019. Eleven staff had completed safeguarding vulnerable adults and children training in 2019, though this training course only lasted 30 minutes. Although the provider's training matrix identified safeguarding as a course which needed to be refreshed, the matrix did not identify the level of training or the frequency of refresher training. A member of staff told us the service had bought a presentation about safeguarding level one training, from which they developed their safeguarding sessions. The day care leader cascaded training to volunteers but had not done specific training for this.

Safeguarding training was not updated on a regular basis and the level of training was not always identified. Electronic records showed thirty-seven staff completed safeguarding awareness training between April 2017 and May 2018. However, this training would be considered out of date by most providers. The provider did not have a bespoke training policy that informed staff how often they should refresh their training.

Not all staff knew how to make a safeguarding referral. Staff we spoke with told us they knew the signs of abuse and understood their responsibilities to inform the manager or day care leader. However, they were not aware they could telephone the local authority, or the police should they need to. The registered manager had not made any safeguarding referrals in the past year.

Cleanliness, infection control and hygiene

Staff used infection control measures to keep people safe.

Cleaning records were not up to date. We saw cleaning schedules of tasks that needed to be completed. Although records had not been fully completed, all areas were visibly clean, and we observed staff completing cleaning activities. The kitchen's cleaning schedules were mostly up to date with a few missed days. All the toilets in the hospice were well stocked with soap and paper towels and again were visibly clean and tidy. Staff confirmed they had enough PPE (Personal Protective Equipment) and there had been increased cleaning because of COVID-19.

The provider's infection control policy had not been updated since July 2017. However, the day care leader told us their policy had been to review policies every three years, but because the service had to close in 2020, policies which had been due a review in 2020 were not done. Staff were informed about restarting the service after lockdown with additional guidelines in their "COVID-19: Guidelines for restarting on-site day hospice services", this gave information such as reducing the capacity of the service, to enable each person to be given more space.

All areas were visibly clean and had suitable furnishings which were also visibly clean and well-maintained. We were asked to use hand gel on our arrival and observed reception staff advising other visitors to use the hand gel before entering the unit. Hand gels were readily available in all areas of the hospice. There were plenty of hand washing sinks to use and lots of dispensers for aprons and various sized gloves, which were all fully stocked.

The service had invested in a clean air device which cleaned the air every 15 minutes. Between midnight and 2am the air was thoroughly cleaned with ozone.

Requires Improvement

Community health services for adults

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

At the last inspection in May 2019, we noted, "The provider should ensure that fire door closers are suitable for the building and its use so as to dissuade people from wedging doors open." At this inspection, we saw this had been done.

The design of the environment followed national guidance. The service was in a converted farm building and yard which had been rebuilt to a standard and design suitable for the services provided. Handrails were provided throughout. Everywhere was accessible for wheelchair users. The original building had been extended to provide two purpose-built therapy rooms, a nursing room, accessible bathroom facilities with hoists and a spiritual room, all of which were to a high standard. External areas such as paths and lawns were well maintained and tidy meaning there were no slippery areas or trip hazards. The complementary therapy rooms were equipped with comfortable chairs and had soft music playing.

The service had enough suitable equipment to help them to safely care for people. The service did not use hoists; however, they did have stand aids. We observed staff using the stand aids and they did so safely. We saw that when not in use they were cleaned and stored safely. The service hired wheelchairs to people, there were records that showed these had been maintained.

The service offered a bathing service for people who could not manage on their own.

Staff disposed of clinical waste safely. Clinical waste was double bagged and stored externally in a locked cage. A service level agreement for safe disposal was in place.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each person and removed or minimised risks. Risk assessments used accounted for people who were living with life limiting conditions.

Staff completed risk assessments for each service user on first arrival, using a recognised tool, but did not review this regularly, including after any incident. Staff completed individual risk assessments for people on their arrival, as part of their induction to the service. The assessments were holistic and included information about the service user's emotional, physical, spiritual and communication needs as well as information about their family, maintaining safety and their carers expectation. The care plans we looked at were clear about service user's care needs and family support. Care plans were relevant to the day hospice and were person centred. However, there was no evidence they had been reviewed. Where people had risk assessments for falls, these had not been completed with a score to identify if the person was high, medium or low risk of falls.

The day care leader told us the named nurses updated care plans every three months. Upon review of records, there was no evidence care plans had been updated either by marking a front sheet or a comment in the evaluations. One service user's care plan had been updated, however the reviews stopped after 2020. After the inspection, the registered manager assured us the records which required a review had been reviewed.

Staff did not keep records of handovers. As the service was a day service, staff used a desk diary as a communications book; this was accessible to all nursing team members and contained any information, messages or updates for the day ahead. Information was also available for staff on a white board around which people were attending that day and which activities were planned. No personal information was on display.

People's personal emergency evacuation plans did not provide staff with the guidance they needed to support people in the event of an emergency. PEEPs provide staff and others with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Safer handling plans had a section with a basic personal emergency evacuation plan, which instructed staff to 'use the staff, method and handling aids as above to evacuate via the nearest safe exit'.

Nurse staffing

The service had enough nursing and support staff. Staff did not have all the training identified by the provider to keep people safe from avoidable harm and to provide the right care and treatment.

There were either 35 or 46 people employed or volunteering in the hospice; this included the registered manager, the day care leader, two registered nurses, three nursing assistants and seven office staff plus 21 volunteers. There were also 16 volunteer drivers who transported people who were not able to get to the hospice themselves.

Nursing staff did not keep up to date with all their mandatory training identified as necessary by the provider's training matrix. The provider's training matrix stated nursing staff should receive annual training for cardiopulmonary resuscitation (CPR), moving and handling and safeguarding. The provider's training matrix specified emergency first aid at work was required by nurses every three years. Eleven members of staff, seven of whom were nurses, had completed emergency first aid at work training in 2016. The registered manager provided evidence after the inspection which showed nine nurses completed first aid and cardiopulmonary resuscitation CPR level three training in April 2022.

The service had enough nursing and support staff to keep service user's safe. The number of nurses and healthcare assistants matched the planned numbers. People told us there were enough staff on duty to provide the care they required. The service provided staff at a ratio of one member of staff to six people. There were always two members of the nursing team and two volunteers on duty. The service had their own bank staff to cover absences. The cook and registered manager were also on site.

The service had low and/or reducing turnover rates. Employed staff had worked at the service between 12 and 14 years; there were no vacancies for employed staff.

The service had low and/or reducing sickness rates.

The service had their own bank staff with consisted of both nurses and retired nurses. If nurses were not registered, they were able to work as nursing assistants, but the service always had a registered nurse on the premises. The service did not use agency staff. Bank staff were expected to complete the same training as other staff and had contracts in place.

Managers made sure all bank staff had a full induction and understood the service.

Records

Requires Improvement

Community health services for adults

Staff did not keep full records of people's care and treatment. Care plans did not have all the information they needed but were stored securely and easily available to all staff providing care.

During the inspection we reviewed a range of records. This included the care records of four people who used the hospice, including care planning documentation and medication records. One person's falls risk assessment we looked at did not have a scoring system to determine whether the person was low or high risk, and it was not clear how staff mitigated any risk or what specific action staff should take. Another person's safer handling plan had been reviewed up until February 2020 and had not been reviewed since.

Care plans contained an introduction checklist which confirmed the service user had been taken on a tour of the building, shown where fire exits were and had evacuation procedure explained. Service users were given a welcome pack and a member of staff signed to say this had all been done. Service user's dependency levels were assessed, and well-known tools were available to identify any risks, such as falls. Other areas of care plans were individualised and gave staff information about the person. For example, one person's care plan told staff what the person needed including what they could do for themselves and what they needed assistance with. One person identified as high risk of pressure ulcers was using a pressure relieving cushion. We observed staff supporting people at mealtime as their care plan stated.

Records were stored securely. Paper records were kept in alphabetical order in the filing cabinet in the office. The door had a key safe and was locked when unattended.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to record, store, administer and destroy medicines safely.

People brought in their own medicines for use whilst they were at the hospice. The hospice kept only paracetamol if people required it. Staff had consent from the GP to administer paracetamol and a process to inform carers if it had been administered.

At this inspection, all the people kept their own medicines with them and self-administered their medicines in line with the services polices. If necessary, following a risk assessment the hospice staff could safely store and administer peoples' medicines. Every administration was recorded appropriately both in a records book and within individual service user's records.

Staff followed current national practice to check people had the correct medicines and as part of the initial assessment, staff would contact the service user's GP for a complete list of current medicines. Allergies were recorded for everyone.

There had been no medicines incidents reported. A local pharmacist was contactable for advice on medicines. The service stocked no emergency medicines.

The current medicine policy was out of date and had not been reviewed since August 2018. However, the registered manager explained that due to the service being closed during COVID-19 the review date for policies had been extended. The policy referenced NMC (Nursing and Midwifery Council) standards which were withdrawn in January 2019. The registered manager said the policy was being reviewed in July 2022 when the new requirements would be included.

Requires Improvement

Community health services for adults

Medicines training involved reading the medicine policy as part of induction training.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. There had been one serious untoward incident which resulted in one person receiving treatment in hospital. There had been three accidents. These were because one person fell, another person lowered themselves to the ground because they had cramp and an accident between two members of staff who collided, one of whom had a hot drink spilled over them. There had been three separate incidents when staff and people had tested positive for COVID-19; these had also been recorded.

Staff understood the duty of candour. They were open and transparent and gave people and families a full explanation when things went wrong. The registered manager had written to the service user involved in the serious untoward incident and visited them in person.

Staff received feedback from investigation of incidents, both internal and external to the service.

There was evidence that changes had been made because of feedback. For example, one vehicle involved in the serious untoward incident was decommissioned after the incident.

Managers debriefed and supported staff after any serious incident.

Are Community health services for adults effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

When we reviewed the policies, we found the nutritional care policy was created and printed in 2012. After the inspection we were provided evidence that it was reviewed on 10/08/2015 and 04/09/2019 and scheduled for the next review in August 2022.The provider did not have any accreditation within the gold standards framework. The gold standards framework was designed to help staff provide more proactive, better supportive care, enabling people to live well until they die.

Staff ensured that people's care plans included symptom control, social and spiritual support, and psychological needs when first attending the service. Evidence of discussion with patients and relatives was recorded in care plans. Staff delivered care and treatment in line with the information within care plans.

Requires Improvement

Community health services for adults

Nutrition and hydration

Staff gave people enough food and drink to meet their needs and improve their health.

Staff made sure people had enough to eat and drink, particularly those with specialist nutrition and hydration needs.

Some people required soft foods, information about their needs was available in the kitchen. Although the provider's policy stated staff will be provided with access to education and training on nutritional care and food hygiene as appropriate for their roles and responsibilities; records did not show staff had received any training around managing people who required specialist diets. The cook told us speech and language therapists had attended in the past. Volunteers sometimes put thickener in people' drinks, under supervision from nurses. However, nurses and staff had not been trained to do this. We observed people at mealtime enjoying their food and eating as their care plan stated. Staff provided appropriate support for people.

Guidance for the cook stated that food should be dated when opened, although this was not done the cook said they knew when foods had been opened. Managers had no oversight of this. The cook completed weekly visual safety checks of the hot food trolley and recorded food temperatures.

People were given a choice of food and drink to meet their preferences. There were vegetarian options available, people's likes and dislikes were asked about during their assessment. The cook devised the menu based on their knowledge of people likes and dislikes and information from nurses if people needed a soft diet.

The service was awarded five stars for their food hygiene rating in March 2020.

Pain relief

People received pain relief soon after requesting it.

People could request simple pain relief, for example paracetamol. However, staff always ensured that they checked with the service user and where necessary the general practitioner before any additional medication was given.

Patient outcomes

Neither the provider nor the staff monitored the effectiveness of care and treatment. Managers did not audit services to ensure staff were following best practice.

The service did not complete any clinic audits. The provider, therefore, did not have information from audits to improve care and treatment. For example, volunteers put thickeners in people's drinks under supervision from nurses, but no-one had been trained to do this.

One nurse had signed up to a public health initiative and was a Covid Health Champion, this meant they were able to keep up to date with any changes.

Requires Improvement

Community health services for adults

The service asked people to complete a survey every year. The last survey was completed in March 2022 and the results were still being analysed. The questionnaire asked for ways it could improve and gave people opportunities to provide feedback around a wide range of topics, which included activities, spiritual and emotional needs, complementary therapies and the family support service.

Managers and staff used the results from the previous year's survey to improve people's outcomes. For example, the service provided newspapers in the hospice and complementary therapies for people in their own homes because of the feedback from the service user survey.

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

Nursing staff were experienced but did not have all the training to meet the needs of people. The day care leader checked nurses' registrations annually. At the time of the inspection we could not see records which showed volunteer drivers had completed the required training. However, after the inspection, the registered manager assured us drivers were trained.

Managers gave all new staff a full induction tailored to their role before they started work. The induction process was comprehensive and provided staff with guidance such as health and safety, fire safety, infection control and safeguarding.

Managers told us they supported staff to develop through yearly, constructive appraisals of their work, although records we saw on the day of the inspection did not support this. Staff also said they had annual appraisals. After the inspection, the registered manager told us annual appraisals had been completed and were waiting to be filed.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit people. They supported each other to provide good care.

Day care people remained under the care of their GP. Staff communicated with people's GPs and other professionals in the wider community team such as Macmillan nurses, social workers and specialist nurses such as respiratory and/or Parkinson's nurses. Staff communicated with other health professionals by telephone and letter. Staff wrote to people's GPs when they started attending and would ask for information about the person's medicines and diagnosis.

Seven-day services

Key services were available to support timely patient care.

Dove Cottage Day Hospice was not an acute service and did not offer palliative or end of life care, but they provided support for people with life limiting illness. This meant services did not need to be delivered seven days a week to be effective. At the time of the inspection the service was open three days per week, Tuesday, Wednesday and Thursday. There were proposals to re-open on Mondays, as the service was open on Mondays prior to COVID-19.

Requires Improvement

Community health services for adults

The service provided home support on Fridays, so if people were too poorly to attend the hospice staff could support their carers, for example by providing lunches and therapies.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported people to make informed decisions about their care and treatment. They followed national guidance to gain people's consent.

Staff gained consent from people for their care and treatment in line with legislation and guidance. Care plans recorded where people had consented to care planning, sharing information and using photographs. Staff made sure people consented to treatment based on all the information available.

Are Community health services for adults caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

People and their families were at the heart of everything staff members did. Staff responded compassionately when people or their relatives needed help. Support was always given by caring staff, to meet the needs of the people and their families. Feedback from people was positive about the way staff treated people. Staff identified people who needed extra support and discussed changes to care and treatment with them and their carers.

The service provided support to families and carers to maintain their own health and wellbeing. When people were unable to attend because of treatment or illness, staff telephoned carers and people to maintain continuity. The service provided carers lunches every two months, which gave past and present carers the opportunity to share experiences.

Staff were discreet and responsive when caring for people. Staff took time to interact with people and those close to them in a respectful and considerate way. We spoke with people in the hospice and observed staff interactions with them. They told us staff the care provided was given with kindness, compassion, dignity and respect and staff developed supportive relationships with them and their families. We observed all staff members speaking with people and their relatives and carers with compassion and we observed sensitivity being shown during conversations.

Emotional support

Staff provided emotional support to people, families and carers to minimise their distress. They understood people's personal, cultural and religious needs.

Requires Improvement

Community health services for adults

Staff gave people and those close to them help, emotional support and advice when they needed it. Staff provided emotional support to people including help to access further support services and charities. Staff completed a spirituality assessment tool as part of the holistic admission assessment. The model used was the Faith, Importance, Community and Address/Application.

Staff told us someone from the chaplaincy was at the service every day and was available to support anyone who needed it. The chaplaincy service provided a service in the multi-faith room or do a home visit if a service user could not get in. The service also had access to an inter-faith service and staff told us people faith was not a barrier to them accessing the service.

Staff did not undertake training on breaking bad news but described how they demonstrated empathy when having difficult conversations. Records showed only one member of staff had completed loss, grief and bereavement training and this was in 2016. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

The service had a multi-faith room. People of all faith backgrounds and those people who did not hold any religious beliefs could use this room to have quiet time on their own, or with their family and friends.

One member of staff told us, "A lot of people think this would be a miserable place to be, but it is quite the opposite. There is lots of laughter."

Understanding and involvement of people and those close to them

Staff supported and involved people, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure people and those close to them understood their care and treatment. Staff knew people very well and had developed a rapport between them.

Staff talked with people, families and carers in a way they could understand. Staff spoke affectionately and were knowledgeable about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs of people within their care.

People and their families could give feedback on the service and their treatment and staff supported them to do this. Day service people and people who were supported at home were asked to complete surveys about their experiences. The registered manager developed an action plan based on the results, which included ensuring all hospice people were contacted and offered complementary treatments at home.

One member of staff was employed to organise family support. They visited people in their homes to discuss the support they needed. Family support workers sat with people who were too poorly to attend and gave the carer respite.

Carers and bereaved carers were supported to attend lunch at the hospice once every two months. This enabled carers to engage with other people and share their experiences.

Requires Improvement

Community health services for adults

People and their loved ones gave positive feedback about the service. Feedback included, “The amazing care you provide is invaluable. It was definitely the highlight of the week. You all made such a huge impact to his life and for this we are ever grateful”, “A very big thank you for all your support and care. He loved coming to you” and, “She tells me all the staff are so caring and helpful. Also, her driver is so kind to her, and cares about getting her into her home. I am so truly grateful to you all.”

Are Community health services for adults responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. Although the local population was mostly white British because of the rural location, staff told us the service was accessible by anyone and they have supported people from different cultures.

The service provided support for people living with dementia. The service was offering two hours, once a fortnight for 20 people living with a dementia.

At the time of our inspection, the service had 43 people using the day hospice service. The service also supported another 30 people in their own homes who were not able to attend the day hospice. The family support role meant people were visited in their homes to discuss the support they needed. Staff would sit with people who were too poorly to attend to give the carer respite.

The service also provided support for carers/family. Carers and bereaved carers could attend a lunch in the dining room for support once every two months.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate for the service being delivered and was service user centred.

Managers monitored and took action to minimise missed appointments. At the time of our inspection, the service experienced 20% non-attendance for the day care hospice; this is where people had not attended when they had a place booked. The registered manager explained this was usually because people had other appointments, but people were always telephoned to check on their wellbeing. If people did not attend for six weeks’ they reassessed if the person still required, the service.

Managers ensured that people who did not attend appointments were contacted. Staff telephoned to speak with the person or their carers weekly if people were poorly.

The service had a bereavement process to support families, including face to face support for carers/families if they needed it.

Requires Improvement

Community health services for adults

The day care leader visited people in their homes to assess the person's needs. Families and carers used the time while their loved ones were at the hospice as a respite for themselves.

Meeting people individual needs

The service was inclusive and took account of people's individual needs and preferences. Staff made reasonable adjustments to help people access services. They coordinated care with other services and providers.

Information about services offered at the location were accessible online. As well as providing day care, during which people could enjoy a variety of activities and complementary therapies, the service offered bereavement support for the carers and family of Dove Cottage people. The service also offered a befriending service, where anyone aged over 60 could telephone and have someone to speak with. Regardless of faith, the chaplaincy team was available to support the spiritual wellbeing of all people and carers. The family support service provided home visits and home sitting as well as lunches for carers. The family support service also offered dementia support groups and well-being groups. The service loaned wheelchairs on a temporary, short-term basis. The service also provided people with a tablet on loan, which they could use to access audio books.

The service did not formally record if people died in a place of their choosing because many people had progressive, incurable conditions but were not necessarily considered to be in the end-of-life stage. People discussed their advanced care plans and preferred place of care with their consultants.

Some care records in care plans were not individualised. For example, one person's falls risk listed the variables but was not specific for the individual, dated, and did not show individual risks and the level of risk, such as low, medium or high.

The lounge areas had been refitted with all new recliner chairs for people' comfort.

The service had changed their transport vehicles and had three vehicles which could take wheelchairs.

The service had access to a well-known website for translation purposes if necessary.

A member of the chaplaincy team was always available for anyone who requires spiritual support.

Access and flow

People could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.

Managers monitored waiting times and made sure people could access services when needed and received treatment within agreed timeframes.

Referrals for adults with active, advanced, progressive disease could be accepted from a variety of sources including GP's, Macmillan Nurses, district nurses, social workers and specialist nurses. People could also self-refer if they wished. People needed to be well enough to attend day care and tolerate the journey to and from the hospice.

Requires Improvement

Community health services for adults

Everyone referred to the service was visited at home by a registered nurse and assessed against the referral criteria. The day care leader told us from receiving a referral to putting the service in place was usually three to four weeks. The nursing team were able to act as advocates for people.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included people in the investigation of their complaint.

People, relatives and carers knew how to complain or raise concerns. The service clearly displayed information in public areas about how to raise a concern. There had not been any complaints in the past year.

The provider had a complaints policy which detailed the action to be taken in the event of a complaint. The policy stated the timeframes people could expect their complaint to be responded to and how their complaint would be managed. Staff knew how to acknowledge complaints.

Are Community health services for adults well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders did not always demonstrate the skills and abilities to manage and govern the service effectively. However, they were visible and approachable in the service for people and staff.

The service was led by the registered manager. The service had a board of five trustees, who were responsible for adhering to legislation and ensuring funds were available for funding the service. The board of trustees were not meeting their regulatory responsibilities because although four of the five trustees were in the building regularly, they were not aware of the shortfalls in the service so did not have oversight of the service. A business advisor attended board meetings. Trustees met quarterly and the agenda included finance, a manager's update, nursing team update, fundraising and charity shops update. The service benefitted from a stable workforce, with many of the staff having worked at the hospice for several years. Leaders were all very enthusiastic and very passionate about the work the hospice did and how care was delivered to people and families. Staff we spoke with told us that managers of all levels were visible, approachable, supportive and would always listen to staff if they wanted to discuss anything.

Staff described the management as very open and said, "The manager is very supportive and friendly. We can raise any concerns we might have."

Vision and Strategy

Requires Improvement

Community health services for adults

The service had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Trustees developed a strategic plan in December 2021, which set out the objectives for the hospice.

The service had a clear vision, "to maximise the quality of life for those living with life-limiting illnesses within the local community. To deliver a service that was accessible, showed compassion, was dignified and gave care to those families in need and offered respite for carers."

The service's mission described how the service aimed to achieve their vision; this was by offering a support system and valuable respite care to the family during the people's illness and in their bereavement.

The service identified their stakeholders as funding bodies, people, trustees, management, staff and volunteers. Trustees developed the strategic plan, which summarised the current situation and set out the plans. The registered manager plans to retire in March 2023, alongside several members of staff who are also due to retire. However, the registered manager, with the backing of the board of trustees, had secured an arrangement with another provider to take over.

The board of trustee's strategic plan, developed in December 2021, identified the threats faced by the service, these included loss of funding sources, increasing costs and being able to recruit appropriate staff. The strategic plan also identified the opportunities for the service, which included collaborative working with other organisations. The board had identified the objectives they wished to achieve within three years, which included the smooth transition period on the registered manager's retirement. The board had identified the key indicators which would show they had achieved their objectives, these included interviewing each department to learn from their experience.

The board had identified activities which would achieve their objectives. These included further developing the family support service they provided and looking at the experience and knowledge of volunteers, to see if their skills could be used in other areas. The board also identified having more retail outlets and expanding an online retail service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where people, their families and staff could raise concerns without fear.

The strategic plan identified equality and diversity as important. The ethos of the service was to be accepting of all people and provide a safe, secure and pleasant social environment. Staff confirmed this and described the culture within the service as open and positive, with leaders being easily accessible and supportive.

Not all staff had received equality, diversity and inclusion training. Training records showed eight members of staff completed equality and diversity training provided by the day care leader in 2018, one person completed equality and diversity training level two, which was provided by a local authority. The day care leader had not been trained to deliver training and electronic records did not show they had completed equality and diversity training themselves.

All the staff we spoke with told us that all staff, regardless of role, were encouraged to voice their opinions and ask questions, whilst feeling supported to do so. All staff we spoke with told us how much they enjoyed working at the hospice. Staff told us they were able to raise concerns and they were confident they would be listened to.

The service had received many thank-you cards and compliments from people and their families. Comments included, "You have made a world of difference!"

The provider had a whistleblowing policy, but this had not been reviewed since 2017 and not all staff were aware of it. After the inspection, the registered manager told us this policy had been reviewed and provided a copy of the policy.

Governance

Leaders did not operate effective governance processes throughout the service. Management records were not always clear or complete but were stored securely.

Records in relation to the management of the service were disorganised. At the last inspection in May 2019, we noted, "The provider should consider separating and archiving some management records." At this inspection, we found this had not been done.

We reviewed staff files, including staff recruitment and training records, records relating to the management of the hospice and a variety of policies and procedures developed and implemented by the provider. The registered manager had not identified the issues we found.

At the time of the inspection, staff files did not contain evidence to provide assurance recruitment processes were safe and effective. Not all staff files had evidence of a DBS check being carried out, not all files had a full employment history and not all files had a recent photograph. After the inspection, the registered manager provided evidence all staff had a DBS check before they started work and provided the missing information. The registered manager made changes to the type of information and the way it was stored in staff files.

Management records were not all completed with all the information required. For example, cleaning records and water flushing records had gaps. The service did not have records to show all electrical items had been tested and electrical items did not have a sticker on them to show the date they were tested. After the inspection, the registered manager sent us records which showed electrical items in the complimentary therapy room had been visually checked, but not PAT tested. At the time of the inspection, records we saw of vehicle maintenance, tax and MOT were not up to date, although the vehicles were all taxed and had a current MOT. After the inspection the registered manager informed us there were separate records to those we had seen; these contained information about servicing, maintenance and MOT's completed.

Appropriate and accurate information was not effectively processed, challenged and acted upon. Key performance and audit data was not collected and reviewed to improve service delivery. The registered manager did not have a programme of yearly audits in place. The current medicine policy was out of date and had not been reviewed since August 2018, though the registered manager told us this would be reviewed in July 2022. The registered manager told us that due to the COVID-19 pandemic, policies which were due to be reviewed in 2020 were postponed for review until July 2022. The service did not have a training policy to identify how often training should be refreshed. However, the registered manager said the induction and appraisal paperwork, together with parts of the provider's training matrix covered these points.

Audits had not identified shortfalls in all forms of record keeping. For example, not all care records had been reviewed and management records such as cleaning records did not always identify when cleaning had been done. Staff training records had not been audited and although we said at the last inspection that some records should be archived; this was not done. However, following this inspection, the registered manager told us this was being done. Vehicle records had not been audited to ensure vehicles were fit for purpose. There were some records of electrical items being visually tested for safety.

The service had a recruitment policy and procedure but records showed they were not followed. We reviewed five personnel files from a variety of staff members, including employed staff and volunteers. We found inconsistencies with the information kept in each file, as all the files had varying pieces of information for employment, with none having everything needed. For example, there were issues with the on-going process of the storage of DBS information. We were told that these checks were completed, and we did see evidence of this for some staff members, but not for all. After the inspection the registered manager assured us everyone had an enhanced DBS. Only one file had a recent photograph, none of the files had recent appraisals and only one file had full employment history. After the inspection, the registered manager told us annual appraisals had been completed and were waiting to be filed.

We requested to see evidence of staff appraisals. The registered manager sent us a list of names and dates which had been created after the inspection. However, we also received the appraisal record for one person on the list.

The accident and incident log noted one serious incident in 2021, which was reported to RIDDOR. However, the registered manager did not make a statutory notification to CQC until we requested one. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

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 or identify actions to reduce their impact. They had plans to cope with unexpected events.

The service closed in 2020 due to COVID-19 lockdown. When the service re-opened in June 2021, health and safety checks were completed. These included gas safety, electrical safety, fire safety equipment and hoisting equipment. We were told electrical equipment in service user areas had been 'portable appliance tested' (PAT), and after the inspection the registered manager provided some records of some items being visually checked, but not PAT tested. Staff told us electrical equipment in staff/office areas was not PAT tested. Electronic records showed 12 staff had completed fire marshal level 3 award in April 2021 and five of these repeated this training in April 2022. Fifteen members of staff received fire safety training provided by the day care leader in 2018.

The registered manager identified the threats to the service, which included recruiting appropriate staff and funding. Closing due to COVID-19 meant the service lost income, because their charity shops also had to close, and their fundraising events were cancelled. However, the charity shops and tea-room were open at the time of the inspection and the service was in a good financial situation.

The registered manager had told the proposed new provider they will need to employ new staff, because many staff are approaching or have reached retirement age and the changeover was an appropriate time for them to leave. The registered manager will work alongside a new manager and staff have also agreed to work a transition period with new staff, to ensure a smooth transition.

Requires Improvement

Community health services for adults

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarms, fire extinguishers, emergency lighting and gas boilers. A fire alarm test was conducted during our inspection and we saw the fire doors closed automatically. The service had contingency plans for dealing with events which would stop the service.

Information Management

The service did not collect reliable data and analyse it. However, the information systems were integrated and secure.

Information was being provided to staff regarding the developments of the organisation and how this would affect their roles. The registered manager held meetings for staff to update them around the proposed new provider. However, staff told us they did not have regular meetings unless there was something important to discuss. At the time of our inspection, most staff had been informed about the planned changes when the registered manager retired, and the information was being shared in the wider community. A member of staff had recently taken on the role of internal communications. The member of staff had requested this role during their appraisal and had drawn up a list of distribution groups.

The organisation was fully compliant with the General Data Protection Regulation (GDPR) 2016. GDPR became mandatory in May 2018 for all organisations and replaced the Data Protection Act 1998. Personal information was kept securely and maintained the confidentiality of patients. Information was only shared with relevant agencies after people's consent had been obtained.

Engagement

Leaders and staff actively and openly engaged with people and staff to plan and manage services. They collaborated with partner organisations to help improve services for people.

Service user satisfaction questionnaires were sent out to people who used the service to seek their views on the care and service received. The last survey was completed in March/April 2022 and the results were being analysed. The registered manager used this information to drive improvements to the service. For example, people attending the hospice requested newspapers, so these were provided. People not well enough to attend the hospice were also given the opportunity to complete surveys, and changes because of the survey meant people at home were offered complementary therapies. People were asked about the foods they wished to have and activities they wanted.

A newsletter was published for distribution in the community. Newsletters gave information about the support the service provided, which included the proposal to open the service on Mondays, information about the wellbeing and support group, the bereavement support available and monthly dementia support groups. The newsletter also gave information how to raise funds for the service. Information about the tearoom was also included.

Everyone, volunteer staff included, worked very hard organising events to raise funds. Popular events advertised in the current newsletter included the summer fete and family fun dog show, a strawberry tea and an auction. The registered manager engaged in group talks with organisations such as the Women's Institute and the service hosted open days.

The service engaged with people and their families by providing a variety of groups for support, such as the bereavement and befriending services. The service had also talked to another local organisation who were experts in the field of mental health and provided people with the information they needed to contact them.

Requires Improvement

Community health services for adults

People were asked to provide feedback once a year and the provider made changes as a result.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

People using the service benefitted from an innovatively designed dining chair fitted with a device which enabled staff to use wheels to help people sit at the table comfortably, yet locked brakes when the wheels were not in use.

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service failed to safely assess and review the risks to the health and safety of service users receiving care or treatment. Service user care plans did not show staff had reviewed the risk assessments for the health and safety of service users receiving care and treatment.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service failed to ensure service users were protected from abuse and improper treatment. Training records failed to provide assurance staff were trained to the appropriate level to ensure children and adults were protected from abuse and improper treatment. The person responsible for monitoring and delivering safeguarding training had not undergone specific training to make them competent to do so. Not all staff knew how to make a safeguarding referral.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service could not demonstrate staff and volunteers had the qualifications, competence, skills, and experience to perform their role safely.

This section is primarily information for the provider

Enforcement actions

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service failed to establish and operate an effective recruitment process to ensure staff were fit and of good character, with the necessary qualifications, skills and experience which are necessary for the role and work the role they were employed.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service failed to establish systems or processes to effectively assess, monitor, and improve the quality and safety of the service. We found that policies were out of date. The service also failed to assess, monitor and mitigate the risks relating to the health and safety and welfare of services users and others who may be at risk which arise from the carrying on of the regulated activity.