

Dove Cottage Day Hospice

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Inspection report

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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



Overall summary

We carried out an unannounced inspection of the service on 14 July 2015.

Dove Cottage Day Hospice is an independent organisation offering palliative day care to people with life limiting conditions living in north east Leicestershire, Rutland and south east Nottinghamshire. The service is situated close to the village of Stathern. All services are provided free of charge. A small team of nurses and nursing assistants are supported by over 60 volunteers.

Facilities include communal lounges, a garden room with access to a landscaped garden and treatment rooms where people receive massage and complimentary therapies. Up to 20 people use the service each day.

The service was registered to provide three regulated activities. These were Treatment of disease, disorder or injury (TDDI); Diagnostic and screening procedures and Transport services, triage and medical advice provided remotely. At the time of our inspection only TDDI was provided.

Summary of findings

The service has a registered manager. 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.

People using the service told us they felt safe because of the quality of care they received. They explained that staff and volunteers understood and were attentive to their needs. They described Dove Cottage as being warm and friendly and that it was a place they looked forward to visiting.

Staff understood their responsibilities for keeping people safe. Equipment and premises were well maintained and free of hazards that could result in people being harmed.

People were supported by sufficient numbers of skilled and experienced permanent staff and volunteers. They received their medicines when they needed them.

Staff and volunteers were highly regarded by people using the service. Our observations of how staff and volunteers supported people confirmed what people told us. Staff and volunteers communicated effectively with people using the service and each other. We saw that staff and volunteers put their training into practice. Staff and volunteers told us they felt well supported by the management team.

All of the people using the service were presumed to have mental capacity and staff understood their responsibilities under the Mental Capacity Act 2005.

People spoke in very favourable terms about the quality of meals they had. They were supported with their nutritional and health needs and preferences by staff and volunteers.

Staff and volunteers developed caring relationships with people using the service. That happened because staff and volunteers had detailed knowledge of the needs and preferences of people that the service.

People were involved in the assessments of their needs and in decisions about their care and support. People's wishes were respected by staff who treated them with dignity. Several people we spoke with told us that staff and volunteers were like a second family.

People's care plans were focused on their individual needs. They were supported to maintain their interests and hobbies through a variety of activities staff and volunteers provided.

People knew how to raise concerns if they had any. They emphasised to us that they had not had occasion to raise concerns or make a complaint.

People using the service, their relatives, staff and volunteers were involved in developing the service through a wide range of fund raising activities. Staff and volunteers were enthusiastic and motivated. They told us they enjoyed their roles at Dove Cottage more than any other job they'd done before.

The provider had effective arrangements for monitoring the service. These included scheduled audits and arrangements to receive feedback from people using the service and their relatives. People's feedback was acted upon. The provider was committed to continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe because of the quality of the staff and the care and support they received.

Staff understood their responsibilities on how to keep people safe. People received their medicines when they needed.

Good



Is the service effective?

The service was effective.

People were supported by staff and volunteers who understood their needs.

Staff and volunteers received support through effective training and supervision.

Staff and volunteers supported people with their nutritional and health needs.

Good



Is the service caring?

The service was caring.

People using the service told us that staff and volunteers were very caring and often went an 'extra mile' to support them.

People were involved in decisions about their care and support.

Staff respected people's choices and their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care and support that was centred on their individual needs and preferences.

People enjoyed a variety of activities and therapies at Dove Cottage.

People knew how to raise concerns if they had any.

Good



Is the service well-led?

The service was well led.

People using the service, their relatives, staff and volunteers were involved in the development of the service.

Staff were motivated and enthusiastic and felt they were well led.

The provider had effective arrangements for monitoring the quality of the service.

Good



Dove Cottage Day 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 14 July 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with five of the 13 people who used the service on the day of our inspection. We reviewed four people's care plans and associated records. We spoke with the registered manager, the day care leader, three staff and a volunteer. We looked at a staff recruitment folder so we could see how the provider's recruitment procedures operated. We looked at records of the provider's quality assurance procedures.

Is the service safe?

Our findings

When we asked people whether they felt safe at Dove Cottage, they responded with a variety of reasons why they felt safe. Comments included, “I feel safe because the staff treat us so well.” People told us they felt safe because Dove Cottage was “home from home.” A person summed their feelings up with, “It’s a resting place for a weary traveller.”

Staff we spoke with had a thorough understanding of safeguarding people from harm. They knew how recognise and respond to signs that a person may have been abused or suffered avoidable harm. We saw that staff supported people to walk safely. The environment was free of hazards that could of posed a risk of tripping or falling. Communal areas and bathrooms were exceptionally clean, which was something commented on when people explained why they felt safe.

Before people used the service for the first time the service wrote to people’s GPs to explain how they would be supported and the types of activities the service provided. The purpose of the letters was to invite the GP’s views about any risks to a person’s health and well-being. We saw from care plans we looked at that GP’s responses were acted upon and people’s care plans were modified. This approach meant that the service took into account information about a person that they or their relatives have not mentioned. People’s safety was further reinforced with risk assessments associated with people’s care routines, for example how they were supported to take their medicines or with their nutrition.

The provider had procedures in place for investigating accidents or incidents that occurred, but we were told very few accidents or incidents had occurred. The provider had effective procedures for the maintenance of the premises and servicing of equipment such as wheelchairs and bathroom hoists. When we viewed the premises we saw no hazards that posed a risk to people, for example trip hazards. Only permanent staff used hoists and they had all received training in the safe use of the equipment.

People we spoke with told us they felt enough staff were on duty. Staffing levels were determined by the registered manager and day care leader. Their decisions were based on the needs of people using the service and the kinds of activities that were planned. On the day of our inspection 13 people were supported by three permanent staff, one of

who was a registered nurse, and three volunteers. Only permanent staff supported people with personal care they required. All permanent staff had received training about the needs of people who used the service. Staff we spoke with demonstrated a good awareness of people using the service on the day of our inspection.

A person using the service told us, “I feel safe here because the staff are always around.” The provider operated robust recruitment procedures for permanent staff which ensured as far as possible that only suitable people were employed. Volunteers were allowed to attend Dove Cottage only after robust checks had been made of their suitability to support people using the service. People using the service could be confident that they were safe at Dove Cottage because they were supported by enough suitably skilled and experienced staff.

People using the service bought their medicines with them on the days they visited Dove Cottage. Permanent staff were aware of the medicines people took and checked that the person had brought their medicines with them. On occasions people had forgotten to bring their medicines, a volunteer driver went back to the person’s home to collect them.

People using the service told us they were supported to receive their medication at the right time and when they needed it. A person said. “I get my medications when I need them. That’s very important to me.” Where people required support to take their medicines, only nurses did so. Most people only needed to be reminded to take their medicines and care staff did that.

Nurses were alert to possible errors in prescriptions. For example, a new prescription for a person’s eye drops stated that the drops were for both eyes but the person was sure they were only for one eye. A nurse checked with the prescribing GP and consequently avoided an error when administering the drops.

People using the service could be confident that they would receive their medicines safely.

Vehicles that were used to bring people to Dove Cottage, take them home and take them on outings were serviced and kept tidy. The vehicles were used only to transport people and were not ambulances or vehicles adapted to be a place where people received treatment.

Is the service effective?

Our findings

People that used the service spoke in very complimentary terms about the staff and volunteers that supported them. A person told us, “The staff are attentive. They’re really good.” Another said, “The staff know about my health needs. It gives me confidence knowing the staff are good.” Other people described the staff as “fantastic” and every person we spoke with told us they liked coming to Dove Cottage. One person said, “I’d definitely recommend Dove Cottage to my family and friends.”

People told us they felt the staff were skilled and knowledgeable about their needs. A person said, “It’s a brilliant service. I enjoy coming here because the staff are very good.” Staff we spoke told us they felt their training had been very good. One told us, “The training is excellent because it’s related to the guests (people using the service).” They told us they felt well supported through the training and supervision they had. One added, “Our annual reviews are very helpful. We discuss training and development.”

The provider had a staff training plan that was closely monitored to ensure that staff and volunteers attended refresher training when it became due. Permanent staff and volunteers had induction training which introduced them to the service and its aims which were to support people living with an advanced progressive illness and to provide respite to people’s carers. Further training was available that was more specific to the needs of the people using the service.

When they were at Dove Cottage people were supported mainly with recreational and therapeutic activities and, if they needed, personal or nursing care. All care and support was carried out with a person’s agreement and consent. A person told us, “The staff explain everything they are going to do.” We were told that all of the people using the service had mental capacity to make decisions about their care and support. The provider operated an admissions policy which meant they did not routinely offer places to people who lacked mental capacity to make decisions about their care and support. However, staff received training about the Mental Capacity Act (MCA) 2005. The MCA protects people who lack mental capacity to make decisions. Under MCA, all people are presumed to have mental capacity unless there is evidence to the contrary. Staff we spoke with

understood their responsibilities under the MCA. This meant staff were able to identify if a person began to show signs of lacking mental capacity so that appropriate action could be taken.

People using the service spoke to us in highly complementary terms about the quality of food they had at Dove Cottage. Comments included, “The food is absolutely beautiful,” and “The food is very, very nice,” and “The food is excellent.” A person commented that the meals were so good that the recipes should be published. Meals were prepared by a volunteer cook. Meals were made using fresh ingredients, many locally produced. People told us they had a choice of meals. We saw from menus that people had a choice of healthy meals that included fresh vegetables. Information about people’s food preferences and nutritional needs were passed to the cook who prepared meals to suit people’s requirements. For example, some people had their meals pureed or soft food, others had gluten free food.

Our observation of a mealtime was that people who required support with eating their meals received support. People spoke about the quality of their meal. Comments included, “Its [the food] is always hot and fresh,” and “The portions are big enough.” People told us they could have extra portions if they wanted although they found that their portions were usually enough. People had drinks of their choice served. Some had wine. A person told us the meals were so good it that their visits to Dove Cottage were the highlight of their week.

People using the service told us that staff were attentive to their health needs. A person told us, “The staff understand and recognise my symptoms and act quickly.” People were supported with their health needs by nurses and nurse assistants with many years’ experience of palliative care. The service focused on providing people with relief from the pain and mental stress associated with the condition they lived with. A person told us, “The staff know all about my health needs.” Care records we looked at recorded information about people’s health and demeanour at each visit they made to Dove Cottage. If nurses recognised changes in a person’s health since their last visit these were reported to the day care leader who shared the information with the person’s GP. Nurses acted on advice and instructions they received from GPs.

Is the service caring?

Our findings

All of the people we spoke with referred to staff and volunteers in highly complementary terms. People said that Dove Cottage felt like home to them, several told us, "Its home from home." A person said, "I smile as soon as I walk through the door." Another described Dove Cottage as "comforting and caring." The registered manager told us they provided seating and furnishings that that resembled what people had at home. We saw that people sat in what they referred to as their own personal armchairs. A person told us, "The lounge here is like the lounge in my own home." Staff referred to people using the service as 'guests' rather than 'service users' or 'clients'. This showed that the provider's view of people using the service was that they were people who were to be made welcome by staff. We saw that this was what staff did.

People told us that staff were kind and caring. A person told us, "The staff are like a second family." Other comments included, "The staff care for us so well" and "The staff looked after me so well especially when I'm having a bad day." A person told us, "Staff always have time to talk to me." We saw that staff and volunteers spoke politely to people and engaged in meaningful ways with them. For example, they maintained conversations with people about subjects that, judging by people's responses and reactions, were of interest to them.

People told us they felt as if they mattered to the staff. They explained they felt this because staff understood their needs and knew about their likes and dislikes. We saw that staff were attentive to people's comfort needs without being intrusive. We saw staff assist people to be seated comfortably. Staff supported people to relax in ways they wanted by themselves, for example reading newspapers, doing puzzles or listening to music.

A relative described staff as going "beyond the call of duty." An example of this was that staff would visit a person at home if, after regularly attending Dove Cottage, they did not visit. Staff did this to enquire about the person's well-being. A person told us, "Staff sometimes come and see me at home if I can't get here." We saw comments that relatives had made in a comments book recently. A common theme was that relatives described staff as showing high levels of compassion and concern.

Volunteers were not involved in providing any 'hands-on' care. They supported people, for example, by playing board games with them or providing arts and crafts sessions. Some volunteers collected people from their homes and took them back. Others cooked. Volunteers were retired professionals. One told us they helped at Dove Cottage "to give something back to society." Another told us, "I've never done a job that has filled me with so much satisfaction."

People told us they were involved in decisions about their care and support. People recalled being shown around Dove Cottage before they decided to use the service. They recalled being given information about the service and were allowed trial visits to see if the service suited them.

People were able to use a variety of rooms at Dove Cottage where they could enjoy privacy and time by themselves. People used a room that was set aside for prayer and reflection. That room contained information about different faiths which meant that service could support people from diverse backgrounds. Staff received training in diversity, equality and human rights which they put into practice when they supported people from different backgrounds.

Is the service responsive?

Our findings

People told us they received personalised care and support from staff. A person told us, “The staff help me with my problems.” Others said, “I’ve been so happy coming to Dove Cottage. It has helped me in gaining confidence” and “The staff can’t do enough for me.”

A person told us, “The staff involve me in my care planning and review it every three months.” People using the service were involved in the assessments of their needs before they began using the service. They were supported to visit Dove Cottage to see if it was a place they would like. A person told us, “I had a look around, saw the facilities and information about activities. I decided it was a place for me.” Part of the assessment process was to find out how people liked to relax and the types of activities they enjoyed. The provider then ensured that those activities were available for people on the days they visited.

We saw people participating in individual and social activities they said they liked. A person told us, “I so enjoy the chance to get out for a day and come here, knowing my wife is not having to worry.” Some people played a variety of board games and quizzes, others enjoyed solitary activities. A person told us, “I can do what I want. It is so relaxing. We have a laugh and a joke.” Another person said, “If I want to join in activities I do, but if I don’t feel like it I don’t.” Another emphasised they liked that there were rooms at Dove Cottage where they could spend their time quietly. We saw people reading newspapers and books or listening to audio books. Others engaged in conversation with other people using the service or staff. A person told us, “The staff have time to sit and talk with me which I like.” A room was set aside for prayer and contemplation. A person told us they liked that a faith representative was available. Comments we saw in a comments book referred to the service having made a positive difference to people’s lives.

The provider invited people to make suggestions about improvements they thought could be made. Where people had made suggestions they were acted upon. For example, the layout of seating arrangements in the lounges was changed, name badges for staff and volunteers were introduced and the range of complimentary therapies was increased.

Staff knew about people’s life histories and things they liked. That enabled staff to identify people who had common interests and they used their knowledge to support people to form friendships. They supported those people to share activities. Staff called this ‘buddying’ people. This approach worked. A person told us, “I thoroughly enjoy the company.” Others said, “We all have a laugh and a joke,” and “It’s like my other family here. I have made friends and the staff are so supportive.” People using the service made complimentary entries in the comments book to the effect that their visits to Dove Cottage were the highlight of their week because they enjoyed their visits so much. People using the service could be confident that they would be supported to develop and maintain relationships that mattered to them and that they were protected from loneliness or social isolation.

Volunteers supported people with activities including games and personal activities such as manicures. A qualified therapist gave people massages in specially equipped therapy rooms. People used a garden room where people held discussion groups. People accessed landscaped gardens and some people carried out gardening activities.

People’s care plans were evaluated after people’s visits and updated in time for the next visit. Each morning staff discussed the updated care plans which meant they were familiar with the needs of the people visiting the service. This meant that people using the service could be confident that they would receive personalised care and support when they visited Dove Cottage.

People we spoke with knew how to raise concerns or make a complaint. They emphasised that they had never had cause to raise a concern or make a complaint. A person told us, “I know how to complain if I needed to but have never had to.”

The provider told us they had not had any complaints since our last inspection in April 2013. The provider had a complaints policy which set out how complaints could be made and how they would be investigated and responded to.

Is the service well-led?

Our findings

People we spoke with all referred to the service in complimentary and positive terms. A person, referring to the service, told us, “It’s the jewel in the crown and there should be more like it.” When people described the service they said it was, “very friendly”, “home from home”, “immaculate”, “comforting and caring” and “fantastic.” People spoke about the staff and volunteers in equally complimentary terms. People told us they had recommended the service to others. Recent written feedback we saw in the compliments book and cards people had sent extolled the service. These described the service as superb and overwhelming with compassion.

Staff and volunteers we spoke with were enthusiastic about their roles. They understood and put into practice the provider’s vision for the service. They told us the registered management team was easily approachable and supportive. All staff we spoke with told us they enjoyed their roles more than any other jobs they’d had. This was reflected by a very low turnover of staff and volunteers.

The provider relied on voluntary funding because no fees were charged for the service. People using the service and relatives were involved in a wide variety of fund raising events, for example quizzes, auctions, barbeques, open days and local and national sports events. Staff and volunteers took part in exciting and challenging sponsored events in England and abroad. A recent event raised over £20,000. People using the service raised funds by knitting goods that were sold. All this showed that people using the service, relatives, staff and volunteers cared about the service and wanted it to succeed. It also showed that the service had strong links with organisations and individuals in the local community.

The registered manager and day care leader observed and monitored staff and volunteers to ensure they demonstrated the values of the service. This was through informal every day observations.

The registered manager was aware of their responsibilities under the terms of their registration. They had arrangements in place to notify us of events they were legally required to report, for example when people using the service experienced injuries.

The provider had effective arrangements for keeping staff and volunteers informed about the performance and development of the service. This was through one to one meetings, staff meetings and a regular newsletter. Staff and volunteers contributed to the newsletter. Staff and volunteers we spoke with were knowledgeable about developments within the service. They were aware of the challenges the service faced and were enthusiastically involved in meeting them through fund raising activities.

Staff and volunteers we spoke with told us they knew what was expected of them in terms of their roles. They told us the training they’d had prepared them for their roles and that they received continuous support from the registered manager and day care leader.

The provider had robust procedures for monitoring the quality of care and support people received. These included regular monitoring of care plans and associated records, observations of staff and a series of scheduled audits covering such things as safety and maintenance of equipment and premises. The provider relied a lot on feedback from people using the service and their relatives which was a reliable source of information because there was so much of it. All of the feedback we saw was positive.