

The Norfolk Hospice

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Tapping House

Inspection report

Wheatfields
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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 ●

Summary of findings

Overall summary

This inspection took place on 16 May 2017 and was announced. We also contacted people, their relatives and professionals for feedback about the service after the inspection visit.

The Norfolk Hospice Tapping House is registered to provide specialist palliative care, advice and support for adults with life limiting illness and their families in their own homes. They deliver physical, emotional and holistic care through teams of nurses, care assistants, counsellors, a specialist doctor in palliative care and other professionals including therapists. The hospice also operated a Day Service. However, the only service which involved an activity the provider was registered for with the Care Quality Commission was the hospice at home service.

At the time of the inspection there were 80 people using this service. The service provided specialist advice with regards to symptom control and worked in partnership with health care professionals, Macmillan nurses and the district nurse team to ensure that people received the best possible support in their own homes. There was a counselling, pre-bereavement and bereavement support service offered to families and relatives.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. The hospice employed a social worker who was also the safeguarding lead in the hospice. Staff assessed the risks involved in delivering a service to people in their own homes. Staff communicated any risks to people's health and well-being to all health and social care professionals involved in people's care. They followed up and reviewed risks regularly to ensure these were appropriately managed and mitigated.

People 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 people respecting their wishes and preferences.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Staff reported any concerns so that these could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of reoccurrence.

Recruitment procedures were robust and ensured that staff working at the service were qualified and skilled to meet people's complex needs. There were sufficient numbers of staff to ensure people received support

when they needed it. There were plans to open an in-patient unit at the hospice in June 2017 and staff had been recruited and trained before the opening date.

People who used the day services told us that this service enabled them to meet the staff and form relationships before their condition progressed to a stage when they would use the hospice at home service. They appreciated the opportunity to meet with people in similar circumstances and was a welcome part of the community support.

People told us that staff understood their individual care needs and were compassionate and understanding and that their cheerful and friendly approach gave them reassurance and made them feel safe. Staff told us they undertook training which enabled them to provide good quality care to people in their own homes.

People's medicines were not managed by the hospice staff. People had their medicines prescribed by their own GPs and on rare occasions, staff from the hospice administered medicines as and when required. However, staff were trained and qualified in medicine administration and the use of syringe drivers. Any changes in people's medication were discussed with health care professionals in a weekly multi-disciplinary meeting to ensure people's symptoms and pain management was efficient.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and were dedicated in their approach to supporting people to make informed decisions about their care.

People and relatives were very positive about the caring and compassionate attitude of the staff delivering the service. They told us they were completely satisfied with their care and thought highly about staff and management. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way. People's wishes for their final days were respected.

The management structure showed clear lines of responsibility and authority for decision making and leadership in the operation and direction of the hospice and its services. The registered manager was committed to improve and broaden the services the hospice offered. They recognised the importance of the hospice services in their catchment area where there were no other similar specialist palliative care services available.

The service actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the management team. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were cared for by staff who were knowledgeable about safeguarding processes and knew how to report concerns.

People had the risks to their well-being assessed and appropriately managed by staff and other professionals involved in their care.

There were enough staff employed at the hospice to ensure that people received a high quality service.

Recruitment processes were effective and safe in ensuring staff working at the home were fit to do so.

People rarely received their medicines from staff from the hospice; however staff were trained and able to do so if it was needed.

Is the service effective?

Good ●

The service was effective.

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

Staff felt supported in their role by managers. They were encouraged to develop their knowledge and skills and follow best practice in regular meetings and one to one supervisions.

Staff were aware of the Mental Capacity Act 2005. They involved people and their rightful representative in making decisions about all aspects of their treatment and care.

People were given advice on how to maintain a healthy balanced diet.

People's health needs were carefully monitored by nursing staff and other professionals working seamlessly together, adopting a multi-disciplinary approach in meeting people's health needs.

Is the service caring?

Good ●

The service was very caring.

People and relatives told us that staff were extremely kind and empathetic and they provided excellent care and emotional support which was responsive to their needs.

Staff demonstrated compassion and understanding when talking about people.

People and their relatives told us the care and support they received from staff improved their quality of life.

Staff made every effort to ensure people could be cared for in their own homes. A new in-patient unit gave people another option when choosing their preferred place for care or death.

People's right to privacy and dignity was promoted and respected.

People were consulted and fully involved in their care and treatment. The service was very flexible and responded quickly to people's changing needs or wishes.

Is the service responsive?

Good ●

The service was responsive.

People and their families were fully involved in assessing and reviewing their needs and planning how their care should be provided. This included their wishes and priorities regarding their end of life care and preferred place of death.

The service provided person-centred care based on best practice and focussed on continuous improvement. Staff understood and anticipated people's needs which enhanced the quality of the care people received.

The service encouraged people with life limiting conditions and their families' early involvement in the hospice by organising diverse activity groups as part of the Day Service and complimentary therapies.

People's families were offered bereavement support and counselling as long as they needed it.

The provider had a positive approach to using complaints and concerns to improve the quality of the service and this was

closely monitored by the management team.

Is the service well-led?

Good ●

The service was well-led.

The service promoted a positive and open culture and provided a range of opportunities for people who used the service, their relatives and people from the wider community to comment and influence the quality of service provided.

The management team was pro-active in introducing new services to meet the needs of people in their catchment area.

The registered manager worked seamlessly with others and facilitated a multidisciplinary approach which brought together all the professionals involved in people`s care. This meant people received the same high quality service from everyone involved.

There were robust auditing systems to ensure the quality of the service was constantly monitored and actions were in place to constantly drive improvement.

The Norfolk Hospice Tapping House

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 visit took place on 16 May 2017 and was announced. We gave the provider 48 hours` notice to make sure the manager and staff were available to talk to us. The inspection was carried out by one inspector.

Before our inspection we reviewed information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with eight people who used the service, three relatives, one volunteer, two nursing staff, two care staff, the hospice at home manager, the director of operations, the director of care and the chief executive officer (CEO) who was also the registered manager. We also talked to a group of 14 staff who were employed for the in-patient unit and were on induction and we received feedback from three health care professionals.

We reviewed five people's care plans to see how their support was planned and delivered. We also looked at a range of policies and procedures, quality assurance and clinical audits and meeting minutes for different departments.

Is the service safe?

Our findings

People and their relatives told us the care and support they received at home, as well as when they attended the day hospice, made them feel safe and well-looked after. One person said, "It's a little safe haven, it makes me feel safe and warm inside. It helps you with your worries." Another person said, "We are really well looked after and I definitely feel safe. Staff are so good."

People and their relatives told us they had no worries since they started using the services provided by the hospice. They knew that any time of the day or night there was somebody at the end of the phone who could give them reassurance and take away their worries. One person told us, "They call you back at any hour, even if it's not very urgent, this means I know that they are always there for me. They are very responsive and it's very reassuring." A relative said, "There were always loads of people to call at any time if I was worried or needed help." Another relative told us, "We have the on call details for any urgent help, Tapping House always let us know of any problems with [person] as they happen. They contact the district nurses, carers and GP etc. There is always good communication."

Staff were very well trained and knowledgeable to recognise any signs and symptoms of any issues which could result in a safeguarding concern. They were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse. There was a social worker based at the hospice who supported the team and dealt with any potential safeguarding issues. They told us their early involvement in the care and support people received from the hospice enabled them to identify and diffuse situations which could have been harmful to people. For example, a person had been referred to the hospice and the palliative social worker visited them and found the person's condition had deteriorated quite suddenly. They established that more support was needed to ensure the person and their family carer were safe. The social worker involved the hospice at home team and made a referral to complimentary therapy for the family carer to relieve their stress. They also arranged for a weekly volunteer visit to enable the family carer to have some rest. This well coordinated support enabled the person to remain safe and die in their own home as they wished, supported by their family carer and hospice staff. The relative of this person told us, "[Person] had a good death; it was exactly as he had planned, and it was only because of Tapping House that we could do that. They [staff] gave me the confidence to know that I could give [person] the death at home that he wanted pain free and in my arms, just like we planned."

The hospice worked in an integrated way with other professionals. This meant that they accessed people's records, care plans including risk assessments electronically and these could also be seen by the district nurse team, local hospital trusts, Macmillan nurses and GPs. Staff told us and we saw that care plans followed the same format and had input from all the professionals involved in people's care. People had individual risk assessments which were reviewed every time they received support from the service. We found that an initial risk assessment was done for each person when they started receiving a service. The care records were then completed and updated by the professionals and these updates were instantly visible by everyone who had access to the records. This ensured risks were managed consistently by all those healthcare professionals involved in the person's care.

People's care records demonstrated that all potential risks to their safety had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe while supporting them to be as independent as possible. The multi-disciplinary team (MDT - consultants, doctors, nurses, care staff, physiotherapists, district nurses, Macmillan nurses, social workers) reviewed people's needs, symptoms and associated risks in a weekly meeting to ensure all measures were taken to keep people safe. Risks to people receiving care at home were discussed, including strategies for supporting people and their families. For example, staff told us about a person with palliative care needs who lived on their own and were reluctant to accept any care and support. The risks were discussed with the person who then decided to accept care and support from the hospice at home service and volunteers. This enabled the person to stay safely at home until they died. This meant that risk assessments were centred on the needs of the person and took account of people's wishes and decisions.

Incidents and accidents were monitored by the registered manager and the director of care. Staff told us they were encouraged to report any incidents or near misses which occurred. These were categorised by the management team to ensure relevant actions could be taken to prevent re-occurrence. Each type of incident was discussed in meetings and handovers so lessons could be learned. Incidents and accidents were analysed and discussed in monthly clinical governance meetings and also shared with the wider hospice team at the integrated governance meetings. The integrated governance meetings were attended by professionals in end of life care from each service working together. This meant that learning and awareness was shared amongst the agencies involved in delivering end of life care to people to improve the quality of care people received and ensure people were comfortable and pain free.

People and their relatives told us staff were always on time and spent as much time with the person as needed. One person told us, "I never feel rushed at appointments; they always make time for you, and always take the time to listen and answer your questions." One relative told us, "Staff have adapted to increase in needs. Now they go in three or four times a day, and work well with all the other services involved."

People received safe and consistent care from staff who knew them well. Rotas were planned in advance and ensured that people who required visits had them in time. There were plans to open an in-patient unit in the beginning of June 2017 and staff had been recruited and were undergoing their induction at the time of the inspection. Staff leave and absence was managed and covered by the hospice bank staff group. This meant there was enough staff with the right skills and experience to deliver safe and effective care to people who used the service.

Safe recruitment processes were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the hospice until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work. References had been taken up before staff were appointed and were obtained from their most recent employer.

People and relatives told us people had their medicine when they needed it and staff were quick to respond to any need they had. However, people's medicines were not prescribed or routinely managed by staff from the hospice. Staff told us they contacted people's GPs or other professionals if they felt people were in pain or needed their medicines reviewed. A medicines policy was being developed to ensure it covered the in-patient unit as well. Staff were trained and had their competencies checked in safe administration of medicines. Staff were also trained in the use of syringe drivers, however at present they were only involved in reporting and recognising if these were not working appropriately. A syringe driver helps control symptoms by delivering a steady flow of medicines through a continuous injection under the skin.

Is the service effective?

Our findings

People and their relatives told us they received excellent care from skilled staff. One person said, "They notice if you are down or poorly, within no time they are on the phone to ask you how you are." Another person said, "Staff are so good at picking things up and put my mind at ease. They are very knowledgeable." One relative told us, "All staff are knowledgeable about what they do; they have got the right skills."

People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the specific care needs of individuals. Staff told us they received all the training that was required to work effectively and to provide the best quality of care. One staff member told us, "The training is very good and even better is that the nurses really support us to understand and be competent in what we do." Another staff member said, "I am trained and we have all the procedures in place for me to feel confident that I can deal with any situation."

Staff had access to training essential for their role and they were supported to maintain their professional registrations. Training was delivered by a variety of methods which included e-learning, classroom based and external trainers. There was specific clinical practice training such as medication, resuscitation and pressure ulcer training for relevant clinical staff.

New staff completed a comprehensive induction programme which included topics related to palliative care competency, and training on how to sensitively handle subjects surrounding death. Volunteers also completed an induction programme relevant to their role and responsibilities. The respective induction programmes ensured that the care people received was consistent and staff were competent and skilled to meet people's needs effectively. We talked to a group of staff who were on their induction in the hospice on the day of the inspection. They told us they felt prepared for their role and praised the comprehensive induction they received. One staff member told us, "The induction was very good. We are all looking forward to the opening of the in-patient unit."

Staff told us they had received regular formal one to one supervisions with their designated line managers, which identified staff concerns and aspirations. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff received a range of clinical supervision to support the individual needs of staff; this included group supervision, coaching and individual supervision where it was felt appropriate.

People told us and we saw that they were asked for their consent to the care and the services they received from the hospice. One person told us, "They [staff] always ask if it is okay, or if I want to do something or not." People's care plans recorded where people had consented to the care and support they received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to make their own decisions. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible.

We checked whether the service was working within the principles of the MCA. People were enabled to make informed choices and decisions regarding their treatment.

Staff understood the role of the MCA and the need to act in a person's best interests if the person they cared for had difficulty making a decision about their treatment or their wishes as they approached the end of life. For example, people's care was discussed in a multidisciplinary meeting in which representatives from all the services involved in people's care participated. Agreement was reached about what was in people's best interest and then this was discussed with people or their rightful representatives to ensure people's wishes were also taken in consideration and respected. One person told us, "Oh, they explained everything so I know what is coming. They suggest what is best for me but it is entirely up to me if I accept it or not." One relative told us, "Staff don't force [person] to do anything [person] doesn't want to." This meant that staff respected people's choices and supported them through their decisions.

People had a nutritional assessment carried out as part of their care planning when they joined the service. All those involved in people's care worked together to monitor and evaluate people's nutritional needs. Staff supported people and their families to understand the place of nutrition at the end of life.

Staff liaised with the community nurses and GP surgeries regarding people's health. Various complimentary therapy sessions were available at the hospice where people had on-going support from a physiotherapist, a specialist nurse and other complementary therapy specialists. The aim of these sessions was to provide support to people with regards to symptoms and managing their life limiting condition. It was an important aspect of supporting people to maintain their health and receive on-going support. People told us that the day service was an opportunity for them to meet with others who had similar symptoms and it helped them learn about their condition and how to effectively manage it. One person told us, "I did a fatigue management course; I dropped out because I was really ill, but they [hospice staff] let me start again when I was ready. It's therapy in itself just to visit Tapping House, I leave feeling elated, it's like I have been on holiday." Another person told us, "Coming here is a blessing. I can do so much more for myself and gives me confidence. Sitting at home you think you are the only one in this situation, but coming here you realise you are one of many and we all support each other. My mobility has improved so much." A third person said, "They [staff] also support my [relative] so well, they are great with my family, they support us all. They offered complementary therapies for my [relative], which makes me, as the patient, feel better, because you worry about your [relative] when you go through all this as well."

The integrated working between local specialist end of life and palliative services had a positive impact and benefitted people using the service. The team discussed people's health needs and monitored their needs. All professionals used the same systems and records so the care people received was consistent. People had access to professional help and advice over a 24 hour period. This gave people reassurance and advice on pain and symptom management and helped people to cope with their condition. One person told us, "One time I was in terrible pain, I rang them, they spoke to the consultant at the hospital, to get the advice to find the right painkiller for me, then organised this with my GP."

Is the service caring?

Our findings

People and relatives were very positive about the care provided by the hospice at home staff. They told us staff were friendly, approachable and showed empathy towards people. One person said, "You feel very guilty when you are ill, but they are so caring, they take that guilt away." Another person said, "They are so amazing and friendly." One relative told us, "All the staff have so much compassion, from the receptionist upwards." Another relative said, "They are definitely caring, they make me a cup of tea as well!"

People and their relatives told us staff respected their privacy and dignity. One person told us, "They are very mindful of my privacy and dignity." One relative told us, "Absolutely wonderful, [staff] are very knowledgeable and treated [person] with so much dignity and respect." Another relative said, "They [staff] respect [person's] privacy and dignity, use towel to cover him, they draw the curtains." This meant that people were treated as individuals and staff were knowledgeable and understood how to promote privacy and dignity for people in a very vulnerable position.

People we spoke with told us that they had made decisions about their care, which included advance decisions with regards to future treatment. They told us they were fully involved in planning their care and support. Where people wanted, or if they were not able to, their relatives were involved in the care planning process. One person said, "I am totally involved in planning my care, always have been, they [staff] have helped me map it all out." One relative told us, "We were all involved in planning [person's] care. We met with [staff name], she explained all the services, physiotherapists etc. [Person] has it all at home, [person] is as happy as they could be."

We saw that staff used a computerised system to assess and review people's needs. Issues like people's preferred place of death and care (advance care planning) and discussions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were mandatory fields they had to discuss and complete with each person. These issues were discussed at the initial assessment, however, if a person refused to talk about it then this was recorded and was re-visited at each review they had.

This meant that people were involved and informed about the care they received. Staff having these discussions with people about the future enabled people to prepare and make informed decisions about what was important for them and make the most of their remaining time.

People were given information about the services available to them when they started using the service. The information leaflets provided covered a range of topics, which included practical support, information about advocacy services, and information of other organisations that provided support. Information booklets about specific decisions like Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), advanced care planning were available to help them understand their needs and how to manage them.

People who used the day service told us they felt the services were tailored to their needs and their quality of life had improved since they started. One person told us, "I get such good local support from Tapping House. The counsellors are fantastic; the OT is amazing, they were great and arranged a handrail for my stairs at home, and equipment to help me have a bath. Where else could you go and get that level of service."

Sometimes I pinch myself because I am so lucky to get this. It makes me feel so good. I feel humble that they do this for me and look after me so well. When you visit, they all stop and ask you how you are, no one rushes past you." Another person said, "They [staff] get to know each person individually and they all work around our individual needs. I can breathe so much better since I joined the class and they helped me be more independent and confident in my abilities." This person`s friend told us, "I can really see the difference in them [person] since they come here [hospice]."

Staff developed very positive working relationships with people. We observed staff attending and approaching people who came in the day service. From the discussions they had with people it was obvious they were knowledgeable about their needs and how to support them. All staff we observed had a gentle and calm approach. They created a sense of peace and comfort for people and people trusted staff and followed their guidance. For example, we observed a person who attended a mobility class. Staff knew the person was not able to carry out some of the exercises and adapted them to their needs. The person was able to fully participate and be part of the group. This meant that people were supported in a caring and personalised way by staff who valued and respected them as individuals.

Is the service responsive?

Our findings

People told us that the service delivered was very responsive to their needs. Relatives we spoke with appreciated that staff reviewed people's needs and kept all the agencies involved in their relative's care up to date with any changes in their condition. One person told us, "They [staff] check in about the package of care to make sure it's right. They ask me if I want it changing, or to offer a change of support because they noticed my health deteriorating." One relative told us, "Staff are absolutely fantastic, great at what they do. They work well with everyone involved whilst [person] is the one making the decisions." Another relative said, "The most important thing is they keep [person] happy and comfortable, and [person] is happy with the people that help. Without them it would be a night mare, we couldn't cope. If they were not there, I can't imagine what would happen."

Health care professionals we spoke with gave us very positive feedback about the hospice. They told us the hospice offered an invaluable service to people living with life limiting conditions in the area. One professional said, "I can categorically say that Tapping House fills a huge gap in palliative care in West Norfolk, with committed and dedicated staff who understand the need for connecting with mainstream services to provide an integrated service in the community." Another professional said, "The patients have found the services they have accessed responsive to their needs, and the staff caring."

The hospice staff provided counselling and bereavement support for people and their families. The bereavement and counselling services helped family members face the loss of their loved ones. One family carer told us, "The pre-grief care was amazing at helping me come to terms with the emotional fact of accepting [person] was going to die. I am still receiving support, bereavement counselling, this was offered to me by the hospice." One health care professional told us, "Feedback I have had was that the bereavement assessment was thorough and if the initial therapy was insufficient they [family carers, people] were reassessed and provided with additional support. The services are needed by the community as there is no provision for these." This meant that the service provided emotional support for families that continued beyond the provision of care for people.

The social worker working at the hospice developed strong links with the local authority's social work team. They had access to the data base and were able to quickly identify people with palliative care needs waiting for support. The needs of these people were prioritised and assessments were promptly carried out by the social worker to ensure people received the support they needed. The social worker and her team had a strong emphasis for people to receive person-centred care and support and this had a positive effect on people. For example, a person who had been cared for and supported in their own home by their family carer had been waiting to be allocated a social worker from the local authority. They needed their needs assessed for getting support to access the community and give a break to their family carer. Following an assessment by the hospice social worker, it was evident the person's emotional state was affected by their current illness and they were not confident about going out in the community. Through the integrated assessment the person was able to access the day therapy team at the hospice who worked with the person on their mobility and confidence. Both the person and their family carer accessed the social coffee mornings at the hospice which offered them both support. A referral was made to the complimentary therapist for

help with pain relief and relaxation, with good effect. As a result the person was able to socialise more and become more confident.

There were a range of services delivered at the hospice to help people live with changes that had been brought about by their illness from the point of a life limiting diagnosis. There were also meetings and different classes offered to family carers where they could learn about people`s conditions and help them understand better their loved ones needs. For example there was a carers' support monthly meeting at Tapping House Hospice. Family carers valued and appreciated the opportunity to meet other carers and share their experiences and get the support they needed. One family carer gave us feedback about the meetings. They wrote, "I have the need for a support group that understands the needs of carers. It is a lonely role and there are frequent times when human contact and a listening sympathetic ear can make a major difference. In this respect the monthly support group gives an opportunity to meet other carers and specialist professionals who can offer up advice. It is not just constrained to specialist advice such as the role of the local authority and social workers, but also to offer an opportunity to learn new skills such as gardening; painting and knitting. Also to relax and be pampered with hand/neck massage and hair dressing. Every month is planned with different activities and discussion topics. The support group is greatly appreciated by, I believe, all the attending carers."

Staff were able to demonstrate their understanding of how to give people personalised care. People had detailed individualised care plans which described their needs, personal circumstances, preferences and choices. People told us staff followed the care described in their care plan which was as they preferred. People`s constantly changing needs were recorded and discussed by staff on a daily basis or more frequently, in order to address them appropriately. Staff attended thorough handover meetings at the beginning of their shift. Each person was discussed in depth including care needs, changes to treatment and care plans and medication requirements. Staff contacted other professionals involved in peoples` care like district nurses, Macmillan nurses and GPs to ensure all involved were up to date with people`s changing needs.

People, relatives and staff were encouraged to comment on the way care was provided. There was a robust complaints procedure in place. Staff, people and their relatives told us they would be comfortable to complain and would do so if necessary, however they had no complaints about the hospice, only praise. One person said, "I am sure if I had a complaint then they would endeavour to sort it out." Another person told us, "I can't find any criticism on how it is run, even the cleaner will give you a smile, its feels like home, there is such an amazing feel around the place."

The director of care services provided us with detailed information about one complaint that had been made by a relative recently. They thoroughly investigated the complaint and although this had not related to the hospice staff, they responded in accordance with their policy and procedures. They met with the person and through discussions it became evident there was a lack of information provided at times to people and family carers about what the integrated services meant for people and who was responsible for which part of the service. They involved the person who complained to help develop an information leaflet to ensure the right information was available for everybody who used these services. This showed that complaints were used positively to improve the quality of the services provided to people and their family carers.

Is the service well-led?

Our findings

People and their families were all very positive about the care provided and the management of the hospice services. One person told us, "Everybody is kind and caring from the receptionist up to the nurses and managers. They all take an interest in you as a person. I do believe it is a wonderful service."

The management team at the hospice demonstrated a strong commitment to providing people and those closest to them with a safe, high quality and caring service. They worked to develop new services and meet the needs of the community. They established seamless working relationships with other organisations who provided care and support for people living with life limiting conditions. One health care professional wrote to us when we asked for feedback about the management of the hospice. They wrote, "The leadership is focussed and strong, with a clear vision and a measured approach to development at a pace that ensures high quality of care can be maintained by creating the capacity and skills first."

Another healthcare professional said, "Tapping House have always looked to work collaboratively with Marie Curie and other providers. The Marie Curie Nursing team in the community, work alongside the Hospice at Home and local coordination team, who are based at the hospice, to help ensure safe and responsive patient care. The culture is open and responsive and the team recognise areas where they need to develop and welcome feedback and support for the process. It is a values-driven organisation with the management skills to succeed."

The registered manager explained to us the role of The Board of Trustees, whose members had specific areas of responsibility for which they were responsible. The Board of Trustees had an active role in the leadership of the service and met regularly providing clear directives to enable the service to work well. Senior management at the hospice had the responsibility for running the service, under the direction of the Board of Trustees. The chief executive (CEO) who was also the registered manager, the director of care services and the heads of the different departments in the hospice attended board meetings and gave regular updates on all aspects of the service provided. We saw comprehensive reports on different aspects of the service provision and a long term service development programme which was discussed at these meetings. For example, there were plans to open an in-patient unit at the hospice in June 2017. We found that this was thoroughly planned and discussed in regular meetings. The CEO told us and we saw that staff had been recruited, had their induction and were ready to start. All the policies and procedures were updated to include the in-patient unit as well. All the health and safety checks were carried out before the CEO agreed a date of opening. This meant there was a good, thorough and effective governance system in place which ensured that the service people received was at a high standard.

Every person we spoke with told us that all staff, regardless of their role, were friendly, kind and supportive and gave them comfort and a `sense of calmness`. Our observations and discussions we had with staff demonstrated that across all areas within the service they were motivated and enthusiastic and committed to providing a high quality service to people and their families.

Staff talked to us with passion about the hospice and the people in their care. They told us they enjoyed

their job despite the challenges and the nature of the work and they valued the support they received from their peers and senior managers. One staff member told us, "This is the most wonderful job I ever had. I am supported by the nurses and everybody [management] to give people the best possible care. We [staff] are very blessed that we can spend with people as much time as needed. There is no pressure to leave people if they need help."

The registered manager regularly evaluated the service. They ensured regular surveys were sent to people, their families and staff to gather feedback on their experience of the service. They measured if the service was safe, effective, caring, responsive, and well –led and implemented an action plan to improve on each area if it was needed. For example, they were developing a service more responsive to the needs of the people living with dementia who needed palliative and end of life care and also to their family carers. There were regular meetings for family carers who looked after people living with dementia. A health care professional wrote, "Tapping House are currently hosting the Marie Curie Dementia Clinical Nurse Specialist, in the hospice. By offering to do this, Tapping House are enabling closer communication between palliative care professionals, to further support patients and their families in the community." This meant that the management was dedicated to constantly improve the service and respond to the need of the people and their families they looked after.

Volunteers were an important part of the service and provided support in a variety of ways. Volunteers who were trained provided support for people who used the hospice at home and to their families. Others helped with daily tasks in the day service. Volunteers spoken with said they attended regular training. Their contribution to the quality of the service was recognised and they felt valued by the management team from the hospice. One volunteer told us, "I have been a volunteer for a number of years and find it very good. The service has increased in number and more people come to the different classes. I feel supported and part of the team."

There was a comprehensive auditing programme for all the services the hospice provided. These covered health and safety, incidents and accidents, training, care records and staff competency checks. We saw that where these audits highlighted any issues these were quickly actioned. For example when auditing people`s care records the person doing the audit communicated to staff if the records or end of life wishes were not discussed with people. These then were scheduled in and completed by staff at their next visit.