Care Quality Commission

East Cheshire Hospice

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Inspection report

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Date of inspection visit:
17 March 2016

Date of publication:
14 June 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The East Cheshire Hospice is located in a residential area close to the centre of Macclesfield from where it provides care for adults suffering from life limiting illnesses. There are fifteen inpatient beds as well as a day care centre supporting people to continue to live in their own home. The hospice is staffed by doctors, nurses, other health professionals and support staff as well as volunteers. The services provided include counselling and bereavement support; a Lymphoedema service (for people who experience swellings and inflammations); an outpatient clinic; occupational and art therapy, physiotherapy, chaplaincy and volunteer services. Services are free to people and the Hospice is largely dependent on donations and fund-raising by volunteers in the community.

This inspection was carried out on 17 March 2016 by one adult social care inspector. It was an unannounced inspection. There were 12 inpatients at the hospice on the day of our visit.

There was a manager in post who was registered with the Care Quality Commission (CQC). 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 was also the director of care and operational services and oversaw the running of the service.

East Cheshire Hospice had caring and positive staff who said that patients were at the heart of the service and were fully involved in the planning and review of their care, treatment and support.

Plans in regard to all aspects of their medical, emotional and spiritual needs were personalised and written in partnership with people. Staff delivered support to patients according to their individual plans.

Staff had received training with regard to protecting patients from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

We saw risk assessments which were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure patients were protected from harm.

Accidents and incidents were recorded and monitored so that risks of recurrence could be reduced.

There were sufficient staff on duty to meet patient's needs. Staffing levels were calculated and adjusted according to patient's changing needs.

There were thorough recruitment procedures in place which included the checking of references.

Staff were enthusiastic about the care they gave and said that patients were at the heart of East Cheshire Hospice and it was important to treat each person as an individual.

Patients were treated with dignity and respect and cared for by staff who knew and understood their needs. Patients and their relatives were involved in making decisions about their care and support.

Families and friends were supported by trained bereavement councillors and all staff at the hospice.

We saw warm, caring, respectful relationships between patients and staff during our inspection.

Staff had received essential training including end of life care and were scheduled for refresher courses. Staff had received further training specific to the needs of the people they supported.

All members of care and support staff received regular one to one or group supervision and an annual appraisal. This ensured they were supported to work to the expected standards.

Clear information about the service, the facilities, and how to complain was provided to patients and visitors.

Medication was managed safely and processes in place ensured the handling and administration of medication was safe, secure and that patients received medicines when they were prescribed.

Patients were supported to make decisions about their life and treatment plans. Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Capacity assessments had been carried out when required.

All of the food was freshly prepared, including home-made cakes, biscuits and ice cream. Patients were supported to eat and drink when required. Patients could ask for what they wanted to eat at any time.

The hospice has a dementia carer well-being programme to support carers of people living with dementia in the local community.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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.

Patients spoken with said they felt safe.

Staff had received training and knew how to protect people from harm and abuse.
There were enough staff to ensure people were able to receive personalised care and support.

Patients received medication as they needed it and it was stored and administered effectively.

Is the service effective?

Good

The service was effective.

Staff were supported with regular supervision and annual appraisals.

Staff understood the Mental Capacity Act 2005 (MCA) which enabled them to support patients to make decisions.

Patients were involved in menu planning, and supported to eat and drink if required.

Patients had access to health care professionals on a regular basis as part of their treatment.

Is the service caring?

Good

The service was caring.

Patients were very complimentary about the care and support provided.

Patients were involved in the planning and review of their care plan.

Patients were treated with dignity and respect, and had the privacy they required.

Visitors were welcomed at any time.

Is the service responsive?

Good

The service was responsive.

Patients had person centred care/treatment plans which they had been involved in writing.

The service had a 'day therapies' centre, which included therapist and nurses, for patients to access.

The hospice had a complaints system which was used effectively.

Is the service well-led?

Good

The service was well led.

The hospice had a registered manager who was supported by a staff team and a board of trustees.

There were good internal quality audit systems in place.

The service worked in partnership with key organisations, including specialist health and social care professionals.

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East Cheshire 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.

A visit to the hospice was made on 17 March 2016 and was unannounced.

The inspection team consisted of one social care inspector.

Before the inspection we checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 08 November 2013

We spoke with four patients who were staying in the inpatients unit. Two relatives were also spoken with during our visit.

We also spoke with the registered manager, a consultant, matron, clinical lead for inpatient unit, three registered nurses, an advanced nurse practitioner and the art therapist. We also spoke with the chef, the learning and development co-ordinator and governance co-ordinator.

We looked at all areas of the hospice, for example we viewed lounges, bedrooms and communal bathroom/shower rooms.

A range of documentation was looked, which included four care records, four staff files, medication records and audits of accidents and incidents in the hospice and records concerning the monitoring and safety and quality of the service. We observed the administration of medicines.

We sampled the hospices' policies and procedures which were up to date and available for all staff via their intranet.

Good

Is the service safe?

Our findings

People we spoke with said they felt very safe and secure whilst staying in the hospice. One patient said"There are plenty of good caring staff."

We spoke with staff who were able to describe ways in which they kept patients safe from avoidable harm. One member of staff said, "We put good robust risk assessments in place to support patients to maintain independence."

In patients care plans we saw that risk assessments were in place to help staff to identify any potential risks to patients's safety. For example staff evaluated the risks to patients of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

There were personalised evacuation plans (PEEP) in place for patients which detailed how they could be supported in the event of an emergency. This included the person's level of understanding around safety and the level of support that would be required if they had to vacate the premises.

Health and safety checks were undertaken regularly by the hospice staff to ensure that the environment was safe. We saw that fire safety checks were completed weekly and portable appliance testing (PAT) had been undertaken as required. Equipment used within the hospice was regularly checked to ensure that it was safe for use. Any maintenance issues that were identified during these audits were promptly reported and rectified to ensure that the environment was safe.

We spoke with patients and relatives who told that there were plenty of staff on duty to provide the care that was needed. One person said "There are always staff there when you need them." When speaking with staff they also told us that there were enough staff on duty to give good care and support to patients within the hospice. Staff were supported by a large number of volunteers. During the inspection we viewed staffing rotas which showed a good skill mix of staffing levels on all shifts. We observed that staff did not appear rushed and were able to spend quality time with people.

We looked at staff files and identified a robust recruitment policy which was in place. To check this we looked at the staff files for four staff members and saw that these were well organised containing all relevant information required. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. These checks also applied to volunteers and therapists. Staff members had provided proof of their identity and references had been taken up before staff were appointed and were obtained from their most recent employers. There was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

The hospice had been awarded a five star hygiene rating by the local authority (which is the highest award)

and we saw that the kitchen area was well organised, clean and tidy.

Detailed infection control policies were in place and had been reviewed to reflect current national guidance. There was an infection control lead and infection controls audits were carried out regularly by the staff at the hospice. We saw staff using aprons and gloves throughout the day whilst on the ward. These measures protected patients and staff from the risks of acquiring an infection as much as possible to keep them safe.

We observed medication being administered to some patients during the day of our inspection. This was done safely, the nurse wore a tabard which identified they were undertaking the medicine round; this is done to alert other staff that they should not be interrupted at this time in order to prevent errors taking place. Each patient was asked to tell the nurse their date of birth. For those patients unable to answer this question (because of their condition) wristbands which were worn by each patient were checked against the patient medicine prescription sheet.

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that patient were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each patient had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines and changes to medicines were fully recorded.

Good

Is the service effective?

Our findings

Patients were cared for by staff who had the experience, skills and knowledge they needed to provide effective care and support. Patients spoken with said "Staff are just wonderful," "I get very well supported by staff that know exactly what they are doing" and "Yes, staff are the best." One relative said "The staff team are just wonderful and know just what my relative needs."

The hospice employed a range of health and social care staff to meet people's physical, psychological and social needs. Care was provided by a specialist team of doctors, advanced nurse practitioners, nurses, healthcare assistants, social workers, physiotherapist, occupational therapist, art psychotherapist and complementary therapist. They were supported by an art therapist, a chaplain, bereavement counsellors, housekeeping and maintenance teams, education staff, finance, administration and fundraising staff. The service also had a large number of volunteers working in various roles throughout the organisation.

Based at the hospice was an experienced palliative care art therapist. Art psychotherapy is a powerful technique proven to help express intense and changing emotions through the medium of art rather than in words. When facing a life-limiting illness or the loss of a loved one, verbalising feelings and difficulties can be very tough. The skills of the art therapist was used to support and empathise with patients both in the inpatient unit and the day hospice. The role of the therapist is to be a facilitator and listener rather than an art teacher.

Most staff were rotational, covering night and day shifts. Staff we spoke with said they felt supported and valued with many of the staff had been employed for some years. Staff told us they were supported in their work and said they had access to the training they needed to do their jobs. They said they worked well as a team and that morale was good. One member of staff told us, "It's a very supportive atmosphere. The staff are committed. We work very well as a team to make sure patients get the care they need." The staff we spoke with were positive about their roles and committed to the values of the hospice, such as providing care in a person-centred way and treating patients with dignity and respect.

Staff spoken with said they had attended an induction when they started work, which included shadowing an experienced colleague. The induction was detailed and training included health and safety, moving and handling, safeguarding, infection control, fire safety and first aid. Staff also attended training in areas relevant to the needs of the patients they cared for, such as palliative and end of life care, dementia care, and the safe use of equipment. Nursing staff received additional refresher training for the verification of patient's death, venepuncture and cannulation (for staff that are required to take blood as part of their role) and the management of syringe drivers. This ensured staff had the knowledge and skills they needed to care for patients effectively. This included the use of specialist equipment such as syringe drivers. Training records were regularly audited to ensure that staff were up to date with the knowledge and skills they needed.

Staff received regular supervision and performance reviews from the manager. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff

member. This may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. The staff we spoke with were positive about the quality and frequency of these. One member of staff told us, "We have them monthly, usually without fail. We discuss my progress, things we can improve and generally how we are feeling." Staff records confirmed that staff had a regular program of supervision and that there was a system in place for identifying when these were due.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). The Mental Capacity Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to describe what this meant and how it impacted upon patients in their care.

Staff understood the importance of consent and explained how they gained patient's consent to their care on a day-to-day basis. One staff member told us " We assess how patients are feeling and ask if they wish to have their care now or later." A patient told us " The staff always respect my wishes, if I need to have a minute alone they just understand and are always there when I need them. They are quite special these people. " There was also a consent statement in each patients care plan.

Patients were supported to have a balanced diet and were involved in choosing the menu. All patients spoken with said they enjoyed the food provided and could have alternatives to the menu if they wished. One patient told us, "The food is always good. I can tell the staff if I do not like something and they will always find me something I do like" and " The food is really lovely, even if you don't eat much the chef will come and discuss what you would like to try."

As part of the care planning assessments of the nutritional needs of the patient was recorded. If food was required to be given via a peg tube or naso gastric tube this was recorded within the care notes. Some patients at the end stages of their lives do not have large appetites and the catering staff were aware of this by offering small meals or special smoothies to tempt people.

We looked around the premises including bedrooms, inpatient wards, lounges and kitchen areas. We found these to be bright and spacious, well-furnished and well-equipped, with suitable facilities and resources to meet the needs of people receiving palliative and end of life care. There were storerooms for equipment and medicines. There were therapy rooms where people could be supported with complimentary therapies to aid relaxation and reduce the symptoms of illness.

Good

Is the service caring?

Our findings

We spoke with patients at the hospice who told us "This is a very good place and I get looked after extremely well," "My symptoms are controlled very well and staff are always asking how I am , am I in pain and do I want anything " and " This is a wonderful place." A friend of a patient told us "This is a beautiful place and the staff are very pleasant. The staff are looking after my friend very well, he is peaceful and his pain is under control."

Comments from family members sent to the hospice following their death were as follows:-"I just wanted to pass on an enormous amount of gratitude to all of the lovely, empathetic, diligent, highly skilled and professional staff and volunteers at East Cheshire Hospice. I am so pleased he spent his final days under your extraordinary care and you managed to ensure that he was pain free, comfortable, and left us in the same dignified manner which he has led his life, is known to his family and friends for, and has hopefully instilled in all of us in raising this family."

"Thankyou to all the brilliant staff who cared and comforted my dad. Their conduct and consideration was nothing short of exceptional and I will always remember that kind and professional approach."

"My father was been treated with dignity, care, respect, love, good humour and so much compassion, all by your staff. We as a family have equally been treated with as much love and compassion."

"Thank you for your hard work and love in the darkest of times. "

The hospice had a homely but calm atmosphere and we observed staff to be kind and caring with patients and appeared to know them well. They spoke to people in a calm and quiet manner offering support as it was needed with a gentle touch of the hand.

There was a large bathroom with a jacuzzi bath, electric candles and piped music which offered a calming effect to the patients. One patient said "The bathroom is just great, very relaxing and staff make sure you are safe and leave you to relax in privacy, how good is that?"

The care provided included spiritual and emotional support for the person and their family. A bereavement counselling service was available. Group and individual bereavement support was offered to the family and friends of people who had been known to the hospice. We were told and viewed evidence that counselling services were provided for children. Counselling for children often involved the use of creative activities such as drawing, painting, using puppets or sand trays. This approach can enable children to find ways to express their thoughts and feelings about what is happening to them when their relative has a life limiting illness.

As part of the support for children and young people with a family member with a life limiting illness the hospice has set up "Echoes support". This is a regular outdoor support group where young people can meet, support each other, make friends and just have fun, without always thinking of the change to their lives that a life limiting illness of someone close to them can do.

Patients were able to complete "advance care plans". These plans gave patients the opportunity to let their family, friends and professionals know what was important for them for a time in the future where they may be unable to do so. This included how they might want any religious or spiritual beliefs they held to be reflected in their care; their choice about where they would prefer to be cared for; which treatment they felt may be appropriate or choose to decline; and who they wished to be their legal representative. These advance decisions were recorded, effectively communicated to staff and respected. When patients had expressed their wish about resuscitation, this was appropriately recorded and staff were made aware of patient's wishes.

There were information packs at reception which contained a series of leaflets. These included a patients' guide; information for families, friends and carers; infection prevention and control information for patients and a separate one for visitors; information about falls prevention, information about the role of CQC; and details of car parking arrangements and cost were available. This information was also available for people on the hospice's website. A visitor told us how their relative had first attended day care and from there they had been shown the in-patient area and been told all about it before admission, so they knew what to expect.

Good

Is the service responsive?

Our findings

We spoke with one patient who told us "I was in a black hole of pain before I came here. The staff have given me my confidence back, this place has saved me." A relative said "Care here is excellent. Staff anticipate my relatives needs and respond accordingly. They are looked after here as they should be, staff are just wonderful."

An individual plan of care was in place for patients who reach the end of life whilst in the hospice. Areas covered are nutrition, pain and symptom control and it also refers to psychosocial, social and spiritual support and prompts staff to endeavour to ensure these areas are discussed with the patient and their carers or family members. For example, the care plan is based on and tailored to the needs, wishes and preferences of the dying patient and those identified as important to them.

The Hospice has a computerised clinical system (EMIS) installed to enable care records to be shared across care settings. The system receives and shares information with local GP's and acute and community settings. Each professional body has the up to date information for each patient such as treatments. medicines and prognosis. It facilitates coordinated delivery of care. EMIS supports electronic palliative patient care record (EPaCCs) which provides a shared locality record for health and social care professionals allowing rapid access across care boundaries to key information regarding an individual approaching end of life, including their expressed preferences for care. EPaCCs facilitates co-ordination of care and the delivery of the 'right care in the right place, by the right person at the right time.

As part of communication to discuss the changing needs of patient's multi-disciplinary team meetings took place with health and social care professionals to review
w each person's care. Staff also held detailed handovers at each shift change so that all staff were fully aware of changes made to patients care.

The hospice has responded to a need within the community by commencing a dementia carer well-being programme which is based in the sunflower centre at the hospice. It is a structured eight week well-being and support programme open to carers of people with dementia. Carers are able to bring the person they are caring for with dementia with them to the centre where trained "dementia buddy" volunteers who will support the person with dementia whilst carers attend the well-being programme. The carers can attend on their own. Topics on offer are taking care of ourselves, dietary and nutritional advice, development of coping strategies and the value of complimentary therapies. The aim of the programme is to help carers learn more about living with dementia and have some respite and gain peer support from others in similar circumstances.

The hospice also has a specialised lymphedema nurse practitioner(lymphedema is the term used to describe swelling that can occur anywhere in the body, but most commonly affects the limbs) A range of treatments are offered by the specialist nurse which is tailored to each individual patients need. Again a leaflet was available to inform patients of this service, information can also be found on the hospice web site.

A 24 hour advice line available for health care professionals, patients and families to access advice from specialist palliative care team is offered by the hospice for advice and support ranging from symptom control, medication queries and access to further support such as night nursing services or out of hours GP service.

A 'How to make a complaint' leaflet was available throughout the hospice. The complaints procedure gave people the name and contact details of the registered manager of the service and advised them about how to make a complaint and how their complaint would be dealt with. We saw evidence that people who used the service, and their families, were encouraged to give feedback on the service they had received and to report any concerns.

We looked at complaints records, which showed there were no complaints about the care or treatment people had received. Records showed that the complaints had been responded to in an appropriate manner.

Good

Is the service well-led?

Our findings

Staff we spoke with said they were proud to work at the hospice and felt that the management was very supportive.

There were processes in place to monitor the quality of the service. Audits included; IV therapy, medicines, infection control, and clinical moving and handling. There was an annual calendar of when audits should be carried out and by whom. This also showed when policies needed to be reviewed. The maintenance staff carried out audits including; water temperatures, fire equipment and emergency lighting. The maintenance audits were contained in a computer based system which raised an alert when they were next due. The audits were evaluated and, if required, action plans had been put in place to drive improvements. This showed that the audits were evaluated and, if required, action plans had been put in place to drive improvements. This showed that a variety of audits had been carried out to ensure a quality service had been delivered. The board of trustees also met on a regular basis. There were meetings held every two months with a health and safety team and a clinical governance group to discuss each occurrence and other issues that may affect people in the service.

The hospice was governed by a Board of Trustees who brought a wide range of clinical and business skills and experience to the organisation.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

Regular staff meetings were held and we saw minutes of these which were available for staff to read on the intranet. The registered manager showed us the staff rotas and explained how staff were allocated on each shift. She said staffing levels were kept under review on a daily basis and adjusted according to the dependency levels of patients who were in the hospice.

Staff demonstrated a good understanding of the values and ethos of the hospice and described how these were put into practice. They said the manager led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively.

As part of the auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the hospice were still in date was maintained. This is an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

We found monitoring of the service to be extremely good. For example, there were systems for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provide, and its outcomes. We saw a wide range of health and safety audits had been

periodically conducted by the organisation. Internal checks were also conducted regularly in areas such as fire safety, falls, accidents, pressure ulcers, nutrition, care planning and complaints.

In addition, an annual business plan clearly summarised the hospice's aims and objectives, with well-defined forward planning strategies being implemented. This helped the hospice to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

All of these measures contributed to having a strong management ethos of being open and transparent in all areas of running the hospice. We saw some sound policies and procedures, which were effectively reviewed and updated, in line with current thinking, research and practice.

All records relevant to the running of the service that we saw were well organised and reviewed regularly. All records were kept securely and confidentially. Archived records were kept for the appropriate period of time as per legal requirements and disposed of safely.