St Cuthbert's Hospice Limited

St Cuthbert's Hospice

Inspection report

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Ratings

Overall rating for this service	Outstanding
Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Outstanding

Overall summary

We inspected St Cuthbert's Hospice on 20 August 2014 and the inspection was unannounced. Our last inspection took place in July 2013 and we found the service was meeting all essential standards.

St Cuthbert's Hospice is registered to provide accommodation and nursing care for 12 people with life limiting illnesses and also day care services for those who have remained in their homes during their illness. The hospice provides a wide range of specialist services designed to care for people's physical, emotional and spiritual wellbeing. The hospice and day care facility provide patients with access to family support, physiotherapy and complimentary therapies. St Cuthbert's Hospice is a registered charity.

The hospice had a Registered Manager who had been in post since October 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Relatives and people who used the service gave us positive comments about the staff such as "The staff and

Summary of findings

volunteers are just brilliant" We did not receive any negative comments from people who used the service, their relatives or health professionals involved in people's care.

On the day of our visit we saw people looked well cared for, staff spoke with them in a calm and respectful way. We saw when staff spoke with people they took time to get to know them better and to listen to their needs.

We saw staff and volunteers working at the hospice understood the needs of people who used the service.

Care staff were appropriately trained to carry out their roles and additional training was provided if staff requested it. Volunteers who worked in the hospice were also given training appropriate to the roles they carried out.

Risks to people who used the service were appropriately assessed and managed.

St. Cuthbert's Hospice used a 'workforce planning modelling' to ensure staffing levels were appropriate.

The hospice had plans in place to deal with unforeseen circumstances such as emergency admissions to hospital.

The hospice building provided an environment and facilities that were welcoming to people who used the service,

All rooms had patio doors which could be opened to allow beds to be wheeled outside if people wanted to gain some fresh air.

The hospice had a family support team which was available to provide pre and post bereavement counselling for patients as well as friends or relatives and they also provided a children's counselling service if needed.

People who used the hospice and their family or friends were involved in the planning of care. When people were admitted to the hospice staff took time to meet people and get to know them whilst documenting a plan of care.

The hospice regularly reviewed complaints and incidents that had been recorded with an audit of all of these, including actions taken and lessons learned being published in the providers annual quality account.

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.

Good

Risks to people who used the service were appropriately assessed and managed.

St. Cuthbert's Hospice used a 'workforce planning modelling' to ensure staffing levels were appropriate. This was done by looking at key elements such as occupancy, patient dependency, skill mix and workload.

The hospice had plans in place to deal with unforeseen circumstances such as emergency admissions to hospital. There were also contingency plans in place to deal with emergencies that may affect the building or the equipment. This ensured people who used the service would continue to receive the care they required.

Is the service effective?

The service was effective.

Outstanding

People's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgably about the people they supported. People we spoke with were complimentary about the service provided.

Staff working at St. Cuthbert's Hospice were trained so they could provide specialist care including a lymphoedema clinic (lymphoedema is a chronic condition that causes swelling in the body's tissue) and intravenous infusions. The hospice has also recruited a nurse who specialises in dementia.

Staff received regular training and were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

Staff had supervisions and appraisals where they were able to discuss training they may want, or concerns they had about their role.

Communication between staff, patients and their relatives was very good. This was confirmed when we spoke with patients and their relatives. We saw staff had three hand overs daily; medical staff saw patients on a daily basis and reviewed their care, treatments and support needs.

The hospice building provided an environment and facilities that were welcoming to people who used the service,

All rooms had patio doors which could be opened to allow beds to be wheeled outside if people wanted to gain some fresh air.

Is the service caring?

The service was caring.

Outstanding

People who used the service and their families told us they were happy with the care and support they received at the hospice.

Summary of findings

Staff supported people who used the service in a way which helped to promote their independence by asking if they wanted help to complete tasks and what help people would like.

All patients who stay at the hospice had their own private room with en-suite allowing them to have time alone and in private with family or friends.

Information was recorded about people's wishes with regards to end of life care and what they wanted after their death. For example, where they wanted to be buried and music they would like played at the funeral.

The hospice had a family support team which was available to provide pre and post bereavement counselling for patients as well as friends or relatives and they also provided a children's counselling service if needed.

Is the service responsive?
The service was responsive.

Good

People who used the hospice and their family or friends were involved in the planning of care. When people were admitted to the hospice staff took time to meet people and get to know them whilst documenting a plan of care. The information was used to create a comprehensive care plan with appropriate risk assessments to ensure people were cared for in the way they would like while keeping them safe.

If a patient lacked capacity then best interest decisions following discussions with their family or their representatives and in accordance with the Mental Capacity Act 2005 and Deciding Right Document. The Deciding Right Document was developed with the support of the North East Strategic Health Authority end-of-life clinical innovation team.

Is the service well-led?
The service was well-led.

Outstanding

The hospice regularly reviewed complaints and incidents that had been recorded with an audit of all of these, including actions taken and lessons learned being published in the providers annual quality account.

Staff we spoke with told us they felt supported and enjoyed their work. We spoke with three members of staff. One person told us "This is one of the best places I have ever worked in. I believe the care here is first class." Another staff member said "I really appreciate the time I am allowed to spend time with People and their families."

Annual quality accounts were produced and measured against key aspirations the hospice had chosen for the previous twelve months. People who used the service, staff and volunteers are consulted about these before they are chosen.

Care Quality Commission

St Cuthbert's 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 checked 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.

We inspected St. Cuthbert's Hospice on 20th August 2014 and the inspection was unannounced. Our last inspection took place in July 2013 and we found the service was meeting all essential standards that we inspected.

St. Cuthbert's Hospice is registered to provide care to 12 people with life limiting conditions and has a wide range of specialist services designed to care for people's physical, emotional and spiritual wellbeing.

Our inspection team consisted of two adult social care inspectors who reviewed quality assurance records, staff training records and care records and spoke with people who worked in the hospice and those who used the service and their families.

Before our inspection we reviewed all the information we held about the service. This included statutory notifications and any safeguarding concerns. We were not aware of any concerns from the local authority, local Healthwatch or commissioners. We asked the provider to complete a pre-inspection provider information return and used this to inform some of our planning.

During the inspection we spoke with 12 people who used the service, two relatives of people who used the service, the registered manager, the finance director and three staff who cared for and supported people. We spent time looking at care records, observing the way staff interacted with people who used the service and speaking with volunteers.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who used the service told us they enjoyed spending time there. One person told us "The volunteers are great and the staff are very supportive." People who work at the hospice, including voluntary workers, were given training to ensure people who used the service were kept safe. This training included safeguarding, moving and handling and fire safety. The hospice had effective procedures for ensuring that any concerns about a person's safety were appropriately reported. All the staff we spoke with were able to tell us about the different types of abuse and how they would recognise and report abuse. Staff told us they received regular training about keeping people safe to ensure they were up to date with all relevant information.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

At the time of our inspection there had been no applications made by the hospice for Mental Capacity Assessments. We were told by the registered manager if they thought a patient lacked capacity then best interest decisions following discussions with their family or their representatives would be held in accordance with the Mental Capacity Act 2005 and Deciding Right Document. The Deciding Right Document is an initiative for making care decisions in advance developed with the support of the North East Strategic Health Authority end-of-life clinical innovation team. This was confirmed when we looked at care records. This helped to ensure that people were able to make decisions about their future care while they had the ability to make these decisions.

We saw staff received training in both the Mental Capacity Act 2005 and DoLS. Staff we spoke with were aware of people's right to make choices regarding their care and also about assessments that would be required if they felt someone may not have the ability to make decisions.

Risks to people who used the service were appropriately assessed and managed. The hospice had both paper records and computerised records. We looked at three patients electronic records. They identified each person's condition and their care, treatment and support needs. We were told these were reviewed daily by clinicians. This meant people's changing care needs were monitored and the support given was appropriate.

St. Cuthbert's Hospice used 'workforce planning modelling' to ensure staffing levels were appropriate. This was done by looking at key elements such as occupancy, patient dependency, skill mix and workload. This meant patients were kept safe because staffing levels were sufficient to meet people's needs and there was an appropriate skill mix to deal with the level of care required.

We did not look at the management of medicines during this inspection. However, we were told by the manager that staff working at the hospice received training in the management of medicines. The hospice had introduced a 'Drug Management Improvement Plan' to reduce the risk of harm to patients through drug errors. This had meant the implementation of further training for staff including assessments for the use of syringe drivers, drug calculations and controlled drug conversions. The manager told us there had also been an improvement made to the system for administering controlled drugs. This ensured people using the service were protected from potential medications errors because staff had received appropriate training.

The hospice had plans in place to deal with unforeseen circumstances and was able to use a private ambulance service that was able to respond quickly when needed and if necessary to any emergency situation. There were also contingency plans in place to deal with emergencies that may affect the building or equipment. This meant people who used the service would continue to receive the care they required in the event of an emergency.

Outstanding

Is the service effective?

Our findings

People told us they were involved in planning their care. We were told "I have a very complex condition and the whole staff team have explained everything to me so that I am kept informed and consulted about every stage of my treatment." Staff were proactive in trying to engage with families with regard to care planning. One family member told us "They have consulted me and my family about my relative's condition at every stage." We saw the hospice provided accommodation for families who wished to stay overnight. A relative told us, "My relative and I have found this to be extremely comforting. The support we have both received has been excellent. I have been consulted and involved at every stage of my relatives care, support and treatment."

We saw consent to care and treatment forms had been completed and verbal consent was sought for example; we heard people being asked "would you like a bath today?" and "What would you like to do today?" We saw written consent was always required for invasive procedures such as paracentesis (this is a procedure to remove fluid that had built up in the abdomen) and this written consent was kept in the patient's care file.

Individual care was planned to support the total wellbeing of each person by always taking into account their physical, psychological social and spiritual needs (holistic care) as well as recognising the interdependency between family and friends who were also supported and cared for. St Cuthbert's worked in accordance with the 'Deciding Right Document' where they supported patients and their families and friends to make informed decisions and choices affecting their lives. It also followed core palliative care principles for promoting autonomy and independence for as long as possible. The Deciding Right Document provides the principles by which health organisations can set out their policies to encourage partnership around care decisions made in advance for people who may lose capacity in the future.

Staff ensured people's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgably about the people they supported. One person we spoke with told us "The care I have received as an in-patient has been just wonderful. Everything is tailored to meet my needs. I have a very complex condition and the whole staff team have explained everything to me so that I am kept informed and consulted about every stage of my treatment. I think St Cuthbert's offers people a lifeline, it is an exceptional place."

Staff working at St. Cuthbert's Hospice were trained so they could provide specialist care including a lymphoedema clinic (lymphoedema is a chronic condition that causes swelling in the body's tissue) and intravenous infusions. The hospice had also recruited a nurse who specialised in dementia.

We saw that improving nutrition and hydration was one of the aspirations in the hospice's quality audits last year. This was now supported by a palliative care doctor who had a specialist interest in health and nutrition. Patients were now provided with a wide range of options of food and drink to promote their health and wellbeing. We saw catering staff provided people with what they wanted if it was not on the menu. In cases where there had been difficulties in getting nutrition right, support was provided from the community dietician. People who used the service told us they appreciated the support and guidance they received about maintaining a balanced healthy diet.

Without exception, every one we spoke with told us the meals were superb, excellent and first class. One person said, "The meals are as good as any a top class restaurant."

Meals were well balanced and highly nutritional and catered for varying cultural and dietary needs of people who used the service. For example some people required low sodium diets and others had coeliac disease and therefore needed a special diet. We spoke with the chef that was on duty who told us he had had training to help him cater for different dietary requirements and was confident that he was able to provide meals for people whatever their needs. We saw the lunchtime meal being served was highly appealing, wholesome and nutritious, and was suited to people's assessed requirements. We were shown a list of people's dietary requirements. This was kept in the kitchen so no errors were made with people's meals. We saw there was a menu in place at the hospice and saw people had a choice of where to have their meals and at times that were convenient to them. For example we saw one person being asked "What would you like to eat today?"

Outstanding

Is the service effective?

We saw pureed meals were presented in a manner which was attractive and appealing in terms of texture, flavour and appearance. This was important in maintaining people's appetite and nutrition.

Special therapeutic diets were provided when advised by health care and dietetic staff, including adequate provision of calcium and vitamin D.

We saw people were provided with three hot meals each day, with hot and cold drinks/snacks available at all times.

We saw there was a great deal of emphasis placed on ensuring every mealtime was an enjoyable experience for all people who used the service. The catering manager was always exploring new ways to improve and to underpin practices through research and continuous improvement. This included communicating with other services and sharing innovation and ideas. Recent contact with a service in Bolton had resulted in some new creative ideas which St. Cuthbert's Hospice had adopted. This demonstrated that the hospice was always striving to improve through quality at all levels of the service.

The hospice had established a Nutritional Steering Group with a view to improving food nutrition and hydration throughout the hospice. The group was now hoping to set up a permanent group which would meet to share good practice in nutrition and hydration, similar to that already established in another region. This group included representation from nursing staff, a palliative care doctor with a special interest in nutrition and the Guest Services Manager who oversees the housekeepers and catering staff.

Communication between staff, patients and their relatives was good. This was confirmed when we spoke with patients and their relatives. We saw staff had daily hand overs at each shift change; medical staff saw patients on a daily basis and reviewed their conditions and medicines. There were consultant led ward rounds three times per week. Staff working on the catering team had attended a training course on Advice in Food and Nutrition as well as updating their knowledge in cooking food to retain its nutritional value. In addition an information booklet had been produced by one of the palliative care doctors for patients, families and carers providing information about healthy nutrition and catering.

This level of communication and close working meant changes to people's needs or medical conditions were quickly noted and acted upon so people received the most effective and appropriate treatments to meet their needs.

The service worked closely with the Marie Curie Rapid Response Teams with the aim of preventing avoidable hospital admissions. The team had a base in the hospice and were able to assist staff with advice and support when they were trying to help people remain in their homes.

The hospice building provided an environment and facilities that were welcoming to people who used the service, their families, carers and other professionals. One relative said, "The rooms were lovely, so open and airy and they backed onto some lovely garden areas so that, even as visitors, you could enjoy the peace and tranquillity. Resources were available to provide people with entertainment for them and their visitors with space being provided for family members who may wish to stay overnight. All rooms had patio doors which could be opened to allow beds to be wheeled outside if people wanted to gain some fresh air.

Outstanding

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received at the hospice. One relative told us "I can only describe the care that my relative has received as absolutely first class. The staff team have been exceptional, extremely kind, supportive and considerate." One of the people who used the service told us "The hospice provides an essential lifeline to the outside world. A wonderful place, run by wonderful people, both staff and volunteers." Another person told us "The staff and all the volunteers are fantastic, and the meals are superb."

One staff member we spoke with told us "We spend time with people. It's very important that we listen to what people have to say and what they want, and expect. This also gives us the opportunity to explain things to people properly. It's not always about their care and treatment. We offer emotional support to people and their loved ones."

We saw evidence that the provider regularly sought feedback from people who used the service and their families. We saw feedback from the most recent survey that showed 93% of those who responded rated in-patient care as excellent. Comments included "Fantastic staff, angels" and "They made me feel I could take a rest without constant worry about (relative)."

St. Cuthbert's Hospice operated a day service where people could go to participate in activities, chat and enjoy the company of others. Activities included arts and crafts, music and complementary therapies. There were also large landscaped and themed gardens for people to enjoy. There was a tranquil memory garden for people who had lost their loved ones to visit. People also had the opportunity to access some medical treatments meaning they received the care and support they needed within a friendly environment. People who were staying in the hospice also had access to various board games, DVDs and the internet with a lounge and orangery available to meet with family and friends.

Staff supported people who used the service in a way which helped to promote their independence by asking if they wanted help to complete tasks and what help people would like. All patients who stayed at the hospice had their own private room with en-suite allowing them to have time alone and in private with family or friends. In addition privacy curtains had been fitted to all bedroom doors meaning doors can be left open without compromising people's privacy and dignity. The most recent survey showed 100% of people felt they or their relatives were treated with dignity and their privacy was respected.

The hospice had a doctor who specialised in palliative care based on site. This meant that if medicines needed to be changed or increased the doctor could do this without staff having to wait for a visit from individual GPs.

Information was also recorded about people's wishes with regards to end of life care and what they wanted after their death. For example, where they wanted to be buried and music they would like played at the funeral.

We saw there was a family support team within the hospice which people had access to. This team was available to provide pre and post bereavement counselling for patients as well as friends or relatives and they also provided a children's counselling service if needed. This ensured those who were on end of life care were able to get the appropriate support they needed to help them with their conditions while their loved ones were also given the support they needed.

Good

Is the service responsive?

Our findings

One member of staff we spoke with told us “I carry out a daily ward round and I never feel rushed. This enables me to spend quality time with people to discuss their concerns, their conditions and treatments.” Another told us “We spend time with people – It’s very important that we listen to what people have to say and what they want, and expect. This also gives us the opportunity to explain things to people properly.” This meant staff were able to spend time talking with people, and responding to changes in people’s care needs as well as helping them to understand these changes.

People who used the hospice and their family or friends were involved in the planning of care. When people were admitted to the hospice staff took time to meet people and get to know them whilst documenting a plan of care. The information was used to create a comprehensive care plan with appropriate risk assessments to ensure people were cared for in the way they would like while keeping them safe. We looked at three people care records in detail. We saw people’s needs wishes and preferences were being respected and these were clearly reflected in their individual care plans. They were reviewed regularly to reflect people’s changing needs. This helped to ensure staff were guided as to how best to support people. We saw the hospice worked very closely with other health and social care professionals who were involved with people’s care. For example a person’s GPs, care managers, McMillan nurses and community workers.

We saw the provider responded quickly and appropriately when people’s care needs changed and were able to keep people who used the service and also their relatives fully informed about any changing health needs.

Care records contained information about people who used the hospice, their family and history. We saw religious and cultural dietary needs were identified on admission and recorded in people’s care plans.

Links with other organisations and the local community were strong with support from volunteer workers on a day to day basis. During our inspection we saw and spoke with volunteers in the kitchen bistro, hospice shop and the garden. The hospice worked in partnership with other health, social and voluntary organisations to help them support patients, families and carers. This included work with welfare rights, the Heart Failure Rehabilitation Programme, Respiratory Rehabilitation Programme and the Marie Curie Rapid Response Teams.

A suggestion box was located in the hospice and was available for staff and people who used the service to submit suggestions. Suggestions were reviewed every week by the operational management group and action was taken, where possible, to accommodate these suggestions. Some examples were improvements made to all shower areas in the in-patient unit and new menus with greater choice and better nutritional value had been introduced. Feedback on all suggestions was available to everyone via the internet so people knew if their suggestions had been considered or implemented.

Outstanding

Is the service well-led?

Our findings

People who used the service told us they felt the care and support provided was very good. One person told us "I think St Cuthbert's offers people a lifeline, it is an exceptional place." Another person told us "The volunteers are great and the staff are very supportive." Staff we spoke with told us they felt supported and enjoyed their work. We spoke with three members of staff. One person told us "This is one of the best places I have ever worked in. I believe the care here is first class." Another staff member said "I really appreciate the time I am allowed to spend time with Patients and their families."

There was a clear management structure in place at the hospice. The staff we spoke with were aware of the roles of the management team and they told us managers were approachable and had a regular presence in the hospice. During our inspection we spoke with the registered manager who was also the clinical services manager. As we were shown around the hospice facilities we saw a number of staff and patients greeted her by name. This showed her presence was familiar and natural and people felt they were able to approach her directly.

The manager was able to describe a clear vision of the service based on the organisations values, and corporate priorities. The manager communicated a clear sense of direction, was able to evidence a very sound understanding and application of best practice, operational systems, particularly in relation to continuous improvement, patient satisfaction and the importance and purpose of having an effective quality assurance system in place. We saw equality and diversity issues were given priority by the manager who was fully aware of the varying strands this involved.

The manger had extensive knowledge and was highly confident in both strategic and financial planning and review. There was an established business plan which included clear indicators of the success and efficiency of the service arrangements. This is important as the hospice is a registered charity.

The hospice's values and philosophy of care were highlighted to staff during induction training along with their mission statement. These were witnessed throughout the hospice with people being included in all aspects of their care. Staff helped to make people feel special in the way they were cared for and supported. People who used the service praised staff and volunteers highly. One of the staff we spoke with told us "Many people think the hospice as being associated with death, but our philosophy is based on providing people with a safe environment placed on supporting their health and wellbeing. We strive to treat people with respect and dignity. We believe in supporting their families, enabling every day to count."

We saw staff received regular supervisions and appraisals and they were also able to access counselling if they needed emotional support.

The hospice regularly reviewed complaints and incidents that had been recorded with an audit of all of these, actions taken and lessons learned being published in the annual quality account.

Staff we spoke with told us the provider carried out staff surveys and used these and the suggestions box to make changes to the service. Examples were a water cooler in the staff room and research into a mini gym or fitness group for staff and volunteers. Staff were able to obtain feedback on these via their line managers.

The registered manager monitored the quality of the care provided by completing regular audits of various aspects within the home. These included infection control, carers/ patient experience, nutrition and pain. In addition the hospice carried out audits into their Lymphoedema service and whether people's needs, wishes and preferences had been met. The service user feedback received showed 100% of people who used the service were happy with the care and support they received in relation to this service.

Meetings were attended regularly to discuss various aspects of care including incidents, breaches of contract, complaints and the quality of care. These were discussed with the Operational Management Group and Clinical Governance Committee. In addition there were meetings with the local Clinical Commissioning Group.

We looked at the records the hospice kept relating to accidents and incidents. We saw all were clearly documented and investigations were carried out to see how they had occurred and what lessons could be learned. For example, one person was not given a dose of their regular medication. This was recorded, advice was sought

Outstanding

Is the service well-led?

from a doctor and investigation was carried out. This investigation identified the reason for the error and a change to the way medication was dispensed was implemented to help prevent a repeat of the incident.

In addition we saw the hospice had a staff promises statement in place where one of the promises is noted as 'build a learning culture where mistakes are learned from and help to make our performance even better by providing feedback on changes/actions undertaken in response to errors, near misses and incidents.'

Annual quality accounts were produced and measured against key aspirations the hospice had chosen for the previous twelve months. Service users, staff and volunteers were consulted about these before they were chosen. This showed the hospice considered the opinions of all its stakeholders to be important and was keen to include them in decisions about improvements.

The hospice has a Philosophy of Care statement in place that reflected what they believed people who used the service should expect from hospice staff. For example people could expect to be treated with compassion, dignity and respect.

The hospice had implemented the use of a 'Patient Safety Thermometer'. This was a method for surveying patient harm in three key areas; falls, pressure ulcers and urinary tract infections in patients with catheters. This meant the hospice had an incident reporting tool which they could use to make changes to the way care was provided and so reduce the number of incidents experienced by people. The hospice was able to show this was effective by noting a significant reduction in the occurrence of pressure skin ulcers and falls within the last year.

We saw records which showed the hospice's Operational Management Group met weekly to review any incidents that may have occurred. In addition to this incidents were recorded and a report was collated which highlighted lessons learned. This information was included in the hospice's Quality Audit each year.