

Sue Ryder

Sue Ryder - Wheatfields Hospice

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Wheatfield's Hospice on 17 and 19 May 2016. Both inspection days were unannounced which meant that the staff and registered provider did not know we would be visiting. At the last inspection in December 2013 the service was meeting the regulations we looked at.

Wheatfield's Hospice (in patient unit) provides specialist palliative and end of life care to a maximum number of 18 people. The service also supports around 321 people in the community. At the time of our inspection visit there were 15 people who used the (in patient service).

The hospice had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. However in people's care plans there was no evidence to support this. We spoke to the Head of Clinical Services who told us new care plans were starting within the next few days through an online system. The registered manager told us they had recognised short falls in their care plans and this new documentation would rectify this.

Staff understood people's individual needs and the support they and their family members required. We saw that care was provided with the upmost kindness, respect and compassion. People who used the service and relatives spoke extremely highly about the care and service received. People said their right to privacy was fully protected. People told us the service they received were excellent. The hospice provided very good family support, counselling, a befriending service and bereavement support within and outside the hospice.

People and relatives spoke very highly of the complimentary therapies that were available to both people who used the service and their relatives.

There were very good staffing levels which allowed staff to meet people's care and treatment needs in a safe, timely and personalised manner. The service had recruitment procedures in place. Staff and volunteers had robust recruitment checks, which helped to make sure they were suitable to provide people's care and support.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records contained risk assessments specific to the needs of the people we looked at.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and the action they would take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

The management of medicines was safe and people told us their pain was well managed. However, pain recording charts were not completed in the care plans we looked at.

Checks of the building and equipment were completed to make sure it was safe. The service had a comprehensive maintenance file which included any outstanding actions and completion dates throughout.

People told us the food provided was very good. Nutritional assessments were undertaken to identify risks associated with poor nutrition and hydration. The chef took time to speak to all people before the meals were given to ensure they received the choice and meal they wanted at the time.

People's individual views and preferences had been taken into account when their care or treatment plan had been developed. However, care plans were not person centred. The registered manager told us this had been recognised and were addressing this at the time of inspection. Relatives and friends were able to visit the hospice at any time; they told us that they were always made welcome.

The registered provider had good effective systems in place for responding to people's concerns and complaints. People were asked for their views about the service they received. The registered manager told us they used this as a learning process to ensure people received a high level of care. Staff told us that the service had an open, inclusive and positive culture.

The service had extensive support from other healthcare professionals such as GP, nurses, psychiatrists and tissue viability nurses who supported staff and people with their individual care needs.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding vulnerable adults and children, and knew the action to take if they were concerned with any type of abuse.

There were sufficient staff on duty to meet people's needs. People had access to out of hours specialist palliative care doctors. Robust recruitment procedures were in place to make sure staff were suitable to work with vulnerable adults.

Staff managed people's medicines safely and effectively in the service.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

We found the service was not meeting the legal requirements relating to the Mental Capacity Act 2005.

Staff training was provided. There were processes in place to keep staff up to date with any training requirements.

Is the service caring?

Good ●

The service was caring.

People were supported in a caring way with dignity and respect. People told us they received excellent care which promoted this.

People's individual wishes were taken into account. Staff did all they could to ensure their 'wish list' was carried out while meeting their needs.

People were treated with the upmost compassion and received dignified end of life care and support.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

There was no pain assessment in place for people in the care plan. Therefore the care plan did not have person centred information.

People said their views were always listened to. Any concerns were taken seriously and addressed.

Is the service well-led?

Good ●

The service was well led.

The management team led by example. The provider listened to people, families, staff and volunteers views on the views of the service.

People told us the service was very well managed and people told us they received a high quality care which met their individual needs.

The hospice had a focus on continual improvements within the service.

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

This inspection took place over two days on 17 and 19 May 2016. Both days were unannounced. The inspection team on day one consisted of one adult social care inspector, a specialist advisor with a background in nursing, a specialist pharmacist inspector and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector returned to the service to complete the inspection.

Before the inspection, the provider completed 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.

We reviewed all the information we held about the hospice, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority or Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals who were familiar with the service. Their comments can be read in the main body of the report.

At the time of our inspection there were 15 in - patients at the hospice. The service also supported 321 people in the community. During our visit we spoke with seven people who used the in- patient service, four relatives, and eight members of staff, a visiting health professional, the clinical pharmacist for the hospice,

family support team leader, clinical systems support analyst, the registered manager and the head of clinical service. We spent some time looking at documents and records related to people's care and the management of the service. We looked at three people's care records and two people's medication records. We spoke with 10 people who received support in the community and eight relatives on the telephone after the inspection.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I feel safer than I have felt anywhere else. There are always people around to talk to or help me if I am feeling anxious. When I Press my bell they always answer within a few minutes. Staff are always popping their head around the corner to ask about how I feel." Another person told us, "I feel safe as there is always somebody around." Another person told us, "I feel safe because the ladies are always asking after me." A relative of a person using the service told us, "Dad is looked after we can't do it at home; it is a good place for him." Another relative told us, "I am happy to know [Name of person] is safe here." People receiving care in the community all said they felt safe in their own home when anyone from the hospice came out to see them.

Records relating to recruitment showed the relevant checks had been completed before staff and volunteers worked unsupervised in the hospice and also in people's homes. This included employment references and Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. In addition staff received induction training and a period of shadowing with more experienced staff.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us safeguarding was about keeping yourself and people safe from any potential harm. All the staff we spoke with said they would report any concerns to the nurse in charge or registered manager. Staff said they were confident the nurse and registered manager would respond appropriately. The provider had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training and that the procedure guide was located in the office. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Nursing and care staff were available to in-patients and people attending the day care services. We saw there was no undue delay in answering people's call bells. We observed enough nursing and care staff to support the people and relatives needs on the day of inspection. People told us they felt there was enough staff to support their needs. One person told us, "Wheatfield's is unique in my experience staff give you more time than ever I never want to go back into hospital. There are always plenty of staff around which makes me feel that people have bothered." Another person told us, "They're always nurses and doctors walking about the corridors, they are always asking about me and asking if I want a cup of tea." A relative of a person told us, "Always plenty of staff about and they ask about family as well as dad." Another relative told us, "The staff are always popping in to see how [Name of person] is."

In the PIR the provider told us, 'Safe staffing levels in line with people's assessed needs.'

The provider had a detailed system for assessing risk to people and staff. The whole nursing and care team ensured the main focus of their care was for people, but also ensured that dependents were being cared for

by the pre bereavement care team to promote and support vulnerable children whose parents or relatives were at the end of their lives. People's individual risk assessments included assessing the risk of falls, pressure area, and nutrition. General risk assessments were also in place for the hospice which included risks of using electrical equipment, hoisting facilities and kitchen equipment.

In the PIR the provider told us, 'Management of medicines policy - training staff competency assessments, audit, formal arrangements with local pharmacy, stock checking, medicine decision tree for errors are in place at the hospice.'

People's medicines, including controlled medicines, were safely stored and there were systems in place for ordering, receipt and disposal of medicines. The hospice received their pharmaceutical services, both supply and advice, by a partnership arrangement between the hospital trust and a local community pharmacist. The hospice had a pharmacist working 3.5 days per week. They also had a pharmacy technician who looked after the ordering and stock management of medicines within the service. This meant that any new medicines were quickly available for people at the hospice including via the 24hour on call at the hospital. The on call team is for anyone in the hospice or community who may need support. The hospice had a team of people who supported the on call role 7 days a week. The hospice pharmacist was actively involved in training and updating staff about the safe handling of medicines. They were involved in induction training and provided regular updates. Staff underwent an annual syringe driver update. This meant nurses had the required and up to date training needed. Competency framework tools were available for all staff in the hospice and out in the community staff for all medication within the hospice.

Any medication errors or near misses that occurred were reported using the DATIX system. DATIX is risk management software that is used widely throughout the NHS. These reports were shared at ward meetings which was attended by the head of care, ward staff, doctors, community team and education team and also at the pharmacy group meeting. The pharmacy group meeting included the pharmacy team who was involved in the hospice medication in and out in the community. It was hoped that by learning lessons from what had occurred, similar mistakes could be avoided. The pharmacist also attended the Medicines Safety Exchange, which is a multidisciplinary network that meets in Leeds and works to prevent harm to patients from medication use.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record them should they occur.

The hospice had a wide variety of equipment such as overhead tracking hoists, manual hoists, assisted baths and grab rails. Records confirmed that there were suitable systems in place for keeping equipment clean and serviced.

On the first day of inspection we observed a fire alarm check taking place in the hospice. We saw documentation to evidence weekly checks on both fire and water had been completed and regular fire drills had been completed by all staff.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We looked in three care plans and found no evidence of any capacity assessments or best interest meetings had been completed for people who needed them. In one care plan a recent review had been completed in relation to cognitive decline. There was no evidence of any best interest or capacity assessment for the person been completed. In another care plan it was evidenced a relative had signed all forms relating to their care although there was no evidence in the persons notes of cognitive impairment or disturbance.

These examples demonstrated the service was not meeting the requirements of the Mental Capacity Act 2005. This is a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit, there had been one application to place a restriction on a person's liberty. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of this and confirmed they had received training in MCA but this had not impacted in staff confidence and competence to apply in practice. One member of staff told us they felt the training did not enable them to complete any paperwork relating to mental capacity.

The care plans we looked at had wound management plans in place in two of the files we looked at. The registered manager told us they had recognised this and were in the process of transferring to an electronic system which would ensure that all information needed in the care plans would be more robust as all the relevant paperwork had been updated through the online system. This was due to commence the week after the inspection.

People and their relative's spoke highly of the care and support received by the hospice both in and out of the community. One person told us, "I do not know what I would have done without all the care and support I have received from the hospice. I am forever grateful." One relative told us, "Mum had to change rooms due to her deterioration this morning and was worried about this, but the way the staff went about it was very reassuring and a very smooth move. I feel confident if something is worrying me I can approach any member of staff, if they are not the appropriate ones they always put me in touch with others."

The registered manager told us all staff received supervisions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager told us these could consist of group supervisions and one to one meetings with staff individually. This was evidenced within the policy that staff would receive these. Staff confirmed they received group supervisions and one to one meetings and told us they felt well supported. However, we looked through eight clinical staff files and saw staff had not been receiving one to one meetings consistently and was not recorded on the documentation required by the service these were written on blank pieces of paper. These were not signed by the staff member and in most cases not by the nurse in charge who had completed these. We spoke to the head of clinical services and the registered manager who told us this would be addressed immediately. We evidenced other staff supervisions and one to one meetings which were applied on the documentation which was required by the service for all staff to use. We saw records to confirm staff received an annual appraisal which included a review of performance and progress within a 12 month period. This process also identified any strengths or weaknesses or areas for growth.

In the PIR the provider told us, 'The Practice Educator has also undertaken Training Needs Analysis for the clinical areas to ensure the training programme meets the demands of the clinical services. A comprehensive annual training brochure is available. Provide a comprehensive induction plan and a tailored preceptorship plan for all staff and volunteers across the hospice.'

Induction was structured and included an introduction to the hospice layout and working of the day unit as well as being provided with human resources and contractual information. Nursing staff told us that as part of their induction they had two weeks of shadowing a fellow professional. Volunteers also received a comprehensive two day training programme.

All staff completed training of which included, moving and handling, infections control, safeguarding adults and children, health and safety, fire safety, basic life support, mental capacity information governance and equality and diversity on a yearly or two yearly basis. The registered manager told us where there were gaps in training for staff, this had been identified and training had been booked.

Staff also received an extensive programme of in house training which was specific to their job role and people who used the service. We saw that staff had received training on syringe drivers and their competency was assessed while completing an annual medication assessment. Other training included the management of diabetes, Parkinson's, Dementia, end of life care, radiotherapy side effects and ethical issues in nutrition.

The management team at the hospice were able to support nurses in their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice.

People who used the service were complimentary about the food provided. Nutritional assessments were undertaken to identify risks associated with poor nutrition and hydration. The chef took time to speak to all people before the meals were given to ensure they received the choice and meal they wanted at the time. One person said, "The food is good although my appetite is very small. Always plenty of choice and the food looks good and appetising." Another person told us, "The food is nice always three choices starter main course and dessert, it always looks nice, the chef comes round to make sure we have enjoyed our meal or if we would like anything special." A relative we spoke with said, "The food is very beautiful and a good choice and always looks great I know my mum receives nutritional meals here."

A health professional we contacted told us, "I cannot praise the hospice enough; they support people

individually by their own needs and take time out to sit and talk to them individually." The medical leadership is fantastic."

People and relatives who used the service spoke very highly of all the staff who worked at the hospice, one person said, "I see lots of people smiling and having fun you can do what you want to here. I have seen a few people in pain who were quickly looked after by the nurses and doctors." Another person told us, "Sometimes I think I am being a nuisance when I talk about my pain but the doctor was very helpful in telling me I could have pain relief if I wanted without being forceful." Another person told us, "The staff are fabulous. Every one of them are truly professional and nothing is too much trouble. If you have any worries or concerns there is always someone you can turn to." A relative of a person told us, "The doctor is always walking round to see if we are all alright. My father is well looked after by all the nurses and doctors here."

In one area of the hospice there was a rack full of information leaflets. These provided information on areas such as Macmillan support, managing breathlessness, cancer, radiotherapy, lymphedema and sexuality and cancer. This meant that useful information was available for people who used the service and relatives should they wish to read it.

The hospice ran a range of additional services to support patients while they were living in the community. This included 24 hour, seven days per week telephone services where patients could phone at any time for support or advice. There was always a duty nurse each day who discussed patients or relatives concerns with them and then decided if the person needed emergency admission or if they needed to see a community nurse or doctor at home. This gave patients and carers the reassurance that they were never left without care and support when they needed it.

Is the service caring?

Our findings

People, their carers and relatives told us they were extremely complimentary and happy with the care they received in and out of the hospice. They told us they felt they were treated with dignity and respected by all the staff. Some of the comments people told us were, "I think to sum up what we have experienced I would say it is dignified end and empathetic care to both patient and family." "They are very caring I have never known such care." "I feel well looked after and I never knew such a place existed." "The staff are a god send, marvellous couldn't do anymore I am so grateful of the care and support." Another person told us, "I was afraid at the end of my life my dignity would be taken away, how wrong was I; I am treated with the upmost dignity in all my care needs by everyone of the lovely amazing staff here. I try to do as much as I can for myself which the staff here encourages me to do." One relative of a person told us, "Yes in relation to [Name of person] privacy they take all that into account and more. Staff are really support driven by what we want to do. They looked after [Name of person] previously so I am aware of how people are treated it's wonderful."

In the PIR the provider told us, 'Team leaders have clearly defined expectations to observe and supervise clinical staff in practice to ensure that all care is delivered with compassion, kindness, dignity and respect.'

We viewed questionnaire's which had been recently completed this year of people's experience of their care. 100% of people agreed they were treated with dignity and respect. 100% of people also agreed they would recommend the service to people. All the people we spoke to at the time of inspection all echoed the same saying they were extremely happy with the experience they had both in and out of the hospice. We saw on both days of inspection staff knocking on people's doors before entering. We observed there were call bells in every room, with emergency button so people were able to summons assistance. Outside each bedroom there was a light which indicated to other staff that the person was been attended to. This meant people would not be disturbed whilst being attended to. There was also privacy curtains where, and do not disturb signs on peoples doors, so people could choose when they did not want to be disturbed. We observed all of the privacy provisions had been respected by all staff. We observed a staff member supporting someone to the garden as they said they would like to go outside. The staff member encouraged and supported the person to walk outside into the garden with a cup of tea. The staff member held the cup of tea for the person so they were able to walk outside. The person went on to say, "Thank you for taking the time to walk with me to the garden I know it takes me along time to get here. You are all wonderful and go above and beyond what you need to do, this means the world to me to be able to sit out here when the weather is nice." The staff member was observed chatting and laughing with the person about all the fish in the pond.

We saw people's wishes were respected and acted upon by the hospice staff. Staff worked with other health and social care professionals and volunteer groups to enable people to carry out specific wishes, especially where people had expressed what they would like to do before the end of their lives. Staff we spoke with told us of the importance of upholding people's wishes at the end of their life. One staff member told us "If we can make a difference to someone's life then I feel I have done my job to the best of my ability." A staff member told us about a person who was in the last stages of life when they were admitted into the hospice from hospital. The person could not hear as they had lost their hearing aid whilst in hospital, so the person

was unable to communicate with their family members in the last days of life. The hospice arranged for an audiologist to attend the following day to fit a hearing aid for the person. The staff member told us they all remembered the smile on everyone's face. "It was just so nice to be able to support that person and their family to be able to communicate in the last days of their life." Another staff member told us how they facilitated and supported one person to take their son to a football match. The hospice arranged tickets and transport to ensure the person could spend quality time with their son. The person had expressed at their initial assessment at the hospice, they wanted to spend quality time with their son. The staff at the hospice were able to make this happen. Another member of staff told us of a husband and wife who went for a meal to their local restaurant where they first met. This was arranged by the hospice and they ensured the person who used the service had their medication in place before they went out. The husband had requested this outing take place when he started to use the service. This wish was recorded in his care plan and what support would be required to enable it to happen. One relative of a person told us, "There is always friendly staff around to speak to dad. In particular, a lady called [Name of staff] was very supportive around my dad's end of life wishes. She pitched everything at the right level so we could understand. I do a lot of work for charity and have already decided when my father passes I will come back and volunteer with Sue Ryder."

The service recognised the significance of family during this difficult time. People's relatives and carers were able to visit at any time. In addition, facilities were available for relatives and carers to stay overnight. One relative said, "I have stayed here for a few nights now. I am well looked after and so is [Name of person] it's so important the time we have together." Another relative told us that they felt the hospice was lovely to bring younger siblings due to the lovely gardens at the hospice. People told us of the importance of having their family staying at the hospice with them. One person told us, "I have never stayed away from [Name of person] before in over forty years so it was important to both of us that we could stay together. This means everything to us." Another person told us, "I like to know that if I want my family to stay near the end of my time they can."

People told us they were given choice and involved in decisions about their care and treatment. One person said, "The staff have always explained to me about my illness in a way a Yorkshire man can understand." Another person told us, "I feel fully involved in everything that happens and they do not do anything without talking to me first. They talk to me not at me." A relative told us, "The way things are told to my father in terms of his choices are very considerate. One night my father wasn't sleeping very well and decided to ask for a slice of lemon, this was no problem for the staff and they brought it right away. Dad told us that he didn't feel bad about asking for this." The person told us that as a result of this, they had slept well all through the night. Another relative told us "Dad was given choices of palliative care at home but we decided to come to Wheatfield's. We weren't aware of its excellent reputation before we came. We had to wait on the list before he was admitted not too long." Another relative told us, "We have all been thoroughly involved throughout [name of person] coming here we were asked questions before [name of person] came to Wheatfield's about what he would like and what needed to be put in place to best support him and us as a family."

People told us of the family support service which was available to them and their relatives. The family support services provided pre, ongoing and post bereavement support to people and their wider family support networks via the social workers. The main emphasis was on psychological support for people, relatives and carers; however, they also provided practical support in other areas including finances, housing, and childcare. One person told us, "I didn't know I was entitled to anything until the family service got involved. They have sorted everything out for me and my family. This is one less thing to worry about." Another person told us, "I would be lost in my own world if I didn't receive this support. They are all angels. All the staff that support me are like family, I do not know what I would do without them."

People felt their spiritual needs were met and respected by staff. There was a room which was used as a chapel. People, their relatives and friends could use the space as another quiet room. The service had additional quiet rooms for people and their families. One person told us, "I am not religious but it is nice to know that if I needed to speak to someone I could."

People's views about their end of life wishes were recorded. Care plans we looked at showed how people wanted to spend their final days. One relative of a person we spoke to told us of how staff had supported and listened to her and her husband about their wishes. She went on to say, "We can honestly say we feel in total control of what we want to happen next. The staff are wonderful and I cannot tell you how much they have supported us both. We are forever grateful." People we spoke with confirmed they had been fully involved in their care planning and had been asked about their end of life wishes. One person told us, "I do not want to be resuscitated in I have a sudden collapse." We saw the appropriate form for "Do not attempt resuscitation" (DNAR) had been properly completed.

Is the service responsive?

Our findings

People told us they felt the service was very responsive to their needs and wishes. One person told us, "When I press my bell it is always answered, I have never waited a long time." One relative told us, "Good continuity of care, before admission the district nurses were never the same one, now it is a completely different story. We are very confident in the nurse's skills and their approach with my father is very good and gentle always trying to maintain his choice and independence. There was one particular situation where we were concerned my father may fall out of the bed, so we asked how we could prevent this and give my dad his wishes. They gently convinced him that they will lower his bed and put crash mats either side of the bed. Previously my father had stated that he didn't want rails putting on the side of his bed so the nursing staff came up with a good compromise."

During the inspection we observed staff provided person-centred care, responded to people's needs, giving them the time and support they required, and supporting the practical and emotional needs of families.

People were referred to the hospice by a range of professionals, including GP's, members of the palliative care team, and hospital and community teams. The decision to admit was based on a multi-disciplinary assessment which defined the need, urgency and reason for the referral. Staff at the service carried out their own multi-disciplinary assessment of needs on admission. The in-patient unit also provided end of life care.

We reviewed the assessment and care planning documentation for three people who used the hospice. People and relatives told us they had been fully involved in drawing up the plan of care and making decisions. We noted the system of planning people's care included the use of core plans these were pre-printed documents and into which the person's name was added. There was scope for individualising these care plans, by the addition of extra information unique to the person, but none of the care plans we looked at had been adapted to the individual person. The care plan included general care to be provided to people. For example, we looked at the pain assessment records for three people which had not been completed. In one of the care plans the person had a history of pain and had pressure sores, however there was no assessment in place for their pain. We discussed care plans with the management team who told us they were in the process of moving to new documentation which would be more individualised. The registered manager told us they would ensure these care plans would be person centred and reflected the high level of quality care and support that was provided.

People praised the complimentary therapies provided by trained therapists which were free of charge. The management team told us that massage, aromatherapy, relaxation, acupuncture, reflexology amongst other treatments was provided. People told us how these therapies had provided them with relief and relaxation for them and their families. One person said, "I am very happy with the alternative therapy, I take part a few times a week in reiki and massage, it helps a great deal to reduce pain." Another person told us, "I have Physio a few times a week which is going very well."

Wheatfield's Hospice offered support and counselling to people who used the service, families anticipating death and support and counselling through bereavement. This support was also extended to adults,

children, young people and families who were not connected to the hospice but who have experienced the death of a significant person in their life. People told us of the support they received during this difficult time. One relative told us, "When the nurse comes to see my husband she spends time chatting to me as well they are angels."

People who used the service told us they could express their views and were involved in making decisions about all aspects of their care. They told us they felt listened to. People and relatives told us they were aware of how to make a complaint and they would not hesitate making a complaint to staff or the registered manager. We saw the hospice's complaints leaflets which were available in the entrance and throughout the hospice. This provided people with information on who they should contact and timescales for action. The leaflet also provided people with information on other organisations they could contact such as Citizens Advice. The leaflet also mentioned that people could share information with the Care Quality Commission and provided information on how to do this. This meant people and relatives were provided with the information they needed should they wish to make a complaint.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at complaints investigation records which informed that complaints were thoroughly investigated and people and relatives received a response.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

There was a clear management structure at the hospice. The staff we spoke with were aware of the roles of the management team and told us they were approachable and had a visible presence within the hospice at all times. All staff we spoke with told us they had a commitment to providing an excellent quality service for people who they supported. One staff member told us, "We are all supportive; we need to be able to do our job. It is a hard but rewarding job." Another staff member told us, "I feel supported by the management if I need anything I could talk to anyone in the hospice that's just what we do we care about each other."

During the inspection the management team were visible in the hospice and we saw they related well to staff. Staff said the management team were approachable and they felt comfortable and confident to question practice or to raise any matters with them. Senior management were available out of hours and at weekends to support staff and come in where required.

Our observations at the time of inspection confirmed that staff were highly motivated, enthusiastic, kind, and supportive and involved in every aspect of their role. Team work and communication between staff was very good, as was communication with people and their visitors. People and their families all said they felt welcome and looked after throughout their time at the hospice.

Team meetings were held regularly and were well attended. This was evidenced from the last twelve months meetings Staff told us this was an opportunity to share information and put their views forward. Staff told us they felt listened to. Staff confirmed the service demonstrated transparency and openness in its workings in which there was a reporting culture with no blame

Records reviewed showed the service had an extensive range of quality assurance and clinical governance systems in place. Health and safety audits had been conducted and where actions had been identified these were quickly rectified. Infection control audits were performed and showed continual assessment of any risks. Audits were evaluated and where required, action plans were in place to drive improvements. This meant there were robust systems in place to regularly review and improve the service.

There was quality improvement plan in place for the hospice. This covered all areas for growth and improvement as well as recognising achievements from the staff, volunteers and relatives. Part of the improvement plan was to further the online care plan system to ensure all care plans had all the information required for each person at the hospice. The registered manager spoke about how this would enable all staff to have the information needed to record effective individualised care plans.

People and their relatives from the inpatient and outpatient units were asked for their views about the hospice through surveys and questionnaires in 2015. People and their relatives were extremely happy with the overall care they received and 100 % of people said they would recommend the hospice to other people.

Where any improvements had been identified, it was clear action had been taken by the provider to ensure this was completed. One example was one person had recommended another room to be available for families if they would like to sit and talk in a smaller room than the large room available. The registered manager had acted upon this and was in the process of renovating a small sitting room. This meant the hospice was listening and acting upon any suggestions made by people and their families. Records of meetings with people and their relatives were clearly recorded.

The service provided weekly updates and quarterly newsletter for people and their which included all information on the service, what they were looking into improving within the service and how this would affect people. Fundraising had a large impact on the service and this was included in the newsletter for everyone to see.

In the PIR the provider told us, 'There are links with specialist services across the wider citywide healthcare setting e.g. IPC Team, Tissue Viability Nurse Specialist, Dietitian.' This meant people had access to a wide range of professionals to support with their care.

There were strong links within and out of the organisation. These included tissue viability nurses, dieticians and GPs. The service had quarterly meetings in place with the management team to look at the effectiveness of the service and what needed to be put into place including timescales for staff to complete. We observed on the day of inspection weekly, monthly and quarterly reports for each area of the hospice to ensure all the services provided met people's needs. The hospice was continuously involved in talks with the public and social media in promoting the hospice on what they could provide for people. The registered manager told us, "The more people know about us the more people we can provide a service for."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 11 HSCA RA Regulations 2014 Need for consent
Transport services, triage and medical advice provided remotely	The service did not ensure peoples capacity was assessed. We looked in three care plans and found no evidence of any capacity assessments or best interest meetings had been completed for people who needed them.
Treatment of disease, disorder or injury	