Earl Mountbatten Hospice

Countess Mountbatten House

Inspection report

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Date of inspection visit: 10 August 2021
Date of publication: 26/10/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this service good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Good 	We rated this service good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Countess Mountbatten House

Countess Mountbatten House offers support and care for patients with life limiting illnesses in Southampton and Hampshire. It has a 21-bed inpatient unit offering end of life care, respite, rehabilitation and symptom control, 365 days a year, 24 hours a day. There was a specialist palliative care, multi-disciplinary community team which included: nursing, medical, allied health professionals and psycho-social care.

The service provided day and self-help services including a range of therapies for palliative patients such as physiotherapy, occupational therapy, and creative therapies in the Hazel Centre. There were supportive services for example: psychology, counselling and spiritual care.

Countess Mountbatten is registered for the following regulated activities:

Diagnostic and screening procedures

Personal care

Treatment of disease, disorder or injury

There is a registered manager. The service had been issued with a T28 exemption for the disposal of Controlled Drugs.

How we carried out this inspection

The inspection took place on 10 August 2021. The inspection was unannounced. This was the first inspection under a new provider.

The team inspecting this location consisted of an inspector, two specialist advisors, a palliative care consultant, a specialist nurse experienced in caring for people receiving end of life care and an expert by experience with experience in caring for people with life limiting illness. The expert by experience made phone calls to patients using the service, permission was given by patients beforehand to be contacted.

We spoke with 11 patients, included some who were living in the community, five relatives, and 10 staff including nurses, community nursing specialists, doctors, psychologists, social workers, bereavement support, health support workers, housekeeping and catering staff, and the management team. We looked at four care plans, medicines management and records/information relating to the management of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

Patients and relatives could call for support 24 hours a day seven days a week.

Summary of this inspection

In May 2021, Countess Mountbatten had introduced 24 hours a day seven days a week community palliative rapid response service. This is an uncommon service for a provider to offer.

Everyone spoke very highly of the 24-hour telephone service and the counselling services provided.

Patients and relatives commented that this helped them feel safe, knowing they could always ask for help or go into the hospice if needed.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Hospice services for adults

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

Are Hospice services for adults safe?

Good

This was the first inspection since the provider for the location changed in 2019. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Records showed that mandatory training was completed every year. Other training that staff required was made available to them for example, new policies and ways of working. The education team monitored all staff training and raised any issues with the member of staff and the manager as needed.

The mandatory training was comprehensive and met the needs of patients and staff. For example, all staff completed training about nutrition and hydration and pain relief.

Staff had protected time to complete training; some staff completed their training at the hospice others completed it at home.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training specific for their role on how to recognise and report abuse. They knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of when they would make a safeguarding referral.

Staff gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act (2010). Staff protected patients through observation, listening to their patients and their friends and family and taking appropriate action, when necessary.

Staff followed safe procedures for children visiting the service. The service offered a lifespan bereavement service which included children and young people, and ensured they were safe when attending for support.

Cleanliness, infection control and hygiene

Staff used infection control measures on the ward and when transporting patients after death.

The ward area was clean and had suitable furnishings which were clean and well-maintained. The inpatient unit was bright and visibly clean. All ward areas had dispensers of clean gloves, aprons and masks. Antibacterial hand gel dispensers were available, and posters prompted staff and visitors to clean their hands regularly.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Housekeeping staff had separate equipment for cleaning areas where there was a suspected or confirmed case of COVID-19.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were bare below the elbow, wore their PPE correctly and disposed of it correctly after use. They washed their hands prior to putting on PPE and using hand gel regularly. Staff completed online 'donning and doffing' training. Staff described how to deep clean rooms between patients.

Staff followed infection control principles when providing care and support in patient's homes. The service supplied those staff with essential personal protective equipment.

After death, patients were transferred to the newly refurbished resting room or stayed in their own room. Staff continued to follow infection control practices and ensured that safe handover including infection status, was given to the transport staff.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Patients had comfortable seating and places to store their belongings.

The design of the environment followed national guidance and there was no mixed sex accommodation. There were suitable facilities to meet the needs of patients' families.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. Syringe pumps were regularly serviced and tested, and staff knew how to report any concerns with specialist equipment. Staff checked the inpatient unit resuscitation trolley regularly and all items were in date.

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

Assessing and responding to patient risk

Good

Hospice services for adults

Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

Staff used a nationally recognised tool to identify deteriorating patients and managed changes appropriately. They reviewed the wishes of the patient and ensured appropriate care and treatment to maintain their comfort was given.

Staff completed risk assessments for each patient on admission using a tool to assess patients and reviewed this regularly, including after any incident. For example, falls, nutrition and areas of the body prone to pressure sores, were monitored and staff had regular meetings to ensure they offered the best care where patients were vulnerable to those risks.

A falls audit identified that assessments of visual impairment and suitable footwear and falls prevention measures were documented.

The service had 24-hour access to support patients and families in their own homes, and staff could carry out a visit when needed.

Staff completed, psychosocial assessments and risk assessments and patients were offered psychology support and counselling to assist with their mental wellbeing.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff information about the service.

The inpatient unit had four trained nurses and six healthcare assistants (HCA's) on an early shift, four trained nurses and three healthcare assistants on a late shift and three trained nurses and two HCA's on a night shift.

In addition, bereavement services, psychology services, housekeeping and catering staff were available to support patients and families.

Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. The managers could adjust staffing levels daily according to the needs of patients. The number of nurses and support staff matched the planned numbers.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had information and understood the service.

Medical staffing

Good

Hospice services for adults

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough medical staff to keep patients safe. They were able to match the planned number although there were vacancies.

The service always had medical staff on call 24 hours seven days a week this meant patients could be admitted at any time if needed.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Staff used both electronic and paper records and both were complete. They included up to date risk assessments, personal evacuation plans, COVID-19 information, and information on patients' physical and mental health. Authorised staff, including bank and agency staff, could access patient notes.

Records were stored securely. Paper notes were kept locked in the nurses' office and electronic notes were on a secure system.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They followed current national practice to check patients had the correct medicines. Medicines records were complete and contained details on dose, when patients received them, and controlled drugs were double checked.

Staff stored and managed medicines and prescribing documents in line with the service's policy. There was an up to date stock list with all medicines in date and no excess stock. All medicines were stored safely in locked cupboards.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff reviewed the effects of each patient's medicine on their physical health. The pharmacist gave advice and checked patients' medicine, particularly when their prescription changed. Patients and carers said they were encouraged to say when they experienced any problems with their medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Incidents

Good

Hospice services for adults

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Staff told us they were able to talk through incidents and were aware of the systems and processes in place to do this. Incidents were discussed in team meetings alongside any lessons learnt.

A sample of incidents showed pressure ulcers and medicines were the most frequent themes. These were recorded on the hospice's electronic incident recording system. The incidents had an action taken section; some of the actions taken around pressure ulcers included patients being nursed on specialist mattresses. Recommendations and action following one investigation included: the implementation of bespoke specialised pressure ulcer leaflets. Mountbatten had implemented a range of bespoke leaflets covering all aspects of its services and related topics.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Are Hospice services for adults effective?

Good

This was the first inspection since the provider for the location changed in 2019. We rated effective as good.

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff used a patient clinical pathway record to plan, give and evaluate care and treatment. The document referenced National Institute for Health and Care Excellence (NICE) guidance for each plan of care. NICE and Mountbatten guidelines are available on the Mountbatten Intranet site. Staff said guidance was easy to access, comprehensive and clear to follow. They showed us how they accessed the guidance.

We saw clinical practice reflected guidance and best practice. Key issues in patient care were handed over and acted upon. Senior clinical staff gave clear direction and support

Good

Hospice services for adults

Staff ensured that service users' care plans included symptom control, social and spiritual support, and psychological needs. Evidence of discussion with patients and relatives was recorded in care plans and discussed in handover meetings.

Staff delivered care and treatment in line with care plans. Anticipatory medicines for distress, agitation and pain were prescribed and given in line with National Institute of Health and Care Excellence (NICE) guidelines.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. The service had a social worker and psychological support and they were there to offer support and guidance to staff, patients and their relatives, to ensure patient's rights under the MHA were protected.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, particularly those with specialist nutrition and hydration needs. The hospice provided a full menu for breakfast, lunch and tea, including hot and cold food options, and staff told us that they could provide hot and cold snacks. Staff worked with families to ensure dietary and cultural needs were met.

People told us, "My husband still has a good appetite and has a healthy diet. Recently he has refused to eat, and the carers understood this and advised me to leave it for half an hour and approach him again and usually that works, and he eats his meal."

A daughter commented "Mum eats more some days than others but like today has times when she gets very sick. They don't seem worried about her nutrition, but they are reviewing her anti sickness medication."

One patient said, "I can't eat so now I have supplements which my GP prescribes. It has been over two years that I have been on these and I am fine with this."

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Nutrition and fluid care plans were followed with fluid balances totalled and acted upon appropriately.

Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it and nursing staff had received any training in topics such as dysphagia (difficulty swallowing) and how to assess this. Mouth care was provided for those who may have a dry mouth, because of their medicines or as part of their end of life care.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patient needs on a regular basis this included the assessment of pain. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. There were pain assessment tools for use with patients who may struggle to communicate and articulate their pain staff gave us examples of when they have used them. Patients told us that they received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits. Information was sent to Hospice UK who monitored the information nationally.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers used the feedback from Hospice UK and audits to highlight where changes could be made, and care and treatment improved. Mountbatten used bespoke Palliative care Outcome Measures (OACCS) and these were reported through the formal governance structures.

Managers shared and made sure staff understood information from the audits. The information was shared in meetings such as the task and finish groups.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Recruitment files showed the managers had checked that staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff received a disclosure and barring (DBS) check when they joined the hospice.

Managers gave all new staff a full induction tailored to their role before they started work. New starters reported feeling well supported. Clinical staff were able to work outside planned staffing numbers when they first started.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge through regular meetings.

The education group supported the learning and development needs of staff and worked with the managers to ensure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Managers ensured where possible staff attended team meetings or had access to full notes when they could not attend. There was a designated note taker, and notes were stored centrally so staff could find them easily.

Managers recruited, trained and supported volunteers to support patients in the service. Training took place for volunteers on the day of the inspection.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary meetings were held once a week and included social work, psychology, the rehabilitation team, bereavement and spiritual care. Daily handovers were attended by doctors, nursing staff, health care assistants and therapy staff, working together to share information. Nursing staff and doctors reported good working relationships and felt well supported and part of a team.

Staff worked with other agencies when required to care for patients in the community and offered training and support to GPs, and care homes.

Seven-day services

Key services were available seven days a week to support timely patient care.

Patients were reviewed by doctors as needed, depending on their individual care pathway. Patients and relatives could call for support 24 hours a day seven days a week.

In May 2021, Countess Mountbatten had introduced 24 hours a day seven days a week community palliative rapid response service. This is an uncommon service for a provider to offer.

Everyone spoke very highly of the 24 hour telephone service and the counselling services provided.

Patients and relatives commented that this helped them feel safe, knowing they could always ask for help or go into the hospice if needed.

Health promotion

Staff gave patients practical support to help them live well until they died.

The service had relevant information promoting healthy lifestyles and support on the inpatient unit and those living in the community.

The Hazel Centre delivered some services remotely, and this included an exercise programme delivered by the Physiotherapist and Occupational Therapist and online videos and classes. Topics covered included sleep, hygiene, anxiety management and planning for the future. Participants stated; “I have a reason to get up and get ready”, and “This has given me something to look forward to.”

Staff assessed each patient’s health when accessing the service and provided support for any individual needs to live a healthier lifestyle.

Good

Hospice services for adults

Consent, Mental Capacity Act, Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff received training about the Mental Capacity Act (2005). In conversation staff demonstrated a good understanding about their responsibilities towards the Mental Capacity Act which included a how and when to assess mental capacity of a patient.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff checked that patients were ready for care and treatment and when patients asked for a rest before resuming treatment, this was respected.

Patients entering the hospice did not routinely receive an assessment of their capacity, but where there were concerns, this was conducted, usually by a doctor, and clearly documented in their notes.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are Hospice services for adults caring?

Good

This was the first inspection since the provider for the location changed in 2019. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

For example, one person told us; "We have a phone number we can ring day or night if we want to discuss our fears upsets etc. As a family we have found this service really supportive of us all and really help us to cope."

"I started using the counselling service before (name given) passed away as I had lost my father only a few months before my husband found out he had a terminal condition. The lady I saw was very good and she would phone me

regularly for updates on his condition and on how well I was coping. Since my husband passed away the hospice has contacted me two or three times to see if there is anything I need or if I require further assistance. I have seen the counsellor about 10 times now. She has been so helpful. I was able to sit and chat to her from home and when (name given) passed away she sat with me. Support was immediate, excellent in fact fantastic."

Patients said staff treated them well and with kindness. For example, one person said; "I am now using the bereavement services but prior to my husband's death, staff always took the time to ask me if I was alright and if I was feeling frightened or down they would always make me a cup of tea and sit and talk to me about my feelings. If needed, we could both use the 24-hour telephone service for support. It was so nice to be able to access that help and support".

Staff followed policy to keep patient care and treatment confidential. All records were kept safely whether they were electronic or paper records.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Patient's individual preferences, cultural, social and religious needs were met by all staff including the provision of dietary requirements. "We have the support of a catholic priest as my husband is Catholic and they are visiting him soon."

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. "My husband started having support from Mountbatten ten weeks ago. He has two carers three times a day from Mountbatten. We are also supported by our GP and district nurse. I feel he is very safe with the carers who come to help him with his personal care. There are always two of them each time and they are very good. They understand his condition as at times he can be extremely difficult to handle and he f's and blinds with them it upsets me, and I get embarrassed. They always make time to chat to me and ease my embarrassment. They are happy to offer me any assistance I might need."

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. The service offered bereavement support and counselling, and this could be accessed at any time, to manage a diagnosis, ongoing care and support after death.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. "We all feel mum is really safe with the staff who come to assist her and they always listen to her or us if there is a problem." "My husband passed away in June 2021 and I am receiving bereavement support and counselling. I always felt that he was very safe with all the staff who provided his care whether it be at home or in the hospice".

Understanding and involvement of patients and those close to them

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

Good

Hospice services for adults

Staff made sure patients and those close to them understood their care and treatment. “Staff were understanding and supportive when at times he or I were feeling frightened or needed advice in certain situations. They never appeared rushed and always appeared seemed to have plenty of time to support us.” “The staff are kind and supportive with us all and when mum is having a low day, they offer her emotional support.”

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. “Staff will listen to me and will give me all the time in the world when I need it. We have two boys living at home one is 16 and the other 18 years old and they have been included in conversations about their fathers’ condition and they have been aware of the services available to support them.”

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families were supported to give feedback whilst using any of the services and afterwards.

Staff supported patients to make advanced decisions about their care. “Where there were things that needed changing, they always sorted it out. We have no relatives and few friends so having the hospice support was a lifeline for us”. The service had an Advanced Care Plan which they used to support patients to say what they would like support with and how they would like it given.

Staff supported patients to make informed decisions about their care. Whenever new information was available or when circumstances changed patients were given information to make changes to their support plan.

Patients and those close to them gave positive feedback about the service. “I know I can ring anytime for support and on bad days they have sat in the garden with me whilst I have cried and they support me and my husband absolutely marvellously. I am having counselling as part of the package of care they are providing. My husband refuses to acknowledge his condition. I don’t feel they keep anything from me, and they bend over backwards to help me.”

Are Hospice services for adults responsive?

Good

This was the first inspection since the provider for the location changed in 2019. We rated responsive as good.

Service delivery to meet the needs of local people

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

The senior management team had become aware of the lack of contact with the cultural groups in their catchment area. They were looking at how they could improve contact with those groups. Their statement was “Mountbatten is acutely aware of the disparities that exist between different groups in accessing and receiving end of life care. Our strategy clearly describes our objective to meet the needs of everyone requiring our care. The Mountbatten group are committed to responding to the disparities in end-of-life care and will work with our data analysts to identify and agree our approach to make sure no one requiring our services is ignored”.

Good

Hospice services for adults

An Equality in End-of-Life Care Working Party was convened in August 2021. They needed to have engagement with hostel providers and commissioners of health and social care services to establish what they required in order to successfully support people who find themselves homeless and in need of end of life care and the staff who provide care and support.

The Southampton hostels had formed a platform from which they could share learning and lived experiences. They developed and adopted a bespoke Advance Care Plan with input from their service users to understand what was important to them, this was adopted and implemented across the group.

Workshops with health and hostel providers informed the bespoke Mountbatten Hospice programme of education and training required to support hostel staff in engaging with their service users to talk about death and dying and to provide care with the support of the Homeless Healthcare team. The work is ongoing.

Staff made sure patients living with mental health problems, learning disabilities and dementia, alongside their life limiting illness, received the necessary care to meet all their needs.

Facilities and premises were appropriate for the services being delivered and the service had systems to help care for patients in need of additional support or specialist intervention.

Meeting people's individual needs

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

The service had systems to help care for patients in need of additional support or specialist intervention. Staff knew contact details for where additional support was needed for patients with additional needs.

Staff were able to demonstrate an understanding of equality, diversity and inclusion. Equality, diversity and human rights were part of an online module.

Staff made sure patients with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff wrote some patient details on a whiteboard behind each patient's bed. This included the patient's preferred name and staff used the preferred name.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, patients' family, friends and carers could get help from interpreters, translators or signers when needed. Staff knew how to book interpreters, translators and signers.

Staff were able to give examples of good collaborative practice, such as liaison with other services when a patient was transferred which included timely transfer and updates to care plans. Staff also told us the procedure was successful and the patient's family were happy with the care they provided.

Good

Hospice services for adults

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Staff gave examples of supporting patients with communication difficulties.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had developed 24-hour access to the service and support was provided by phone, patients could be visited in their home or they could be admitted to the service.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Staff understood the policy on complaints and knew how to handle them. Staff were able to explain the complaints process, and give examples of when a complaint was received, how it was handled and the outcome.

The service clearly displayed information about how to raise a concern in patient areas and leaflets were made available for people to take away.

There were patient feedback leaflets on the ward. The service responded to complaints within set timescales and followed their internal policies as well as the national guidance. Staff told us how the duty of candour was met, including recording of the process and the involvement of patients and families.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, patient harming their self. Lessons learnt and action taken: Clinical supervision for staff who feel they need support and training in assessing suicide risk.

Are Hospice services for adults well-led?

Good

This was the first inspection since the provider for the location changed in 2019. We rated well led as good.

Good

Hospice services for adults

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear leadership structure in place. The leadership team included a Chief Executive, Director of Nursing (who is the Registered Manager), Director of Psycho-Social and Spiritual Care, Director of Operations, Finance Director and Director of HR. There was a vacancy for medical director.

The hospice had a board of trustees. The board was made up of unpaid, volunteer trustees selected for their experience, knowledge and skills. This was under review as a number of trustees were nearing the end of their fulfilment time and the chief executive described how this gave them an opportunity to recruit trustees from the cultural groups who lived in their catchment area.

The board had two main sub-committees, the Services and Resources committees. The governance structure underpinning these includes the Quality & Governance committee, Medicines Safety and Optimisation committee, Health & Safety committee and Integrated Information Governance committee and Retail Advisory Group.

The Director of Nursing tried to split their time equally, but proportionately to services and the Director of Operations is based at Mountbatten Hampshire full time. The Director of Operations is a clinician and CQC Nominated Individual.

Staff told us leaders were approachable, and their doors were always open. They felt they were part of a team, supported and listened too. Several staff had been employed by the hospice for many years. We were told when staff leave the hospice this was mainly due to retirement or development such as nurse training. Staff were patient focussed and recognised the importance of peer support and that staff morale was positive

Staff were given the opportunity to develop within their role. We heard of development opportunities such as health care assistants having the opportunity to develop to the nurse associate programme.

Vision and strategy

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

The hospice had a clearly stated vision, and had developed a strategic plan, in order to respond to the changing shape of services in 2021. Staff, patients and wider stakeholders had been consulted. The provider had used the Hospice UKs' report 'Equality in Hospice and End of Life Care' (May 2021) and convened a working group to consider the content of the report and agree priority areas which could potentially have the greatest impact at the service.

Work has taken place in the past with local commissioning groups and local hostels and the service believed this would be a useful approach going forward. The provision of services would be proportional to need and targeted to the areas, groups and individuals that need them the most (to reduce health inequalities).

Culture

Good

Hospice services for adults

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

There was a culture of honesty, openness and transparency. The management team carried out the duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports. Staff said there was an open and transparent culture where people were encouraged and felt comfortable to report incidents and where there was learning from mistakes.

Staff felt valued, supported in their jobs and spoke enthusiastically about their roles. Staff said there was good teamwork and peer support. Staff felt they were able to progress and follow their clinical career path. Staff were passionate about providing their patients with a 'good death'.

On the ward we saw multidisciplinary working which involved patients, relatives, and the clinical team working together to achieve good outcomes for patients. This was reflected in the support offered at the wellbeing centre and community care.

Patients acknowledged a positive and caring ethos and were happy with their care.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were clear governance structures within the service with good representation from all disciplines, for example social workers, bereavement support and psychology.

There was a clear governance structure within the service with monthly meetings to discuss key risk and performance issues. Meeting minutes showed them to run to a set agenda and clearly recorded actions could be tracked and the minutes showed they had been completed.

The service used information and guidance from the national charity Hospice UK on governance for example: good practice guides, publications on governance and education.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Risks were recorded at ward and provider level. The top risks identified included recruitment of new staff including medical staff, and staff having to isolate due to Covid 19.

The senior managers worked well together to identify risks and make improvements. Senior staff had a good understanding of the issues within their areas.

The risk register was updated regularly, with risks added to the register relating to patient care, safety performance and current issues. Monitoring of risks and actions were allocated to named staff who recorded regular updates with the mitigations to reduce the risk.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service's website provided safety and quality performance reports and education links. This gave patients and members of the public a range of information about the safety and governance of the service.

All staff had individual log on passwords and all devices closed when not in use.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service involved patients, their family and friends as well as other services such as GP's district nurses and the local hospital, in developing services by asking them their thoughts about the care received.

Patients and their families were given access to support groups and information resources to help them understand and adjust to their care needs.

The senior staff team said any good ideas put forward by staff were discussed at staff meetings, and ideas were passed on to the Senior Management Team. Staff felt informed and involved with the day to day running of the service and its strategic direction.

Staff said there were regular staff meetings and that managers arranged these for different times and days to ensure all staff were able to attend regularly.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Good

Hospice services for adults

The senior team were looking to involve their local community more and working with them to offer end of life care. They were aware that there were at least 30 different cultures in the catchment area, and they were not reaching all of them to offer care and support. They were also looking to have a diverse volunteer group to assist in reaching these cultural communities. The service used Hospice UK's forums page, where information could be found on for example on Human Rights and patient dependency assessments.