

St Wilfrid's Hospice (Eastbourne)

St Wilfrid's Hospice

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We told the provider two days before our visit that we would be coming.

St Wilfrid's Hospice provided nursing care for people over the age of 18 living with a life limiting illness. The staff provided treatment and care for physical symptoms and helped people with addressing emotional, spiritual and social wellbeing. They also provided support to families and close friends during the illness and bereavement.

St Wilfrid's hospice provided three distinct services. These included an 'in patient unit' which provided accommodation and had up to 20 bedrooms with en suite showers and toilets. 'Wellbeing' provided therapy

Summary of findings

and support to people who were able to come to the hospice and use its facilities. People living at home received care, treatment and support from the 'hospice at home' team who were co-ordinated from the hospice.

There was a registered manager in post at the hospice. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us that they felt safe when in the care of the hospice staff. Staff working for the hospice understood the needs of people and consulted with them throughout the care delivery. People and their families were involved in the planning of care and were treated with kindness and compassion with due regard to their privacy and dignity.

Records showed that staff had received training on safeguarding vulnerable adults and the Mental Capacity Act 2005. Staff were able to tell us what they would do if they had any concerns and talked about when people were not able to make decisions for themselves. Meetings were held with relatives and health care professionals to make decisions in people's best interest.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the hospice and fully understood their roles and responsibilities, as well as the values and philosophy of the hospice. The staff had also completed additional training to ensure that the care provided to people was safe and effective to meet their needs.

St Wilfrid's Hospice had the resources, that included skilled staff, facilities and equipment and well-established contacts with other health and social care professionals that ensured effective care delivery for people wherever they needed and wanted it. Feedback from all sources was used in a productive way to improve the service.

There was a strong management team which listened and supported the staff and volunteers working for the service. There was a clear clinical governance structure in place that involved staff at all levels to establish and maintain the best possible care for people.

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 is safe.

People who received a service from St Wilfrid's Hospice felt safe and knew who to speak to if they had concerns.

Staff knew how to recognise and respond to abuse correctly. We saw that staff had been trained had guidance to follow and were supported by senior staff in the hospice when they raised any concern.

The hospice had effective systems to manage risks to people and staff, without restricting their independence. Staff managed people's medicines safely and had the skills to work with medicines used in palliative care.

Staff spoken with and records showed us that the provider had ensured appropriate recruitment procedures were followed.

Good



Is the service effective?

The service is effective.

People and their families were involved in their care and were asked about their preferences and choices. People received care from staff that were trained to meet their individual needs.

Staff had good systems to help them manage any changes in people's condition. They could also access appropriate health, social and medical support as soon as it was needed, even outside of normal working hours.

Staff monitored people's nutritional needs and people had access to food that met their needs and preferences when they wanted it.

Good



Is the service caring?

The service is caring.

People told us that staff were kind and compassionate at all times and treated everyone with dignity and respect. People's views and preferences were central to the care provided, which was individual and took account of friends and family.

The design of the hospice allowed for private space and people were supported spiritually, in accordance with their wishes.

Good



Is the service responsive?

The service is responsive.

Staff communicated with other professionals to make sure that people were admitted and discharged in a coordinated way. Staff had established effective ways with people to enable them to express their views about their care, and future wishes.

Outstanding



Summary of findings

Staffing arrangements ensured people received care and support when they needed it. A 24-hour telephone service ensured that patients and carers felt supported at all times. The hospice promoted family involvement and provided contact and facilities within the hospice to prevent social isolation.

Any feedback on the service was used to change and make improvements for the benefit of people and staff.

Is the service well-led?

The service is well-led

The culture of the hospice was open and supported staff in sharing their views. The registered manager and other senior staff provided exceptional and strong role models.

Clinical governance systems ensured that best practice standards were put in place and followed. Incidents and risks were monitored to make sure the care provided was safe and effective.

Outstanding



St Wilfrid's Hospice

Detailed findings

Background to this inspection

The inspection team consisted of one inspector, a specialist advisor who worked in a senior position within a hospice, a pharmacist 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. The expert for this inspection had experience of a relative who had used hospice services.

At the time of our inspection St Wilfrid's Hospice had seven people staying in the 'in patient unit' a further ten people were attending 'wellbeing', and the hospice at home had over 100 people on their contact list. The registered manager told us that although the hospice had 20 beds they currently only used 11. The additional beds were being phased in as the hospice established itself and recruited the required staff and volunteers to do so effectively.

During the visit, we spoke with fourteen people. We were also able to talk to nine relatives and friends who were visiting people within the 'in patient unit.' Following the inspection visits we contacted three people who were receiving a service from the 'hospice at home' team.

We spoke with nine staff, including the registered manager, and seven volunteers.

We observed some care and support provided both by staff and volunteers within 'wellbeing' and communal areas of the hospice. As part of our inspection we looked at a number of records. This included policies and procedures that supported practice including the complaints procedure. We looked at medicine records, staff training records and staff rotas. There were full and extensive records supporting the quality monitoring systems in the

home that were viewed. Including notes of meetings and associated action plans. A number of certificates demonstrating maintenance and servicing of equipment and facilities.

We looked at records in paper and electronic format relating to three people receiving care from the 'hospice at home' team and two people within the 'in patient unit'. These included risk assessments, full assessment of needs, care plans and documentation relating to people's choices around their care.

Before our inspection, we reviewed the information we held about the home that included notifications received. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

We last visited the service on 23 November 2012 when we found the service was compliant. This service relocated to a new purpose built location in October 2013.

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.

Is the service safe?

Our findings

People who used the service and their representatives told us that they felt safe and secure. One person and their relative told us “We feel very secure and cared for.” People who received a service within their own home told us they felt safe when staff from the hospice were in attendance. They said, “They make me feel safe when they come, and I can contact them at any time and that makes me feel safe.”

There was a team of volunteers who monitored the security of the hospice during the day and evening. We saw that volunteers offered assistance to all visitors to the building.

We found the hospice had a clean and well maintained environment which allowed people to move around freely without risk of harm. The building was purpose built and had been designed to provide a light, airy and safe environment. The hospice employed a facilities officer for 24 hours every day of the week. This ensured all facilities and services including piped oxygen were maintained and operated safely and appropriately.

There was a safeguarding adult’s policy in place for staff which gave guidance on what abuse was, and how to report it. This was readily available to staff for reference. We reviewed training records and saw that staff and volunteers had received training in safeguarding vulnerable adults, and this was part of a rolling programme that ensured an annual update. The registered manager was the designated lead for safeguarding in the hospice. Staff we spoke with had a good understanding of abuse and they were aware of reporting procedures to be followed should they have any suspicions or concerns. One staff member told us about a referral they had made and how they had worked with the local authority during the investigation and how senior staff in the hospice had supported them through this process.

All staff had access to training and the policies on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This act and safeguards protect the rights of people who do not have capacity to make all decisions for themselves. Safeguards ensure if any restrictions to people’s freedom and liberty are used they have been authorised by the local authority as being

required to protect the person from harm. The hospice policies took account of helping people to participate in decisions that affected their care and how to act if people were not able to make decisions for themselves.

Staff told us if people were not able to make decisions for themselves meetings with their family representatives and staff were arranged to make a decision on their behalf and in their best interests. The registered manager told us that there was no one within the hospice with a DoLS in place and that everyone had the capacity to consent to personal care needs and treatment as required. They were able to describe the use of mental capacity assessments and the appointment of an independent mental capacity advocate where appropriate.

We looked at how St Wilfrid’s Hospice handled medicines and found that they were managed safely. Storage arrangements were appropriate and the administration of medicines was seen to be undertaken safely with appropriate record keeping. However, one variable dose medicine which was dependant on blood tests was withheld as the dose was not prescribed on the drug chart by the doctor. We raised this with the doctor who told us that they were waiting for the blood test results. The doctor immediately reviewed the medicine, chased the blood test results and prescribed the dose accordingly.

There were established forums to review and discuss medicine safety to identifying and reduce risk in relation to their management. There was a good reporting culture regarding medicine errors or near misses. All the errors reported had been investigated in a timely manner and actions put in place to prevent them from re-occurring.

During the inspection we were unable to confirm that the controlled drugs were obtained from a licensed supplier or that medicines were disposed of correctly. The registered manager confirmed, following the inspection, that confirmation was sought from the supplier regarding their licence. The registered manager also confirmed that there were systems in place for the disposal of unwanted medicines that ensured they were disposed of safely following correct procedures.

We saw evidence that clinical staff undertook annual competency –based assessment that included drug dosage

Is the service safe?

calculations. This included medicines used in palliative care and the use of syringe drivers. This ensured they could demonstrate the required knowledge and skills regarding medicine administration, specific to the hospice services.

Observation throughout our visit and conversations with people who used the service indicated that the staffing arrangements ensured people's needs were met and people were safe. We saw that call bells were available throughout the 'in patient unit' and 'wellbeing' unit. One person said, "They respond in seconds." Another person said, "I used it last night, it took barely half a minute." During our visits we witnessed a call bell being used and saw a staff member respond to it without delay. People who received care in their own homes said staff arrived when expected and spent enough time to meet all their care and support needs.

The hospice provided the appropriate number of staff with relevant skills to look after people throughout the day and week. The duty rota demonstrated that the hospice was well staffed with a multidisciplinary (varied skilled and professional staff) team that was able to meet the complex care needs of the people who used the service and their relatives. For example, the 'in patient' duty rota indicated that there were always two registered nurses on duty at night with two care staff. This was increased during the day to four registered nurses and three care staff in the morning and three registered nurses and two care staff in the afternoon/evening. The nursing staff were supported by domestic, catering and laundry staff, and designated volunteers. They worked in collaboration with the medical consultants, specialist doctors and other professionals working for the hospice. These professionals included a physiotherapy team, complimentary therapy team, a counsellor, social worker and occupational therapist. The registered manager told us that staffing levels were reviewed regularly and were flexible to respond to any changing need. Staff told us that if additional staff were

needed this would be responded to immediately. Volunteers worked in addition to set staffing numbers and allowed staff extra time with people to support and care for them in an individual way.

The provider ensured that they only employed staff and volunteers who were suitable to work with vulnerable adults. The hospice had a human resources department that had extensive policies and procedures to support thorough recruitment and employment practice. This included grievance and disciplinary procedures if required. Staff told us the recruitment process was thorough, they had to provide at least two references and had been provided with contracts of employment. We saw records that confirmed all registered nurses had their continued registration with the National Midwifery Council confirmed each year. All staff and volunteers who had contact with vulnerable people or confidential information had undergone a criminal records check before working for the hospice.

Staff worked with up to date information on people's individual risk and in this way were able to minimise risk. Individual care records included thorough risk assessments that had been updated on a regular basis. These included input from families and carers as appropriate and took account of promoting people's independence, choice and rights. For example, we saw records, including risk assessments that related to one person with deteriorating health, who wanted to maintain their own mobility. Another person who used the hospice services enjoyed the feel of being in water and was able to have baths in wellbeing, this allowed them to enjoy the experience of water in a safe and controlled way. We also saw that routine risk assessments were undertaken with regard to other risks. These included risks to skin integrity mobility and environmental risks. Risk assessments were updated regularly and reflected any change in condition or risk.

Is the service effective?

Our findings

People felt that staff were competent well trained and had the skills to care for them. They had confidence in the staff and volunteers. One person said, “Staff attending are always very professional in their approach, I have every confidence in them.” Another said, “Staff could be of any professional skill set or a volunteer, but there is no difference, they are all excellent, the service in terms of delivery is seamless and competent.”

Records confirmed that all staff undertook an induction programme and attended essential training each year. This was role specific and covered key areas to support them in their identified roles and included an assessment of competency. For example, the clinical update training programme covered additional skills relevant for a hospice setting. The hospice had good training facilities that included a resource library with internet access, training room and a gym that was used for practical training sessions. Staff told us that the training provided was thorough and gave them the required skills they felt they were also supported and encouraged to undertake additional training and professional development. One staff member said, “We are given time to do our training. I am now doing a degree in nursing and have the time off to attend university.” This told us the provider promoted developing the knowledge and skills of the staff.

Volunteers were appropriately trained and supported. They were matched to designated roles that suited their skills. Records and volunteers confirmed that they undertook an extensive induction programme and attended essential training each year. One volunteer said, “The induction was far reaching, it included many aspects of health, security and safety issues.” Another spoke about their induction programme that lasted several weeks, covered all areas of the hospice and aspects relating to safe moving and handling and hygiene procedures.

Staff told us that they attended regular meetings with their line managers that reflected on their practice and reviewed their aims, objectives and any professional development plans. Staff told us about training that had been provided to support them in their role. For example, two registered nurses told us they had recently attended training on extending their role to include verification of death. This had included working with the Coroner.

All staff spoken with told us they felt well supported by management and colleagues. They told us that support was provided through an approachable and available management structure, regular one to ones (individual time with a manager), and a consistent and caring team. We were also told that staff could use the counselling service and the chaplain was also available. There were systems in place to look after staff's welfare and to provide the necessary support they needed to look after people and families through difficult times. One staff member said, “The senior nurse checks everyone is okay before they go home. She makes time for a tea or coffee and time to talk if needed.”

People were complimentary about the food provided by hospice. We were told that the food was well presented, the portions were ample and the choices were good. One person who preferred not to eat meat said their preferences were catered for. Another person said, “We like to make the most of our day, we do nice things, have good company with great staff support and a lovely bit of food, life's good when we are here.”

Staff monitored and encouraged people's nutrition by responding to individual preference. A list of people's preferences and special diets were recorded and accessible to staff and volunteers. We saw that the volunteers helped to serve food. Breakfast, lunch and supper were served at set times but snacks were available at any time. Nutritional supplements were readily available for people who needed them. Drinks were offered regularly and we saw that the volunteers changed the water in the bedrooms regularly and checked if they needed replenishing. Staff ratios enabled staff to spend time with people individually, monitoring and encouraging them with their nutrition as necessary. Staff told us that they did not routinely weigh people on the 'in patient unit' as this was upsetting for some people. Each room had a leaflet about food and some additional options to tempt people to eat, for example, fruit smoothies and milk shakes.

People told us that their day to day health care needs were met and they were involved in the planning of their care. People living at home told us that their care options were discussed as and when required. All people spoken with said staff were knowledgeable, professional and able to discuss and advise on health and social needs. One person said, “The staff are full of good ideas and tips on health and how to cope at home.” Relatives also felt they were

Is the service effective?

involved in this process, as people wanted. One group of family members told us they had been involved in all aspects of their relative's care and were fully aware of the care plan. They felt reassured about the care given and planned. They said, "He is so much better now, this hospice has been so good to him and us." We saw staff spending time with people and heard that people were involved in reviewing the care plan and given options on care. Options provided included medicines used and how these were to be administered. One person said, "We discussed options with the nurse, and they were instrumental in getting the syringe driver changed to tablets, which suits us much better."

People were reassured by the facility to contact someone from the hospice at any time, day or night for specialist advice and support. Comments received included, "You can phone at any time and speak to someone who knows what they are talking about, this is a great weight off my shoulders," and "I have been told whenever I need to contact staff I can at any time, which is reassuring." The staffing and on call arrangements ensured that specialist nursing and medical advice was available 24 hours a day.

We saw that people had access to specialists and equipment to support them and their families in order to

meet their needs. Staff told us the occupational therapist was readily available and ordered additional equipment when needed for example, specialist beds and lifting equipment, as required. Leaflets about the medicines people were commonly prescribed were readily available in key areas in the hospice. These contained 'frequently asked questions' answers and advice. People told us that they were able to take these leaflets home with them to refer to. Staff also talked about the supply of 'just in case' medicines which were supplied to people for them at home as necessary.

The provider ensured relevant referrals were made and that the health, social and emotional needs of people and relatives were monitored and responded to effectively. At the weekly Multi-Disciplinary Team (MDT) meeting we saw evidence of excellent discharge planning where individual team members discussed family care, equipment issues, liaising with adult care services, continuing health care, general practitioners, MacMillan nurses, and district nurses. There was also evidence of support and bereavement care for relatives. This showed us the hospice ensured relevant referrals were made and that the health, social and emotional needs of people and relatives were monitored and responded to effectively.

Is the service caring?

Our findings

Everyone told us without exception that they were treated with kindness and compassion by all staff and volunteers that they had contact with. People praised staff for their caring and sensitive approach. One person said, "We have received wonderful care and treatment, I did not believe that people like that existed in the world." Another said, "The staff are all absolutely marvellous, they know us well and we trust them implicitly. They are kind and could not be better." One relative told us how staff had made a celebration of their wedding anniversary, while her husband was receiving care within the 'in patient unit.' She said, "I was touched by the staff, they were so sweet and gave us a card and laid up tea for us, they were delightful."

Staff and volunteers were respectful and polite to all people receiving a service and visiting the hospice. Their approach was considerate and compassionate at all times. They talked to us about the care and support they provided people in their care, including their relatives and friends. People told us and we saw that visitors were warmly welcomed and able to spend time with people in all areas of the hospice. Close relatives or friends were able to stay the night and accommodation was available for this purpose. One staff member described how family and friends were an important part of people's care and in some cases a loved family pet was also accommodated.

Staff talked about the support that colleagues gave each other not only around work but as compassionate friends. All staff spoke positively about spending time with people and their relatives, having time to listen to people and respond to their wishes and not to be rushed. One staff member said, "We always involve the patient and go over what is important to them, when they first come into the hospice. Nothing is done without their agreement." People appreciated the individual time spent with them. One person said, "They know and understand us well. " and "Staff ask for what we think, they tell us all the options and support us in making decisions." People told us that they felt that they were consulted and listened to and that staff were concerned about them as 'a person.'

St Wilfrid's Hospice employed a full time Chaplin. Their role was to support people of any faith and those with none, with whatever helped them cope with a life limiting illness. We saw there were various areas around the hospice which people could use for spiritual support People told us

these areas were valued. One group of friends who had been using the gardens said, "It was a comfort for all of us to get into that garden, and it gave us a flexibility to wander, without embarrassment, whilst we stayed for a while and took turns to chat, we felt better and we know she does."

The design and layout of St Wilfrid's Hospice promoted people's privacy and dignity. For example, every bedroom had a light outside to indicate to other staff that people were being supported. There was a privacy curtain behind each door in bedrooms and 'do not disturb' signs that could be used when needed. The gardens had been designed to afford privacy to each bedroom with screening and planting. People felt that their privacy was well responded to.

Staff demonstrated appropriate skills in promoting people's privacy and dignity. They talked about the delivery of personal care, and also the need for people to be respected as individuals. One member of staff said, "It's always an individual approach working with each person and their carers differently." They went on to say how important independence was and how this was promoted for as long as possible. We saw that staff had received training on promoting privacy and dignity and ensuring confidential records were appropriately handled. Records confirmed that privacy and independence was reflected through the plans of care developed. We saw that computers were turned off when not in use to ensure only authorised staff members could access any sensitive or confidential information. This showed us that staff supported people to be independent, to be treated with dignity and respect and for any information about them to remain confidential.

We could see from records and observations that people were well supported and cared for during end of life care. Records and the Multi-Disciplinary Team (MDT) meeting that we attended demonstrated that people's needs and their preferences regarding their individual care were regularly reviewed and responded to. This included planning bereavement support to family and friends. We saw records that had been completed relating to Do Not Actively Resuscitate, advanced personalised care planning and advanced directives. These had been completed in accordance with people's wishes and demonstrated that staff were actively seeking people's views on end of life care.

Is the service caring?

Staff told us that people's wishes for after death were followed including involvement of relatives. Discussion with staff indicated that they were aware of cultural differences and said if they were unsure they would seek advice. The Chaplain had a role in ensuring that people were cared for in a culturally sensitive and dignified manner after death.

One person told us how their care was being planned and how more support and care would be provided as needed. They said, "We have started to discuss my choices for future

care and this will be an on-going process." Systems were in place for staff to communicate with other health care professionals, including GPs and Macmillan nurses, to respond to people's changing needs. Another person told us that staff had ensured appropriate equipment and resources had been provided when needed. They said, "I have night sitters now that help me relax and sleep well." Another said, "The bed provided is much better for them." People had access to specialist equipment and support when needed.



Is the service responsive?

Our findings

People told us that their individual needs were met. People described how they were supported with patience and as individuals saying the support and care was “outstanding.” One person said, “They respond to my needs with remarkable patience.” A relative said, “I have seen my father improve and look so much better since he has been here, the staff have responded to every need and been attentive to every detail and he now has a smile.”

People received care treatment and support when and where they needed it, their choices and preferences around care and treatment were fully taken into account by staff. Staff were able to describe the varied care needs of the people, their relatives and friends, that the hospice cared for and supported. They described how staff and services met these individual needs. We attended a MDT meeting during our inspection visits. This demonstrated that staff had sought the views of people when discussing and planning care. Staff discussed the planned admission and discharges at these meetings and designated lead roles for staff to undertake to facilitate the process. The discharge planning was described by the specialist advisor as “excellent” and included family care, equipment issues, liaising with adult social care services, continuing health care, GPs, Macmillan nurses and district nurses. “Just in case” medicines were discussed and written up before discharge, to prevent known complications. Evidence of this planning and discussion with people and the professionals involved was reflected through to the supporting care documentation seen.

Staff at the hospice were motivated to maintain high standards of care throughout the community as a whole and to engage and link with local people. Staff maintained links with local care homes to provide support and advice and arranged regular training for staff employed within the caring profession. When considering a new location for the hospice the provider undertook a wide consultation that included staff and the community. The new build was located near busy local amenities including the district general hospital. The decision to build the hospice in this area was intentional to encourage the whole community to engage with the service. Staff used the new building and its

location in an innovative way and encouraged local people to visit the gardens and use the café which are both open to the public any contact and feedback from visitors was seen as a positive for people and the hospice.

People told us staff encouraged them and allowed them to express what was important to them and how they wanted to be looked after. For example, where people want to be looked after, this could be at home or some people may choose a care home. People told us that remaining at home for as long as possible was important to them and the hospice staff helped them do this. One person who was new to the service explained, “The nursing team have visited, they were warm and re-assuring. We talked about what I would like if and when I become weaker.” Staff showed us documentation used to record people’s preferences when planning care for end of life. One staff member told us this was done sensitively and said, “We are careful when to discuss these areas and when not to, it can take some time before people are ready to discuss in an open way.”

People told us that staff maintained regular contact with them, either through a visit, telephone call or when they attended ‘wellbeing’ or when they were within the ‘in patient unit.’ This regular contact was used to re-assess people’s welfare and health. People said that they were always able to contact the hospice directly. A relative said that he was able to and had contacted the hospice on a number of occasions for advice and for a further visit.

Staff and volunteers working for the hospice were welcoming to people’s friends and relatives. We were shown the facilities available that allowed relatives and friends to stay overnight at the hospice. Staff told us that relatives and friends were an integral part of care for people and their care and support was extended to them as well. In this way people were enabled to maintain relationships. Facilities and staff were provided to support people when they were bereaved and discussions heard at the multi-disciplinary team meeting demonstrated that bereavement care and support was part of the planned package of care. Staff availability took account of time needed for talking and listening and people told us that staff always had time for them. One person said, “The hospice also provides night sitters who can just be with you. They have been marvellous, they put you at ease and you can then go to sleep.” Staff told us that there was



Is the service responsive?

enough staff to provide a good level of care and support. One said, “The staffing arrangements allow for time just to be with people, you can provide holistic care to people and their family.”

People were able to access ‘wellbeing’ for social and emotional support and also for practical support. This protected people from social isolation. For example, people were able to come for bathing and to enjoy complimentary therapies. We saw that people arrived at wellbeing throughout the morning and clearly enjoyed and valued the time with each other, as well as the staff and volunteers in attendance. On the day of the inspection people were attending an art session and said they enjoyed the activity and camaraderie. One person said, “It’s the best day of the week.” Another said, “You have to smile here to be one of us, this is the happy room, we want to laugh, sing and enjoy life, so smile.” They were each doing something different which they had chosen to do. When asked about the activity choice they said, “it’s always been a dream of mine to paint and draw,” “I gave up painting and regretted it for years, now I am fulfilling an ambition,” and “We’ve been well supported to have a go!”

Feedback including complaints was actively encouraged, people said that they felt comfortable in making a complaint if they needed to and systems were in place to respond to any complaint made in a positive and constructive way. Information on providing feedback on the hospice, both positive and negative was asked for within the ‘patients guide’. This document was found in each of the ‘in patient’ rooms and was given to people, receiving care and support from the hospice. This also contained information on making a complaint. A separate formal complaints procedure was in place and available to people and staff for reference. One friend said, “If she wanted to complain, she would.”

Records seen confirmed that the most recent concern raised had been fully investigated. This had included a visit to the person raising the concern by the registered manager and another senior staff member. Systems included a report being formalised through the Chief executive, and the sharing of the complaint with the board and with staff at team meetings. Relevant staff members spoken with were aware of the concern raised and what changes had been implemented to improve the service.



Is the service well-led?

Our findings

People were aware of the management arrangements and felt there was good leadership within the hospice at all levels. They knew who the manager was and other senior staff and their designated roles. They had confidence in the people who ran the hospice and felt it was well organised. One person said, “Yes the hospice is well led, they could never provide the care they do without good management,” another said, “Yes they are well-led, everything is well organised and I cannot speak too highly of them.”

Staff told us that the registered manager at the hospice was an excellent ‘role model’ and trusted manager. Staff said that he supported them as people and in their professional roles. They said, “We have the best manager, they are fair and always kind and compassionate to people,” and “The manager has the voice of reason.” One staff member said “My professional development is down to my manager and the team will benefit from this development.” We saw that the volunteer staff were motivated and well organised. They each had designated manager who maintained contact and support.

The hospice had clear visions that were explained to staff and volunteers through their induction programme and training. Several values were inscribed into walls in the building to highlight the mission of the hospice. Those values were clear and were recorded as, “where people talk openly about dying, live well until the end of their lives and where nobody dies alone, afraid or in pain.” There was a positive culture at the hospice where people felt included and consulted. We found the culture of compassion, caring and kindness was embedded within all staff and volunteers working for the hospice. All People including staff and volunteers told us they valued the kindness and compassion of everyone, be they staff, colleagues or volunteers. We could see that people and their relatives were central to the care delivery.

Staff spoken with were all highly motivated and excited about their roles within the hospice. They talked about a “Good morale” and “Working together” as a team. The managers of the hospice were seen as part of this team and were seen to motivate staff. We saw that the manager worked with staff in the hospice and in the community. On one of the inspection days they were scheduled to work on the ‘in patient unit’. Staff were motivated by training

opportunities and lead role allocation. One staff member said, “We all have allocated roles within the team that we feedback on at team meetings. It’s interesting and I enjoy the responsibility.” Staff surveys were completed in spring 2014 and had been analysed. They confirmed that staff were motivated, open, supported and that resources were available to drive improvement.

Staff were supported to question and debate best practice, they were not judged and everyone’s view was important. Staff were supported and learning was shared across the team. Staff spoken with were aware of the Whistleblowing procedure and told us that they felt that they would always be listened to and their views would be acted on. They reflected on the open culture within the hospice and said they were comfortable to talk directly with the registered manager or a member of the Board. They said that they could talk freely at team meetings and the MDT meetings which allowed for open debate. We saw that the MDT meeting promoted an open culture and encouraged discussion and challenge when needed. There were good support networks for all team members when discussing upsetting situations. Case reflection had been organised for team members who were not present to include them in any learning.

St Wilfrid’s Hospice had well established and effective clinical governance structure, (systems to monitor, measure and review the quality of the service) which were used to drive continuous improvement. The medical director and registered manager provided clinical leadership for the hospice covering key areas of people’s safety and clinical effectiveness. There were a number of sub groups and working parties which included representation from all levels of staff, which fed into the process. These included clinical effectiveness meeting, that questioned practice was having the desired outcome for people. They used evidence to improve people’s care and experience. We saw that areas covered included infection control and nutrition.

Records showed that staff reported accidents, incidents and near misses. These were investigated, analysed and reported on. This took account of how these had impacted on people’s care safety and experience or clinical effectiveness. Ongoing analysis of pressure ulcers was also part of these reports and confirmed a task and finish group had been set up to ensure most recent guidelines were followed. Reports included actions to be taken to address



Is the service well-led?

issues identified and how they were to be addressed. These reports were shared at the patient safety group for implementation. This confirmed actions taken for example, recent needle stick injuries had resulted in new safety needles being used with associated staff training. The hospice had systems in place to record complaints and to use these to improve the service. Safeguarding referrals were made when required and investigations were completed as necessary. This confirmed that prompt and proactive attention was given to the management of accidents incidents, safeguarding and complaints, and matters were dealt with in an open, transparent and effective way.

Audits were used to review and measure the performance of the hospice and included performance of care and

clinical treatment. The hospice shared information with other hospices to assess performance and provided clinical data for benchmarking at regional level. The hospice had established policies and procedures to guide staff on delivering good care based on most recent guidance and research. These were reviewed and updated regularly and ratified through the clinical governance structure. This meant that systems were in place to measure the performance of the hospice against best practice guidance.

The hospice used questionnaires to gain feedback from people and their representatives. Information from April to the end of June 2014 had been analysed. They contained very positive feedback and this was shared with staff to extend best practice across the service and to promote good staff morale.