

The Rowans Hospice

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on the 27 and 28 September 2016. The last comprehensive inspection of the Rowans Hospice took place on 19 February, 2014. During this inspection we found the service's systems for the storage and disposal of medicines were not safe. At this inspection we found that the provider had taken the required action to ensure medicines were stored and disposed of safely.

The Rowans Hospice (aka The Rowans or Rowans) is a charity dedicated to improving the lives of people and their families in Portsmouth and South East Hampshire living with life-limiting illness. The Rowans Hospice provides specialist palliative care to people, carers and families who are facing complex physical, emotional and practical difficulties arising from advanced progressive life limiting illness. This may be cancer or other diseases. The service delivers physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists. The service provides care for people through an inpatient unit (IPU), outpatient day service, a hospice at home service and Living Well Clinics.

There are nineteen in-patient beds, all in single room accommodation with en-suite bathrooms. At the time of our inspection there were 15 people using the in-patient service. The hospice at home service offers additional support to people and their family carers, enabling people to stay at home and receive high quality end of life care. The service is available 365 days a year and provides people and carers access to specialist advice and nursing visits on a 24 hour basis. The Rowans Hospice also has a Day Care service which provides short-term placements.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at The Rowans Hospice was the Director of Clinical Service (aka The Matron).

People who used the different aspects of the service told us the quality of care and kindness provided by professional staff made them feel safe. Staff were able to explain their role and responsibility to protect people from abuse.

Care records demonstrated that potential risks to people's safety were identified and plans were created to mitigate them. Risks to each person's health and well-being had been considered and assessed, for example people's mobility, skin care and nutritional needs. We observed staff supporting people to prevent any identified risks in accordance with people's risk assessments.

There were sufficient staff to meet people's needs. The relevant head of department completed a daily staffing analysis to ensure there were sufficient suitably qualified staff available to meet people's needs.

When people's health deteriorated quickly we observed the staff ability to provide one to one care increased people's safety and reduced the risks of harm to them.

The provider ensured that robust pre-employment checks were completed on all staff and volunteers as part of their recruitment. People were cared for safely because all staff and volunteers suitability for their role had been effectively assessed before they were appointed.

People were protected from harm because there were safe systems in place to ensure patients were not exposed to the risks associated with medicines.

People spoke positively about the quality of care and support they received from staff. Due to the expertise and knowledge demonstrated by staff, people were confident that they were well trained and supervised.

Staff had been trained to deliver best practice in relation to end of life care. Staff also had to complete regular training in relation to people's clinical needs. This ensured staff had the appropriate knowledge and skills to support people effectively and were enabled to retain and update their skills as required.

The hospice at home staff knew people's needs and managed risks to people being supported to live with their illness at home, in accordance with their wishes, for example; physiotherapists arranged specialist equipment to be installed in people's homes to provide the support required.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and were able to explain the main principles. Records demonstrated that the provider operated processes of mental capacity assessment and best interest decisions which promoted people's safety and welfare when necessary and protected their human rights.

People had nutrition and hydration assessments and plans, which were up-to-date and where necessary recording of people's intake had been completed.

People's healthcare needs were described in their care plans which took account of the person, their family and friends and their wishes regarding their treatment and aspirations. People were supported at the end of their life to have a comfortable, dignified and pain free death.

People received outstanding care from exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in supporting people living with a life limiting illness. Staff consistently cared for people that mattered to the person using the service with empathy and understanding.

An outstanding feature of the bereavement service provided to children were the 'Meerkat Service' which is run from an office in the in-patient unit called 'Meerkat Central'. The Meerkat Service' provides specialist support to children and young people who have a significant adult, such as a parent or grandparent with a life-limiting illness or who have been bereaved of an adult close to them.

The hospice was outstandingly responsive to the needs of the people in their community and services offered by the hospice were shaped to meet these needs. Whilst Rowans Hospice provided a responsive service to meet individual's needs the provider was also responsive at a strategic level, for example; extending the geographical area it covered within Hampshire to meet the needs of a greater community at the request of GP's and commissioning groups.

People in the community with complex dementia and end of life care needs were now supported by a

Dementia Voice Nurse (DVN) as part of a joint initiative led by The Rowans. This initiative demonstrated the Hospice's commitment to serve their local community and to implement innovative practices to drive quality across the service. The environment in the IPU was dementia friendly and the hospice worked with local care services to ensure people living with dementia received end of life care when needed.

In line with recommendations from the 'Bridging the Gap' report (Woolf Institute) which looked at ways of strengthening relations between hospices and different cultures the registered manager had continued to embed the provider's community engagement strategy to include visits to local mosques and synagogues. The provider sought feedback from people, their relatives, staff and community professionals using various methods, which was overwhelmingly positive. All concerns and complaints had been reported, recorded and investigated in accordance with the provider's complaints policy. The provider used concerns and complaints as an opportunity for learning and improvement.

People and their families made positive comments about the high quality of care provided and the effective management of each aspect of the service. Governance of the service was of a high standard and robust quality assurance systems were in place to ensure shortfalls would be identified and improvements made when needed. The Rowans Hospice annual Quality Account which is published on the provider's website sets out the priorities for the service which are focused on patient safety, patient experience and clinical effectiveness.

The organisation's vision and values emphasised respect for each other, put people at the heart of the service and focused upon enhancing the lives and wellbeing of people who used the services. We observed staff demonstrating these values in their everyday care practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from abuse. Staff had completed safeguarding training and understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their support plans to keep them safe when delivering their care.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people`s needs at all times.

The provider had appropriate arrangements in place to manage people's medicines safely. Medicines were stored and disposed of safely.

Is the service effective?

Good 

The service was effective.

People received support and care from staff who were well-trained and used their knowledge and skills to meet people`s needs effectively.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

Staff encouraged and supported people to have sufficient to eat and drink to maintain a balanced diet that met their individual needs.

People's health needs were carefully monitored by staff who made prompt referrals to healthcare professionals when required to maintain their health.

Is the service caring?

Outstanding 

The service was very caring

People received outstanding care from exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in supporting people living with a life limiting illness.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this.

People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they matter.

People were actively involved in making decisions and planning their own care and support. Staff listened to and respected people's views, which they acted upon.

People were treated with dignity and respect at all times and were supported to have a comfortable, dignified and pain free death.

Is the service responsive?

Outstanding 

The service was outstandingly responsive.

The hospice was outstandingly responsive to the needs of people's families and the wider community. The hospice used the creative 'Meerkat service' to support young people through their bereavement.

The environment in the IPU was dementia friendly and the hospice worked with local care services to ensure people living with dementia received end of life care when needed.

Information about how to make a complaint was available and people were able to raise concerns easily. When complaints had been made, they were used to learn lessons and drive improvements in the service.

Is the service well-led?

Good 

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in

the delivery of people's care.

The service had strong links with the local community and worked effectively in partnership with key organisations to support care provision, service development and joined-up care.

The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and clinical governance systems to drive continuous improvement in the service.

The Rowans Hospice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 September 2016 and was unannounced.

The inspection was carried out by an adult social care inspector, a pharmacy inspector, a specialist advisor and an expert by experience. A specialist advisor is someone who has recognised clinical experience and knowledge in a particular field. In this case the specialist advisor had expertise, skills and knowledge in relation to palliative end of life care in a hospice environment. The expert by experience was a person who had personal experience of having used a similar service and had cared for someone who had used a similar type of care service.

Before the inspection we read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We reviewed the Provider Information Return (PIR) about the service. 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 also looked at the provider's website to identify their values and details of the care and services they provided.

We spoke with 18 people who used the in-patient unit (IPU), hospice at home and day care service, and eight relatives. We spoke with 26 staff, including the hospice at home lead, the day service lead, lead for the Living Well Centre, the physiotherapy lead, 16 nurses and care staff, the two housekeepers, one chef, three social workers and 10 volunteers.

We also spoke with the provider's registered manager (also known as the head of clinical services/Matron), the chief executive, the medical director, the director of quality, the lead psychologist and two doctors specialising in palliative care.

We used a range of different methods to help us understand the experiences of people using the service who

were not always able to tell us personally. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual. We pathway tracked the care of three people using the IPU service and one using the hospice at home service. Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered.

We looked at 11 staff recruitment files, and reviewed the provider's training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service. We looked at a selection of six medicine records to check medicines were managed safely.

Is the service safe?

Our findings

People told us the quality of care and kindness provided by staff made them feel safe. People and their families frequently referred to the Rowans as a 'peaceful and safe place'. One person told us, "One of the main reasons I feel safe is because all of the staff know me and there are never any strange faces that I don't know." Another person told us, "Of course I am safe here, the carer's are unbelievable and treat me like their own family."

The provider had a safeguarding policy and staff were able to explain their role and responsibility to protect people. This included intervening to prevent further abuse and reporting issues to the appropriate authorities outside of the hospice if necessary. The provider had appointed a safeguarding lead as a point of reference for any staff who had concerns. One member of staff told us, "We are always encouraged to be aware and if we're unsure about something like unusual practice not to be afraid to challenge." One experienced nurse told us the open culture at The Rowans meant staff were supported to ask intrusive questions if they had concerns about people's safety. For example; a nurse was concerned that the medicine prescribed was not usually administered for the person's presenting symptoms and was worried it may have been an error. The nurse immediately spoke to the doctor about their concerns and they explained their rationale for prescribing the medicine. The nurse told us that all of the consultants and doctors were approachable and welcomed questions. Another nurse told us how their training emphasised that it is "all our responsibility to protect people." People were kept safe by staff who could recognise signs of potential abuse and knew the processes to follow when they had concerns.

We saw safeguarding incidents were reported, recorded and investigated in accordance with the provider's policy. Feedback and information regarding safeguarding outcomes had been shared with staff at regular meetings and supervisions. The hospice had a dedicated children's and young people's social worker who was the safe guarding lead for children. People were kept safe when safeguarding incidents had occurred as the registered manager had completed investigations to identify the root cause and had taken appropriate action to a prevent similar occurrences in the future.

Risks to each person's health and well-being had been considered and assessed in the IPU and at home. These included risks relating to people's mobility, skin care and nutritional needs. We observed staff supporting people to prevent any identified risks in accordance with people's risk assessments. Staff told us that they reviewed people's risk assessments at each visit to ensure people would continue to receive safe care. For example; people's physical ability could quickly change necessitating two members of staff to support them to move. Staff were able to describe people's individual risk assessments as described in their care records.

People's risk management plans were reviewed daily by the Multi- Disciplinary Team (MDT), with all significant risks and decisions discussed at the formal weekly MDT meeting. Staff were kept informed of people's risk management plans in the IPU at each shift handover meeting. We observed three handover meetings where the incoming staff asked relevant, probing questions to ensure they understood the needs and risks of people, especially those which had changed.

All staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely. Day-to-day management of the hospice was the responsibility of the Hospice Executive Group. Members of this group assessed and monitored all accidents and incidents daily. In the event of a serious incident the Chair of The Board of Trustees was informed immediately. This demonstrated the provider's commitment to learn from incidents and to maximise the safety of people using the service.

People and staff told us there were enough staff to meet people's needs and keep them safe. People told us that staff always responded swiftly whenever they were needed which we observed in practice. One person told us, "They (staff) have a sixth sense and seem to know when I need them." One relative told us, "The staff are unflappable. You never see them rushing hither and thither in a panic and always in control."

The provider used a systematic approach to determine how staff were deployed. We observed staffing on the IPU reviewed and adjusted daily to reflect and meet the changing needs of people, for example; When one person at high risk of falling became anxious, confused and began wandering, additional staff were made available. This enabled the person to receive the individual support from staff they required to stay safe.'

Staff told us there was an excellent team spirit at The Rowans and colleagues willingly volunteered to cover unforeseen staff absence or when additional staffing was required. Staff told us there were enough staff to ensure people received safe and quality care, for example; being able to spend time to talk with people and not being constantly task driven. One nurse told us, "It is entirely different working here to other places. It's what I became a nurse for. It is a privilege working here because you actually get the chance to nurse people properly." The provider kept their staffing levels and deployment of staff under review to ensure staff who covered for absent colleagues would not become too tired.

The provider ensured that robust pre-employment checks were completed on all staff as part of their recruitment, which records confirmed. Staff had to provide suitable references detailing evidence of their satisfactory conduct in their previous employment, proof of their identity and right to work and reside in the United Kingdom, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical role related interview and had to complete a health questionnaire relevant to their role before commencing work at the service. The hospice received support from volunteers, who were also subject to a robust pre-selection process to ensure their suitability to support vulnerable people. Relevant checks were carried out to confirm the professional registration status of doctors and nurses. People were cared for safely because all staff and volunteers suitability for their role had been effectively assessed before they were appointed.

The provider's Health and Safety Committee were responsible for overseeing the implementation and review of policies and procedures to ensure the services provided were safe. Health and safety systems protected people from harm within the inpatient and outpatient services. Regular audits and daily checks by nominated staff ensured that the environment and equipment used was safe and fit for purpose. Risk management plans had been created to ensure action had been taken to mitigate environmental hazards such as the use of chemicals, the disposal of waste materials, slips, trips and falls. The service had contingency plans to manage emergencies, for example; evacuation in relation to a fire or flood. This ensured the provider had prioritised people's care provision during such an event. Staff understood these plans and knew how to access them if required.

At our previous inspection of the Rowans Hospice on 19 February 2014 we found the service's systems for the storage and disposal of medicines were not safe. At this inspection we found that the provider had taken

the required action to ensure medicines were stored and disposed of safely.

People and relatives told us people had their medicine when they needed it and staff were quick to respond to any needs they had. One relative told us, "If I was to single out one thing they get right out of all the great stuff they do here, it is managing pain." A relative told us, "When (their loved one) could no longer talk about his care the staff were wonderful in the way they talked to me about the effect of drugs to make (family member) comfortable. A pharmacist from a nearby NHS Hospital visited the hospice twice weekly to provide a clinical review of patients' medicines charts and support for the provider's medicine management meetings.

Systems were in place to ensure people received their medicines safely as prescribed. Peoples' own medicines and stock medicines, including emergency medicines were stored safely. Medicines requiring refrigeration were monitored appropriately. Unwanted medicines were disposed of in line with waste regulations. Medicine safety alerts (alerts that are issued nationally regarding faulty products) were sent to relevant staff and records demonstrated that appropriate action had been taken to ensure people would receive their medicine safely. Controlled drugs (CDs - medicines with potential for misuse, requiring special storage and closer monitoring) were stored securely. Nurses carried out weekly stock balance checks. Unwanted CDs were destroyed and CD records were kept according to legislation. The Registered Manager was also the Accountable officer and carried out regular audits to ensure medicines were managed safely and compliance with the regulations.

In-house doctors prescribed medicines for people admitted to the hospice. We looked at peoples' medicines charts; these included details of peoples' allergies, there were no missed doses and all prescribed items were signed and dated by the prescriber. A pharmacist had checked that the prescribing was safe. People's medicines were administered safely.

We observed the morning medicines round. Registered nurses administer peoples' medicines and healthcare assistants could carry out secondary checks of medicines following training. There was evidence of annual competence assessments for all staff involved in the handling of medicines. Staff had ready access to policies, guidelines and references which provided information about the safe and correct use of medicines.

The hospice had an agreed list of medicines that could be administered by nurses, without a doctor's prescription, to ensure patients remained comfortable; doctors countersigned these during their next visit. Patients' syringe drivers (a device that helps control symptoms by delivering a steady flow of liquid medication under the skin) were checked at every round to ensure the equipment was running safely. Patients wearing medicine patches for pain were also checked to ensure they were still in place and working effectively.

Medicines errors and near misses (errors that are identified before the medicine reaches the patient) were reported, investigated and discussed by staff and we saw evidence of teaching sessions that included reflecting on medicines errors. For example; a review and change of procedures had led to a reduce in the number of needle stick injuries experienced mainly by staff.

People and relatives told us that although some of the decoration and furnishings were 'looking a little tired' the hospice was 'spotless'. The registered manager was able to demonstrate a continued programme of refurbishment for the hospice which addressed these issues. The service had infection prevention control policies and procedures following national guidance, which staff implemented effectively. Staff understood their roles and responsibilities in relation to hygiene and infection control. Staff knew each person's

vulnerability to infection and took action to protect them from the spread of infection. Records demonstrated that regular cleaning and infection control audits had been undertaken to ensure staff complied with the hospice's infection control requirements. Housekeeping staff had completed detailed training in relation to the impact of effective cleaning in relation to infection control. Records demonstrated that the hospice kitchen had achieved and sustained a top, five star rating for hygiene standards since 2011, which we observed during our inspection. People were protected by the prevention and control of infection.

Is the service effective?

Our findings

People spoke positively about the quality of care and support they received from staff. Due to the expertise and knowledge demonstrated by staff, people were confident that they were well trained and supervised.

One person said, "The staff always know what to do no matter what is happening and their confidence makes you trust them". A relative told us, "You can tell the staff are well trained in relation to speaking with people and families when they are upset and distressed." A person being supported in the day service told us, "I was a specialist nurse myself so I know what good care is supposed to look like and you can tell they're well trained and know what they're doing."

New staff completed a comprehensive induction programme which included topics related to palliative care competency, and training on how to sensitively handle subjects surrounding death. For example; staff and volunteers attended a 'Working with Loss' day, which also incorporated the 'Sage and Thyme' training (a workshop to support effective communication). A new member of the care staff told us, "I love it here. It has been a great learning experience and all the doctors and nurses always have time to share their knowledge with you." Another member of staff who had recently joined the IPU team told us, "The training and support is exceptional. From the outset you are given a 'mentor' and a 'buddy' to work alongside, which means there is always someone to ask if you are unsure." New care staff who had not completed the Care Certificate or NVQ training were being supported through links with the local hospital to complete the Care Certificate. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. Current staff had been trained as mentors to support the new staff through this process.' The induction programme ensured that people received consistent care from competent staff and volunteers who had the necessary skills and experience to meet people`s needs effectively.

All staff told us the provider's ethos was to encourage and support staff with their professional development, for example; one nurse had successfully completed a master's degree in advanced clinical practice in palliative care, whilst another had completed an 'Open University' course in relation to death and dying, improving their ability to empathise with and understand people's feelings at times of emotional distress. All health care support workers (HCSW) who worked alongside the nurses had already attained level 2/3 NVQ certificates. These are nationally recognised work based assessment qualifications which demonstrate the person can deliver health and social care to a required standard. The provider had recently reviewed the induction of all HCSW's to ensure all staff completed the care certificate. HCSW's told us they had established links with a local hospital to carry out online knowledge assessments as part of a programme of education to support further learning.

Staff had been trained to deliver best practice in relation to end of life care. Clinical staff also had to complete regular training in relation to resuscitation, symptom and pain management, discharge planning, tissue viability and bereavement interviews. The provider's computer records and staff files confirmed mandatory staff training was up-to-date. Staff were supported to complete further training in more complex techniques relevant to their role and specific to the needs of the people they supported .This ensured staff

had the appropriate knowledge and skills to support people effectively and were enabled to retain and update their knowledge.

Records demonstrated that staff had received regular one to one supervisions with their supervisors. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. The provider had established monthly 'Schwartz Rounds'" and provided monthly clinical supervisions to all staff. 'Schwartz Rounds' provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in the hospice. Staff also had the opportunity bi-monthly for independent supervision with a psychologist from another hospice. They could attend weekly learning sessions that covered a variety of topics relevant to their roles, including developments in end of life care and best practice. Staff were effectively supervised and compassionately supported when required by the management team.

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.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and were able to explain the main principles. Staff understood the importance of giving people choice in the support they received, and we observed staff always sought people's consent before providing any support. People were supported to make their own decisions where appropriate, in accordance with the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in hospices 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.

People had been involved in making decisions about their care and support and felt their opinion mattered. People were supported to make as many decisions as possible. We observed staff seeking people's consent about their daily care and allowing them time to consider their decisions, in accordance with their care plans. One person who was receiving care in the IPU told us, "You are at the centre of everything here. I don't think there is anything they could do better. I have given them (staff) instructions about my diagnosis and told them there is certain expressions I do not wish to hear and they have adhered to my request." Another person told us, "I like the way staff support you to make decisions for yourself and always ask you what you would like not what they think is good for you."

The hospice had a robust resuscitation policy which was regularly reviewed. People were supported to make advanced decisions, for example; whether they wished to be resuscitated or not. Where possible staff engaged with people and their families at the earliest opportunity to discuss anticipated advanced decisions, for example; whilst attending day services prior to any inpatient referral. People were then encouraged to take the conversation back to their GP so that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms could be completed. We saw examples of DNACPR forms that had been signed by people. People were enabled to make informed choices and decisions regarding their end of life and treatment.

The registered manager told us that advanced care planning had been embedded as a priority of the service

from the point of first referral to the Rowans, which we observed in practice. During the MDT meeting we observed how staff sensitively discussed in detail people's choices for their end of life care. One person had told staff that they needed more time to consider certain advanced decisions. Various options to support the person were then discussed, whilst being mindful not to rush them. This demonstrated the provider's commitment to supporting people to make advanced decisions at their own pace. There was further discussion regarding a person who had appointed a power of attorney to make certain decisions on their behalf. The power of attorney was explored to ensure that any advanced decisions made by the person would be adhered to. This demonstrated the provider's determination to ensure people's advanced decisions were respected.

People and their relatives told us they had enough to eat and drink and were complementary of the food and choice available. One person told us, "The food is brilliant and the chef will go out of their way to make something special. They're (chef and kitchen staff) are always asking me what I fancy which cheers me up and makes me eat something even if I'm not in the mood." A relative told us, "The staff are so caring that they also make sure families are eating and looking after themselves." We observed the lunchtime meal service in the inpatient unit and the day centre. One person told us, "My appetite is always better when I'm here." Another person told us, "The thing I like is that they don't pile your plate full of food but ask you if you want anymore."

Staff promoted the importance of good nutrition and hydration. People had nutrition and hydration assessments and plans, which were up-to-date and where necessary recording of people's intake had been completed. The chef was aware of peoples' dietary requirements and preferences and offered a range of choices which met their nutritional needs. Specialist equipment, utensils and crockery were available to support people to eat independently. All care staff have received additional training from the speech and language therapist in relation to techniques to support people to eat safely. The service supported people's dietary and cultural preferences and liaised closely with families to ensure all meals prepared were appropriate.

Where people required assistance with eating, staff spent sufficient time to ensure they ate enough food. One person told us the kitchen volunteers provided invaluable support to encourage people to eat and drink. They told us, "They (kitchen staff and volunteers) are so cheerful and are forever pulling my leg so it is hard resist. They're always saying something like "Come on (person's name) we've brewed this specially for you. It's five star builders tea, just how you like it, you can stand a spoon up in it."

The hospice offered a programme of activities where people had on-going support from physiotherapists, occupational therapists, specialist nurses, complementary therapists and other alternative and creative therapy specialists. One person told us, "Coming here is a real life line and helps you meet people and become more positive". We saw there was a lot of useful information in different formats to inform people about the services available to support them to manage their symptoms. People received effective continuing healthcare support.

Staff were familiar with people's pain management plans and these were kept under review to ensure people's pain would be managed. One relative told us how their loved one experienced frustration with their pain relief at home, which was being administered through a syringe driver. The relative told us how the nurses swiftly arranged for pain relief patches to be used instead, which improved their family member's pain management. Another person said "The doctors talk to me every day, especially about my pain. They explain different options and are good at giving me simple information about what the consequences of taking or not taking something."

Where appropriate, aromatherapy and reflexology was delivered as complementary treatments to care; this

enabled people to relax and manage their pain. The psychology team supported people who experienced psychological pain through 'talking therapy', relaxation and mindfulness techniques. People's healthcare needs were described in their care plans which took account of the person, their family and friends and their wishes regarding their treatment and aspirations. Individual care plans we reviewed provided all of the necessary details to inform staff about people's needs and how to meet them.

Is the service caring?

Our findings

People received outstanding care from exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in supporting people living with a life limiting illness. People and their relatives overwhelmingly sang the praises of staff supporting them. A person's relative told us, "They should all be nominated for an award. They were always there for us, not just (their loved one) but the family." We observed staff consistently engage with family members to comfort them when they were distressed or anxious. Staff consistently cared for people that mattered to the person using the service with empathy and understanding.

People were complimentary about the compassionate nature of all staff. People frequently told us that staff treated them like a member of their own family and that they felt lucky and privileged to be at the Rowans where they experienced such 'special care'. Relatives often remarked that the kindness and respect shown by staff made their loved one feel that they matter which had a great effect on their spirits. One person told us, "The staff here are brilliant, they're like angels and always have time to make you feel special. Another person told us, "I used to be a carer and I can tell you they (staff) are helpful, kind, caring empathetic, listen to you and understand your problems".

People told us that staff extended their kindness to their family and friends. One person told us, "There is such a caring ethos within this place that it doesn't matter who you are, whether you are poorly or visiting someone, you receive the same level of kindness and compassion." People told us staff had taken time to develop caring relationships with them and knew their needs well and how to support them. One person told us, "They know to have my banana board ready when I get here and it just always is. I don't ever have to ask, they think ahead for what you might need". A 'banana board' is a curved slide board designed to support people transfer between two surfaces, such as from a wheelchair to a chair, car, bed or toilet."

People had taken time to get to know people as individuals, including their preferences and personal histories, for example; one person told us, "You know if you've spoken to them one week about something, they'll always ask you about it the next time. It's never forgotten and they always remember what is important to you individually."

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. People using the in-patient unit were supported to maintain relationships with people who were important to them to avoid social isolation, for example; one person told us how their family and staff had made arrangements using technology for them to be present at their grand daughter's wedding, whilst being treated at Rowans. We observed friends and relatives visited regularly and there were no restrictions on the times or lengths of their visits.

Another person receiving treatment in the in-patient unit told us, "Everything they have done for me here like sorting out my pain has been out of this world, but the best thing they have done for me is to arrange for me to visit my old mum in hospital." They told us this made them feel that not only did they matter to staff but so did their mother. The person's mother was very poorly and had been admitted to a local hospital.

Staff had to manage the person's pain relief whilst supporting them to visit their mother. People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they matter.

People in the community identified the need to be able to have a bath. The hospice provided a bathing service which had been evaluated. The evaluation report demonstrated the therapeutic benefits of this service which made people feel 'pampered, cared for and special'. Hospice Companions currently carried out practical tasks and acted as companions to people living at home. The provider was in the process of enhancing this service with further training so companions could support people with their mobility, nutrition and hydration needs.

Throughout the inspection we observed staff and volunteers consistently demonstrated concern for people's well-being in a caring, meaningful way. Staff had a relaxed and calm manner in their approach, which placed people and relatives at ease. In the day centre we observed staff constantly reassuring people by touch when they appeared anxious, for example by gently rubbing their arm or holding their hands. People were happy and content in the company of staff who maintained attentive eye contact with them and were clearly listening and taking a keen interest in them. As people arrived at the day centre it was particularly noticeable how staff warmly greeted people, asked how they were and ensured their comfort was paramount. One person had a blanket placed over their lap because they were chilly, whilst staff noticed another person looking hot and bothered. This person had limited verbal communication. We observed staff take time to communicate with them in accordance with their communication plan before removing their jumper, to their obvious delight. We consistently observed a high level of caring attention to need, checking of comfort and staff asking for people's consent throughout the inspection.

People and where appropriate their relatives were supported to be actively involved in making decisions about the care they received. The service in conjunction with partner agencies engaged in conversations with people about their future at the earliest opportunity. This enabled people to prepare and make informed decisions about what was important to them. One person told us, "You don't realise it is happening but the conversations they (staff) have with you really help you decide what you want for yourself." Another person told us, "I know I'll be told everything and they know I like to be told straight about my treatment and what's going to happen to me." People felt at the heart of their care and treatment. One person told us, "You have a weekly one to one with a member of staff and it's noted down so I certainly do feel in control of what's going on."

Staff with experience working in other areas of the care sector told us that working at The Rowans was a privilege and that they would not wish to work anywhere else. This was borne out by the high percentage of staff who had worked at the service for over 10 years. Staff frequently told us that their work at The Rowans was so rewarding because they were enabled to spend time with patients and get to know them as people. One nurse told us, "You develop a special bond with people which makes you give them the best care you can." Another member of staff told us, "Everyone working here knows that due to circumstances you have to get it right first time and that's what we always try to do."

The hospice considered people's wellbeing and developed innovative ways to promote their quality of life and support their desire to contribute to society till the end of their lives. For example, the Schools Project where people using the hospice and young people at school meet each other through a four week programme. This raises awareness of living with long term illness, palliative care and issues around death and dying. Developing relationships between the children and people is a key part of the project. Under this project children visit the hospice and spend time listening to people's life stories; together they work on art projects and communicate with each other recognising the value of each individual, old or young and

how it is to live with illness. This project had supported young people and their parents to demystify issues around death and dying in a caring manner and has invited open and honest dialogue between the generations about palliative care and end of life experiences. All those involved come together on the fourth week to share learning and to celebrate, including the parents of the children. Parents consistently reported the positive experience enjoyed by their children had also raised their awareness and dispelled some previously held misconceptions about hospice services.

One person who was receiving care at the hospice gained emotional strength from engaging with the school children. This empowered them to engage in more open conversations with their own child about their illness. One person who experienced low self-esteem was inspired by the children's questions to share their story which had a positive impact on their psychological well-being. Without exception feedback recorded from people, children, parents, teachers, staff and volunteers was overwhelmingly positive. One child said, "Everyone is inspirational, I didn't want to leave." Another child said, "Never change your staff, they are amazing." One person said, "I felt honoured to be part of the school project." Another person said, "I would like to thank them (children) for bringing sunshine into our lives." During our inspection people consistently told us the Schools Project had made them feel much more positive and gave them something to look forward to. The service focused on people's wellbeing and developed innovative ways to support them, both psychologically and practically.

Rehabilitative Palliative Care supports people to live as independently as possible, with the best possible quality of life, within the limitations of advancing illness. It is driven by the individual not by professionals. The Specialist Physiotherapist had completed degree course work evaluating the provider's 'Wellbeing Clinic'. This evaluated the impact of exercise and breathing techniques on the symptoms and wellbeing of people living with life limiting illnesses. Evidence clearly demonstrated significant improvement in people's symptoms and their sense of well-being. For example, one young person learned coping strategies and relaxation techniques to manage their anxieties. These techniques had such a positive impact on the young person that they became involved supporting others in the Wellbeing Group. The person's family thanked the hospice for promoting both their loved one's physical and emotional wellbeing.

One person attended a Wellbeing Group to provide respite for their family over two years. This person enjoyed people's company and reminiscing in addition to their exercise programme. The programme was flexible due to the person's variable fatigue levels. This person said, "My condition gives me limited mobility and these sessions have helped me improve that". The family member said, "The physiotherapists are very encouraging and helpful. These sessions help to give structure to their week and help their mental wellbeing". Another person who lived with a cognitive impairment received one to one support from the Wellbeing Clinic. This enabled them to follow an individualised exercise programme using assisted technology and to communicate through social media.

At the time of the inspection it was envisaged that the creation of the Living Well Centre would significantly increase the opportunity for people to access this service. The service had secured a grant to enable the recruitment of a physiotherapist allowing the development of a programme to support and embed the 'rehabilitative' well-being approach within the Living Well Centre. This will enhance the service capacity for earlier intervention, thereby empowering people with long term conditions to better manage their own situation and to live better for longer.

The provider offered people support and counselling with regards to people's spiritual and religious needs, which included bereavement support before, during and after death. One person told us, "I wasn't sure if I should have bereavement support but I'm glad I did. It's helped me get through the dark days and has definitely helped me to cope." The bereavement service offered support and emotional care to people of all

ages who were coping after a loss, and was available to friends and relatives of any patient who has been an in-patient at Rowans Hospice, or who has attended the Day Care service. The hospice ran several groups to facilitate people to meet other people who had experienced loss and to share their experience, for example; the 'Walking Group'. This enabled those who had recently been bereaved to meet others in the same situation whilst walking, which had a significant impact on their physical and mental wellbeing. Bereavement services were tailored to individual needs and where required were provided over a significant period of time after death.

The provider had clear policies to enable staff to support people's individual rituals and customs in life and after death, for example; how staff should care for the body of a person who had died, in accordance with their cultural and religious beliefs. Staff told us how they endeavoured to establish these needs in advance to ensure the person and family wishes were respected.

People were supported at the end of their life to have a comfortable, dignified and pain free death. During our inspection two people had passed away overnight. One person had passed away peacefully in the early hours of the morning and their family had been called and attended, in line with their wishes. We observed that staff had complied with arrangements to care for the body of the person who had died in a sensitive and dignified manner. The person had expressed a wish to be shaved and to be clothed in their ceremonial military dress uniform, which staff had respected.

People told us that staff always treated them with dignity and respect whilst taking practical action to relieve their distress or discomfort, which we observed in practice. We observed a person who was in discomfort and required attention to their catheter. Staff placed a mobile screen around them to shield and respect their privacy and dignity whilst appropriate care and treatment was delivered.

Staff were able to describe how they maintained people's privacy, for example; by always knocking on doors and waiting for an acknowledgement before entering or ensuring people's wishes were respected regarding visiting times. One person enjoyed visits from many friends and family who wished to come but they became very tired so asked staff to ensure no visitors came after 10pm. Staff politely began to enforce the person's wishes as the due time approached.

People told us staff spoke with them in private about their changing care needs and proposed treatment, including pain relief. People consistently told us that experienced staff spoke with them in a sensitive way, without using medical jargon, so they clearly understood their diagnosis and recommended treatment and support. People were treated as individuals by staff who knew them well and understood how to promote their privacy and dignity.

The provider took proactive, practical steps to relieve people's distress or discomfort, for example; The service had developed an ultrasound facility. This enabled people to have scans within the hospice without being transferred to and from hospital. The provider had completed a study to analyse whether patients in more deprived areas accessed the service as much as those in more affluent areas. This demonstrated the provider's aim to offer an equitable service to the whole community.

Is the service responsive?

Our findings

People and their families received personalised care that was responsive to all of their needs from a wide range of hospice services providing all aspects of physical, spiritual, social, emotional and psychological care. One person using the inpatient unit told us, "At each stage the staff responded to my needs whether I just needed some kind reassurance or support with my illness." A relative who supported a person with deteriorating health needs and associated anxiety told us, "I was exhausted and didn't know where to turn, then we were referred and The Rowans and all our worries evaporated because of their kindness and support."

People and relatives supported by the hospice at home team and specialist palliative care advice service told us they would not have been able to respect their loved one's wishes to remain at home without the support of the hospice. They told us staff had responded promptly at times of crisis, for example; when people became agitated and required additional pain relief, or anxious because of breathlessness or nausea.

Relatives told us staff ensured they were well informed about their loved one's care and actively involved in forward care planning. A person's relative told us, "While it is often distressing to be involved in discussions about their (loved one's) treatment it also quite therapeutic and helps you stop feeling so powerless."

Specialist support was offered to people and their families at the earliest opportunity to consider their future care needs, including advanced care planning and preparing for the future to empower people to make informed choices based on their wishes and preferences. A relative told us, "The last thing they (their loved one) wanted to do was go into hospital, it would have broken their heart and spirit, so we will always be grateful to The Rowans". One person told us, "They (staff) were very good at slowly introducing things which could happen in the future, so when they happened we were prepared."

The service proactively engaged with other health and social care providers and commissioners to enable on-going service development and improvements for people's care. For example, engagement in a local joint alliance for end of life care had influenced a revised approach to admissions from hospital. A clinician from the hospice now completed an assessment of the person at hospital to speed up the referral process. This enabled people to receive care and treatment that was responsive to their known end of life care choices and wishes.

An outstanding feature of the person centred-care provided to families were the 'Meerkat Service' which is run from an office near the inpatient unit called 'Meerkat Central'. The 'Meerkat Service' provided specialist support to children and young people who had an adult family member with a life-limiting illness or who had been bereaved of an adult close to them. The activities and support for children were promoted through their mascot 'Rowan the Meerkat'. Support groups were facilitated throughout the year for children who had been bereaved. We spoke with the Meerkat Service Coordinator and a caseworker who spoke with pride and passion about their work. They told us that individual support with a child involved working at their pace, ensuring sessions were always child-centred and focussed on building a relationship with each

child, offering them a safe space to explore what was happening within their family and how they were managing.

The Meerkat Service offered children the opportunity to share their stories of loss, in their magazine Meerkat Mail, so children reading them would know they are not alone. The magazine also provided a contact email address if children wanted to request support. The Meerkat Service coordinator discussed a recent case where young children had been bereaved of a parent who had died in pain with no other parental support available. The Meerkat Service provided the children with compassionate care and support to cope with their loss.

The Meerkat Service has appointed six Meerkat Mentors who have maintained links with The Rowans. The mentors are young adults who a few years ago experienced the death of a close family member. They each accessed bereavement support from The Meerkat Service and wanted to use their experience to help other children facing the loss of a loved one by becoming Meerkat Mentors. In 2016, the mentors worked alongside media students from Southampton Solent University to create individual short films about their experiences of bereavement. At the time of our inspection the coordinator was hopeful this would create a significant impact linked to the BBC Children in Need Appeal.

One person using the inpatient unit praised the Meerkat Service for the support provided to them and their young daughter. They told us the coordinator consulted them at length before engaging with her daughter. The person told us the compassion and support provided to their daughter could not be improved. For example; the Meerkat service kept in touch with the person's daughter while absent from school due to a stomach upset and sent her a get well card. The person told us how her daughter "loved Meerkat Central" which was bright and colourful, full of Meerkats and other toys and looked like a place where children's dreams came true, rather than a social worker's office. We spoke with another person who had used the Meerkat Service and they also praised the compassionate support provided to their daughter who was experiencing difficulty dealing with her grief. They told us, "My daughter was struggling at school and they got the Meerkat Service involved and even spoke to her school to support her."

The hospice management team was outstandingly responsive to the needs of the people in their community and services offered by the hospice were shaped to meet these needs. Whilst Rowans hospice provided a responsive service to meet individual's needs the provider was also responsive at a strategic level, for example; extending the geographical area it covered within Hampshire to meet the needs of a greater community at the request of GP's and commissioning groups.

The provider had established a new Living Well Centre to build on the success of the Living Well clinics, which was due to open shortly after our inspection. The provider was also delivering education and training programmes into local nursing homes, residential care homes and domiciliary care staff to enhance their end of life skills. The impact of this programme was to enable more people to remain at home and promote their choice in relation to their preferred place of death. This demonstrated that the provider had effective communication with other partner agencies such as GP's and clinical commissioning groups to ensure people would receive the support they needed at the end of their life.

The provider had a refurbishment plan for the inpatient unit to make all rooms more suitable for people living with dementia and cognitive impairment. The refurbishment of the inpatient unit and the dementia friendly design of the Living Well Centre were the provider's response to the requirement to support the needs of an ageing society, many of whom will experience dementia and other forms of cognitive impairment. At the time of our inspection the provider had successfully completed the refurbishment of four rooms, with a development to complete the rest of the building.

People in the community with complex dementia and end of life care needs were now supported by a Dementia Voice Nurse (DVN) as part of a joint initiative, three charities working in partnership to support the non-statutory provision in Portsmouth of dementia care. The DVN is a clinical nurse specialist in dementia care, specifically in relation to symptom control in the final stages of life. The DVN provides a flexible, person-centred approach to meet the needs of people living with dementia and their carers. The DVN supports people to cope with health and psychological difficulties as their condition progresses. Working with partners the hospice is providing an integral component (DVN) of a new dementia pathway for people from their diagnosis to death. This initiative demonstrated the Hospice's commitment to serve their local community and to implement innovative practices to drive quality across the service.

The service proactively engaged with other health and social care providers and commissioners to enable on-going service development and improvements for people's care. For example, engagement in a local joint alliance for end of life care had influenced a revised approach to admissions from hospital. A clinician from the hospice now completed an assessment of the person at hospital to speed up the referral process. This enabled people to receive care and treatment that was responsive to their known end of life care choices and wishes.

In line with recommendations from the 'Bridging the Gap' report (Woolf Institute) which looked at ways of strengthening relations between hospices and different cultures the registered manager had continued to embed the provider's community engagement strategy to include visits to local mosques and synagogues. Staff training in relation to diversity supported staff and volunteers to respond appropriately to people identified to be from minority ethnic groups. This demonstrated the provider's aim to reach out and provide all groups of the community the opportunity to experience the service provided.

Staff in the day service ran an arts and craft workshop which gave people the opportunity to make small gifts for their family. People regularly made positive comments about how the service had prevented them becoming socially isolated and helped them to make new friends. One person told us, "My social life had become non-existent due to my illness and so this place is so important to me and I've made close friends." Another person told us, "Coming here has improved the quality of my life no end. Now I look forward to living not dying." One person told us, "I've done scarves, glass painting and today I'm making a card for a friend. I never thought I could do anything like this which has done wonders for my self-confidence."

Complementary therapies including massage, occupational therapy and physiotherapy were available for people to try and choose the ones they preferred. One person told us they looked forward to visiting the hospice and it was the highlight of their week because they "Met all of their friends for a nice chin wag, had a lovely massage and lovely dinner." People consistently told us how they particularly enjoyed the supported bathing service. One person told us, "I thought I might be embarrassed about it but we have such a giggle and then when there's time afterwards they'll (staff and volunteers) do my nails and just make you feel at home." Staff supporting people told us the activities encouraged people to interact socially and provided a stimulating environment which improved their mental well-being.

The provider sought feedback from people, their relatives, staff and community professionals using various different methods, which was overwhelmingly positive. The provider also commissioned a full survey by CHKS Assurance and Accreditation (CHKS Accreditation Programme for Hospice Services) an independent quality assurance assessor, which was completed between 26 and 28 April 2016. The director of quality has used this survey as part of their quality assurance processes.

People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs, before they started to use the service. During the previous year there had been

three formal complaints and seven concerns raised about the service. The registered manager had analysed the concerns to ensure there were no themes or trends and had resolved them to the satisfaction of the people raising them. All concerns and complaints had been reported, recorded and investigated in accordance with the provider's complaints policy.

The provider used concerns and complaints as an opportunity for learning and improvement, for example; one complaint was raised into the unsafe discharge of a person back to the prison service. Whilst this complaint after independent review had not been upheld the provider completed an in depth review in relation to the transfer of people between Rowans and other services and has amended their policy and procedures to ensure there is no future recurrence. The registered manager and staff were responsive to people's concerns and complaints and implemented action plans to improve the service based upon them.

The service had received over 200 compliments during the previous year from different sources, including letters and cards, with numerous daily verbal compliments which were not always recorded. Analysis of the compliments identified consistent themes including the high quality of care kindness and professionalism of staff, effective team working, people being treated as an individual and not an illness, and holistic care extended to families. One of the compliments we reviewed read, "The exemplary care and attention that was given to her at home by your staff afforded her great comfort and helped her maintain her dignity throughout. This was very much appreciated by all of us as it meant that she did not suffer unnecessarily during her remaining days. The compassion, time and support afforded to each member of my family helped us all during this very short and extremely difficult time. We will always be grateful for everything you did to help us all through these last days."

Is the service well-led?

Our findings

People and their families made positive comments about the high quality of care provided and the effective management of each aspect of the service. One person told us, "It's so well organised here, like every piece of the puzzle fits together nicely and nothings out of place. The organisation just flows, no one ever panics." A person's relative told us, "Everyone I've met says the same so the manager must be doing something right." Another person's relative said, "The hospice seems to run like clockwork, everyone knows what they're doing and the staff are so approachable and helpful".

Frequent comments made by people related to the atmosphere of peace and calm you experienced when you first walk in. One person told us, "Every time you walk in the first person you see will smile and ask you how they can help you. It doesn't matter who it is, you get the same response, which says a lot about the culture here."

There was a clearly defined structure to the organisation, with a Board of Trustees providing strategic vision and direction for the hospice. The Board of Trustees met quarterly with additional meetings if required. Thought had gone into the recruitment of Trustees to ensure there was a broad skill set with sound practical knowledge in all areas of service delivered. Trustees visited the hospice monthly and spoke with people using the service, staff and volunteers, which was detailed in a report to the board. Staff told us the Trustees were frequently seen in the service and were keen to find out how the Hospice was performing. One member of staff told us, "I thought it would be quite daunting talking to them but they were really nice and you can tell they had the interest of the hospice and people using it at heart."

The Clinical Quality Strategy Group (CQSG) carried out quality impact analysis which enabled prioritisation for audit and service evaluation based on likelihood, impact and risk. There was a clear audit cycle and actions were reported to teams. The CQSG also led the production of an annual showcase which demonstrated how learning had shaped best practice within the hospice. The annual showcase encouraged staff to produce posters demonstrating how the hospice continually strived to improve and develop.

The Rowans Hospice annual Quality Account which is published on the provider's website sets out the priorities for the service which are focused on patient safety, patient experience and clinical effectiveness. The hospice has a clear mission statement and philosophy to which all staff have the opportunity to contribute. There was a business plan in place, and clinical/clinical governance strategies which formed the basis of clinical key performance indicators and were used to assess how well the service was performing and identify areas for improvement. This demonstrated transparency and clear lines of accountability and ownership across the organisation at all levels. The hospice had identified a strategic priority to regard staff as its most valuable asset and to invest in the development of middle managers. The provider had also established key performance indicators for all staff.

The day to day running of the hospice was the responsibility of the Hospice Executive Group (HEG), which included the chief executive officer, director of clinical services (registered manager), medical director and director of quality. We spoke with the HEG individually who demonstrated sound organisational leadership

and were clear about their individual roles and responsibilities and how they linked into the others. The HEG had cultivated and established partnership links which enable the hospice to keep abreast of developments locally and nationally. The hospice had a monthly Clinical Management Group meeting between the Registered Manager (Director of Clinical Services/Matron), the Medical Director and Director of Quality to discuss all clinical incidents and issues. The chief executive told us that partnership working with other local NHS and social care services was essential and supported through the Partnership Group which met every two months.

A clinical governance group (CEG) met quarterly to drive continuous improvement for the benefit of people who use the service and staff. The clinical governance group monitored significant events, critical incidents such as medicine incidents, falls, safeguarding reports and DoLS applications. The clinical governance group was also responsible for the review of national guidance documents, policy review and review of audits and satisfaction surveys.

There was a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. The service sustained best practice and improvements over time and worked towards, and achieved, recognised quality accreditation schemes, for example; two consultants were awarded clinical excellence awards and the service achieved CHKS accreditation in 2016. Staff and volunteers loyalty and long service was recognised with badges and articles in the hospice newsletter. Staff had also received prestigious internal educational awards, for example; The Violet Squire Love of Roses Award and The Jean King Bursary.'

The CHKS survey enabled the provider to review their practices against legislation and national guidance. It challenged the provider to consider ways of implementing changes to practice that will benefit people, for example; The provider had reviewed their complaints procedures in relation to dealing with concerns that did not amount to formal complaints.

Throughout conversations with the management team and staff it was apparent there was a mutual admiration and respect, borne out of a shared commitment to the deliver the highest quality end of life care to people in the community. The management team had created an open and honest culture with emphasis on support and fairness for all. One member of staff told us, "One of them is always available and if not (CEO named) is there and she is a McMillan nurse through and through. They are so supportive and helpful you can see them about anything."

The hospice's staff were encouraged to participate in developing the service. The management team welcomed ideas and suggestions, which were taken seriously, for example; a confidential suggestions scheme allowed staff and volunteers to make suggestions to improve the service. A member of staff told us, "The management here are good listeners and will always provide any support or advice you need. They are never too busy help." The provider had a comprehensive education programme which included a quarterly 'Open Forum', which provided an opportunity for the staff and volunteers to meet the HEG to discuss service developments and answer questions. One nurse told us, "The management team are very open and encourage us to discuss any concerns, questions or ideas we have." Another member of staff told us, "The open forums are good because we aren't frightened to say what is on our mind because we're all on the same side and want the same thing." Staff told us they were well supported by the management team and felt their individual contributions were valued and recognised by senior staff, doctors and managers. The leadership of the hospice had encouraged and delivered a positive, inclusive and empowering culture within the service.

Some staff told us about compassionate support they had received from managers and colleagues when

they were experiencing difficulties in their personal lives. One member of staff told us, "The managers were brilliant, they were understanding and non-judgemental which really helped me sort things out."

The Rowans Hospice was supported by over 1100 volunteers who perform a vital role in delivering widespread service into the community. Conversations with volunteers consistently demonstrated that they had a strong affection and affinity with The Rowans based on previous personal experiences, which had directly resulted in them wanting to volunteer. One person told us volunteering was a way of repaying the kindness provided by staff at a time of emotional turmoil. One volunteer said, "I cannot thank the staff here enough for everything they did so volunteering is my small way of saying thank you and thank you on behalf of (their loved one). And it is the most rewarding and enjoyable thing I do."

The management team compared The Rowans against other similar hospices and used this as a measure of how they were doing and to identify the areas where improvements needed to be made, and these were introduced immediately, for example; It was identified that the review of medicine charts by clinical staff at 5 pm, which was a busy time in the inpatient unit, had led to increased prescribing errors. A change in this review time agreed by doctors and nurses had resulted in a significant reduction in the number of errors. This demonstrated the service honesty and transparency when mistakes occurred.

The registered manager and director of quality worked effectively with other organisations through shared learning events to promote good practice. This enabled the management team to review the quality of the service provided and drive improvement, for example; members of the nursing team have been given additional training to support people living with dementia and how to safely use new electronic systems (EPR).

The registered manager told us they were committed to delivering high quality care and the provider had dedicated protected clinical time and resources to embed clinical outcome measurement as part of a national programme (Cicely Saunders). Health services are increasingly required to demonstrate that they meet the needs of individual patients and their families, and that they do this in an effective and efficient way. To achieve this, and to strive towards higher standards of care, The Rowans must be able to show that they are making a measurable and positive difference to patients and families receiving their care. In order to support this open and transparent programme to accurately measure their clinical outcomes the hospice has also introduced an electronic system for recording all data, including patient records. At the time of our inspection the electronic data system was being introduced and was being used in conjunction with the paper records. This demonstrated the provider's determination to ensure they operated robust record and data management systems effectively.

The registered manager worked with other organisations which provided a similar service to promote good practice through training and learning events. This enabled the management team to continually review the quality of the service provided and drive improvement. The provider promoted learning and development within the wider medical community having offered eight placements for trainee doctors in the previous year.

The management team consistently operated systems to ensure they shared information with external organisations effectively, in a timely way, for example; accidents and incidents were reported to the relevant authorities, including the CQC.

The director of quality operated systems effectively to evaluate the quality of the service, which included regular surveys of people, their families and staff seeking feedback on their experience of the service, for example; the Birdsong survey was to be carried out annually, with the next survey separating staff and

volunteers to provide more defined recommendations. Birdsong Charity Consulting support charities to work more effectively people. The hospice also planned to complete a quarterly survey targeting specific groups within the hospice to gain a regular feel of the 'pulse' within the service. The provider had introduced an internal communication cycle to ensure key messages were effectively disseminated to all hospice staff, following the HEG monthly meetings.

The director of quality completed a wide range of audits across all aspects of the service, including infection control, management of medicines, incidents and accidents, training, care records and health and safety.

The organisation's vision and values emphasised respect for each other, put people at the heart of the service and focused upon enhancing the lives and wellbeing of people who used the services. We observed staff demonstrating these values in their everyday care practice.