Dove Cottage Day Hospice

Quality Report

Dove Cottage Day Hospice
Canal Lane
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Leicestershire
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Dove Cottage Day Hospice is operated by Dove Cottage Day Hospice. The service has no overnight beds.

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

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

Summary of findings

The service was registered to provide the one regulated activity of Treatment of disease, disorder or injury (TDDI).

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with great compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided exceptional emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Good 	Hospices for adults was the main activity of the service. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Good

Dove Cottage Hospice

Services we looked at

Hospice services for adults

Summary of this inspection

Background to Dove Cottage Day Hospice

Dove Cottage Day Hospice is operated by Dove Cottage Day Hospice. The service opened in 1996. Dove Cottage Day Hospice is an independent charitable organisation offering palliative day care to people with life limiting conditions living in north east Leicestershire, Rutland and south east Nottinghamshire. The service is situated close to the village of Stathern.

The hospice has had a registered manager in post since 1996.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in palliative care. The inspection was overseen by Bernadette Hanney, Head of Hospital Inspections.

Why we carried out this inspection

This inspection was carried out as part of our planned inspection programme.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 21 May 2019.

Information about Dove Cottage Day Hospice

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

The service was registered to provide the one regulated activity of Treatment of disease, disorder or injury (TDDI).

During the inspection, we spoke with five staff including registered nurses, health care assistants volunteers and managers. We spoke with three guests and one relative. During our inspection, we reviewed six sets of records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12

Summary of this inspection

months before this inspection. The hospital/service has been inspected twice since registration with CQC and the most recent inspection took place in July 2014 which found that the hospital/service was meeting all standards of quality and safety it was inspected against.

Activity (April 2018 to March 2019)

- In the reporting period April 2018 to March 2019 105 guests used the hospice.

In addition to the Registered Manager, One Day Care Leader, three Registered Nurses, two Nursing Assistants and one Family Support Worker were employed. In addition, three Registered Nurses and one Nursing Assistant were employed through a "bank" arrangement.

Track record on safety during this reporting period

- No never events
- No clinical incidents
- No serious injuries

No incidences of hospital acquired infections

No complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our rating of safe stayed the same. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely administer, record and store medicine.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses

We found the following areas of good practice:

- Planned staffing levels were always maintained and an acuity tool was used to plan staffing levels and guest attendance.

Are services effective?

Good

Our rating of effective stayed the same.We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, and supported pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles.
- All those responsible for delivering care worked together as a team to benefit patients.

Summary of this inspection

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.

Are services caring?

Good

Our rating of caring stayed the same. We rated it as **Good** because:

- Staff treated patients with great compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided exceptional emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

We found the following areas of good practice:

- The service was provided to guests, their carers and relatives beyond the time they spent in the hospice and extended into bereavement care.
- The spiritual space and the chaplaincy support was very personalised and was usually commented on positively, including by people who had no faith.
- Feedback from guests was overwhelmingly positive both through the comments they made to the inspection team and through the provider's surveys.
- There was a strong culture of caring and compassion and feedback from guests indicated that the care provided went beyond their expectations.

Are services responsive?

Good

Our rating of responsive stayed the same.We rated it as **Good** because:

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

Summary of this inspection

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received

We found the following areas of good practice:

- The provider was proactive in identifying the changing needs of its client group and responding with additional and revised services.

Are services well-led?

Good

Our rating of well-led stayed the same.We rated it as **Good** because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- The service was committed to improving services by learning from when things went well and when they went wrong.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- They collected, analysed, managed and used information well to support all its activities.
- The service engaged with patients, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Hospice services for adults

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

Are hospice services for adults safe?

Good

Our rating of safe stayed the same. We rated it as **good.**

Mandatory training

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

- The provider specified a suitable mandatory training programme for staff and volunteers which was dependent on their role. For all staff this included health and safety, infection control, moving and handling, confidentiality and data protection. Staff received awareness training about learning disabilities and dementia. Records we saw demonstrated that all staff were up to date with this training.
- All new members of staff and volunteers underwent a structured and comprehensive induction training programme appropriate to their role. This induction was also followed by all bank staff that the service used. Clinical staff underwent first aid and basic life support training.
- We saw records showing that fire training took place for all staff and volunteers and that fire drills took place twice a year.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse for adults and they knew how to apply it**.** However appropriate training in the protection of children had not been provided.

- All staff and volunteers underwent Disclosure and Barring Service (DBS) checks as part of the recruitment process. We discussed with the Registered Manager how they dealt with any positive disclosures and they were able to talk through examples of when this had occurred and how risk assessments were made.
- The service had a Safeguarding Adults Policy which was aligned with the Leicestershire and Rutland Multi-Agency Policies and Procedures. Given the services location at the boundary of several counties contact details for all relevant local authorities were included in the document.
- Everyone received suitable mandatory safeguarding training for adults.
- The service had a Safeguarding Children Policy which was aligned with the Leicestershire and Rutland Multi-Agency Policies and Procedures. Given the services location at the boundary of several counties contact details for all relevant local authorities were included in the document. Other than those accompanying adults who might be dropping off guests, or visiting schoolchildren under the supervision of the school, children were not normally present at the service. However, the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

Fourth edition: January 2019 intercollegiate document requires that level one children's safeguarding training be provided for all staff in healthcare premises and this had not been done.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- All areas of the building were observed to be clean and tidy as were the grounds and the gardens.
- There was suitable materials and equipment available for cleaning the building including colour coded mops. Control of Substances Hazardous to Health (COSHH) assessments were available for cleaning materials and they were kept secure when not in use. Cleaning was done against a schedule including more comprehensive cleans at the weekend and we saw records confirming that this took place.
- The service had a comprehensive and suitable infection control policy which referenced other policies including ones for blood borne infections such as MRSA and sharps injuries. There was a body fluid spillage kit available.
- Because of the nature of the service provided and preference of the guests, staff did not wear uniforms and we noted some staff were wearing long sleeved sweaters over short sleeved clothing. We asked about this and we were told that when staff needed to provide personal care or any form of treatment they would be bare below the elbow and would wear Personal Protective Equipment (PPE). We saw that plenty of suitable PPE was available and we observed staff using it.
- No clinical waste was generated and so there were no arrangements needed for its disposal. Offensive but non-infectious waste was segregated and disposed of through arrangements with the local authority who also collected sharps boxes every six months although they were usually empty.

Environment and equipment

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

- The service was provided from a converted farm building and yard which had been rebuilt to a standard and design suitable for the services provided. All the building was on the level with no stepped access anywhere so as best to cater for wheelchair users. Extensions to the original building enhanced this by providing, for example, purpose-built therapy rooms, accessible bathroom facilities and a spiritual room all of which were to a high standard. External areas such as paths and lawns were well maintained and tidy meaning there were no slippery areas or trip hazards.
- We saw records showing that gas appliances and associated plant was regularly maintained by competent persons as was fixed electrical equipment such as that used in the laundry and specialised baths. Portable electrical appliances were also subject to regular testing by a suitable contractor. There were also more frequent checklists completed for equipment that the provider had judged as of higher risk such as baths and commodes.
- Medical devices used to lift or move guests such as hoists and beds were maintained to a schedule by a suitable contractor and where necessary this included compliance with Lifting Operations and Lifting Equipment Regulations (LOLER).
- There was a process in place to receive alerts from the Medical and Healthcare Products Regulatory Agency (MHRA) and we saw that relevant alerts had been disseminated and placed on notice boards.
- The service had a small number of electromedical devices including a defibrillator, a blood glucose meter and two non-invasive blood pressure monitors. The defibrillator was ready for use and we saw records that the single blood glucose monitor was regularly calibrated against a control solution to the manufacturer's recommendations.
- However, there were no records that the blood pressure monitors which were required to be calibrated every two years had had this done nor could their age be

ascertained. We drew this to the attention of the Registered Manager and immediately following our inspection they replaced the two units and labelled them with a date for recalibration or disposal.

- We also identified a cupboard which contained several of out of date medical devices. These included a Transcutaneous Electrical Nerve Stimulator (TENS) machine purchased in 1998 and for which the electrodes had expired in 1999 and an anal irrigation device with a catheter that expired in 2011. We brought this to the attention of the Registered Manager who was unaware of their existence and immediately disposed of them. Following our visit, the provider introduced a process to regularly check cupboards for unwanted items.
- The building had a fire alarm system installed and we saw from records that this and firefighting equipment was regularly maintained and replaced when necessary. We checked a sample of firefighting equipment and they were all within their next service dates.
- The premises had a fire certificate dated May 2014 and we saw notes that discussion had taken place with both the company who carried out the assessment and the company providing maintenance of the fire alarm system in September 2018 to ensure that the building remained compliant. However, we noted during our visit that many doors which were labelled "fire doors keep shut" were propped open and some fire doors that should be locked were not. We asked about this and we were told that guests found it difficult to use the doors against the closers.
- Following our visit, the provider gave assurance and provided evidence of staff refresher training so that all fire doors were now kept closed and that fire doors requiring to be locked were kept so.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- The service assessed all guests before acceptance to ensure that their needs could be supported by the hospice working with them, their General Practitioner (GP) and other care providers as necessary. This assessment was done under a comprehensive policy for "the assessment, planning and evaluating nursing needs".
- Specific risk assessments included moving and handling, falls, pressure ulcers, transportation and a dependency score was calculated. Assessments were redone every three months or if the guest's circumstances changed. We looked at six sets of notes and in all cases all assessments were completed and up to date.
- There were always registered nurses available to assess a guest's condition and there was a "medical emergency" policy directing staff what to do should a guest become acutely unwell while in their care. In most cases this directed staff to the get advice from the guests GP or other health professional but we saw that there were formal and documented arrangements for a local GP Practice to offer help as well as to use the NHS 111 and 999 services.
- The provider kept up to date with recent guidance through liaison with hospice networks to identify new guidance. An example we saw was recent RCN guidance on working with dogs in healthcare services which had been incorporated into polices.
- Social and complimentary therapy activities were risk assessed for each guest and this was noted in their care plans.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep guests safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.

- The service used an acuity tool to identify the needs of guests on each day and this ensured that enough numbers of staff were available either by flexing the staff numbers or altering the days guests attended.
- The service used bank staff who were all trained and inducted to the same standards as the substantive staff. There was no use made of agency staff.

- At the time of inspection the service did not have any staffing vacancies and sickness levels were low.

Records

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

- Records referred only to the care provided while the guest was spending a day at the hospice, however they did contain the necessary medical and social information to keep guests safe and well cared for.
- Consent for the sharing of records was obtained during the guest's initial assessment and this was recorded. Records contained details of guest's emotional, social and spiritual needs alongside their physical health requirements.
- Records were kept on paper in lockable cabinets in an office to which only staff had access. We examined six sets of notes in detail and they were all completed correctly and up to date.

Medicines

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

- As a day hospice, other than paracetamol no medicines were prescribed, stocked or dispensed by the service. Most guests kept their own medicines with them during their stay and self-administered their medicines in line with the services polices.
- If a guest needed help or support administering their medicines, the provider's policy, developed in conjunction with a local pharmacy stated the registered nurses were permitted to administer medication to visiting 'guests' following discussions with the guest's GP who would provide a list of prescribed medications and this was kept up to date.
- Those medicines were stored in a locked wall mounted drugs cupboard and if administered this was recorded in a "drugs book" as well as the guest's notes. However, when we examined the "drugs book" we noted that while the guests name, the date and time were noted the phrase "meds given as required" was used without specifying the medicine or the dose. We discussed this with the Registered Manager and they told us the policy would be changed so as to require recording of the medicine and the dose.
- A supply of paracetamol was stocked by the hospice for guests to self-administer if they wished.
- Should advice on medicines be needed the service had a documented arrangement with a local pharmacy to contact them for advice.

Incidents

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

- The hospice had not reported any never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The service had a Serious Untoward Incident (SUI) Policy which identified what a SUI was, how it was to be reported and investigated and how lessons should be learned. It identified that certain events should variously be reported to the Health and Safety Executive, the Medicines and Healthcare products Regulatory Agency (MHRA) and the Care Quality Commission (CQC).
- All incidents, including minor ones, were recorded according to the policy. All recorded incidents were reported in the annual report to trustees together with any harm, cause if identified and an action plan if necessary. We noted that themes had been identified and saw that following a particular clinical incident a risk assessment for falls during transport had been introduced. The incidents reported were either near misses or did not result in injury and therefore none met the criteria for reporting as notifications to the CQC.
- The service had a Duty of Candour Policy and staff were aware of it although it had not needed to be used.

Good

Hospice services for adults

- There was a system in place to identify patient safety alerts and we saw examples on notice boards where relevant information had been disseminated.

Are hospice services for adults effective? (for example, treatment is effective)

Good

Our rating of effective stayed the same.We rated it as **good.**

Evidence-based care and treatment

The service provided services based on national guidance.

- As a non-medical hospice facility the care provided was largely supportive in terms of, for example, enabling guests to bath and providing a hot midday meal. Social support was an important part of the service enabling guests to socialise and engage in their hobbies and interests, take part in outings and provided a valued respite for carers.
- Each guest had a clear personalised care plan which reflected their individual needs and preferences. This included provision to act within any advanced decisions, or advanced statements a guest had in place including Recommended Summary Plans for Emergency Care and Treatment (ReSPECT).
- As a day hospice care was not given in the last days of a person's life so much National Institute for Health and Care (NICE) guidance was not relevant but other guidance was sought and followed and the organisation was proactive in researching current best practice. As a member of Hospice UK the service worked within the guidelines of that organisation.
- Other therapies offered were complimentary and included massage, aromatherapy and reflexology as well as group yoga and relaxation. Although these therapies were not subject to formal guidelines the guest's satisfaction with these therapies was regularly audited.

Nutrition and hydration

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

- The service had a food hygiene rating of five from the local authority from August 2018.
- There was a suitably equipped kitchen and we noted that it was risk assessed every six months. The kitchen was staffed by a salaried member of staff supported by volunteers and we saw records showing that they were trained in food hygiene. Records were kept of both food preferences and any allergies and the cook took responsibility for checking this. Food temperature checks took place and records were kept.
- Meals were taken communally in large bright dining room so as to facilitate a "family atmosphere" and guests who needed support when eating were given it.
- Guests were screened using a Malnutrition Universal Screening Tool (MUST) and care plans were made accordingly. There was liaison with other health professionals outside of the service including Speech and Language Therapists (SALT) and dieticians.
- There was provision for supporting guests who needed feeding through a Percutaneous Endoscopic Gastrostomy (PEG) although this was rarely needed for the hospice's guests.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and supported pain relief in a timely way.

- As a non-medical hospice there was no provision for the prescription or administration of pain relief other than that prescribed by guest's medical practitioners outside of the hospice. However, the staff did query guest's pain and would encourage their self-medication as needed.
- The service provided a variety of complimentary therapies to ease the pain and stress of the guest's illness. These were appropriate and risk assessed for each guest and the guests gained benefit from them.

Patient outcomes

Staff monitored the effectiveness of the services provided. They used the findings to make improvements and achieved good experiences for patients.

- Medical care did not form part of the hospice's provision and it was provided by teams outside of the service.
- The hospice had processes aimed at identifying how well it met guest's needs the scope of the services provided. These included targeted audits and surveys as well as a comprehensive guest survey each year the results of which were overwhelmingly positive and demonstrated guests' satisfaction with the service.
- These surveys and audits were analysed and that changes and improvements were made as a result. It was also of note that when changes or audits were made they were followed by audit to identify whether the desired outcome had taken place.

Competent staff

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

- All qualified staff and support workers had received an appraisal during the past twelve months and all staff with professional registration had had their registration status checked. The hospice had noted in its annual report the updated revalidation requirements for nurses and measures had been put in place to review this through annual appraisals and to offer training and education opportunities to the registered nurses. We saw evidence through notes that nursing team meetings took place regularly.
- Staff who used equipment to lift and move guests were properly trained in the use of the specific devices and records were kept of this.
- Other than the defibrillator, NIBP monitors and a blood glucose monitor it was unusual for guests to need other medical devices and these would be brought in by themselves. The provider had a policy to cover this eventuality which required that staff would need to be trained on the specific device and only those named members of staff who had received the training would be allowed to use it.
- Although the service's policies meant that people with severe dementia were not admitted the provider had recognised that that they needed to support guests living with some degree of dementia. We saw that the service had introduced a dementia support group, there were resources to support the care of guests living with dementia and some staff had attended a dementia at the end of life course.
- We noted that staff had attended courses specific to the services provided such as a "compassion at the end of life" course.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

- Within the hospice managers, staff and volunteers worked effectively together and there was a culture of respect for each other's roles.
- When we looked at guest's notes we saw evidence of the hospice liaising with Speech and Language Therapists (SALT), specialist respiratory nurses and district nurses as well as the guest's general practitioner.
- The staff knew their guests and their needs well and a substantial part of the service provided was signposting guests to other services, acting as advocates and where appropriate liaising and making arrangements on their behalf with other services.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- Guests were given advice on how they could be involved in monitoring their own health and wellbeing so as to maximise their independence and comfort.
- A healthy diet was promoted and wellbeing sessions were part of the provision including chair-based exercise, yoga and relaxation therapies.
- As well as supporting guests the hospice worked to identify the needs of families and carers and part of this

was to ensure that were supported to remain healthy. This was a particularly important part of the hospices provision and often continued after the guest had left the hospice.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health

- The service had policies to cover the Mental Capacity Act and consent and training was provided for both. The provider stated that consent was obtained not only at the time of care delivery but also by involving guests in the planning of their care.
- The service did not itself facilitate Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions but where guests had in place these were recorded properly in the notes. We identified three such guests, carried out an audit of the record keeping and, in all cases, they were correct.

Are hospice services for adults caring?

Good

Our rating of caring stayed the same. We rated it as **good.**

Compassionate care

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

- Throughout our visit, without exception, we saw staff and volunteers caring for guests with genuine compassion and treating them in a sensitive and considerate way.
- Staff took obvious pleasure in supporting the guests and told us so. Many described how they enjoyed working or volunteering at the hospice. This was reflected in the wholly positive way that the guests to whom we spoke described their experience in the hospice and correlated with the comprehensive surveys that the organisation conducted which were overwhelmingly positive about the manner in which guests were treated.
- Staff and volunteers understood the personal, cultural, social and religious needs of their guests very well. This happened because the service ensured that there was good assessment of guests on admission which was kept up to date as well as the personal relationships that staff built with their guests.
- We noted that staff had attended courses specific to this aspect of provision such as a "compassion at the end of life" course.
- Guests and their families were welcome to use the pleasant grounds of the hospice out of hours and many took advantage of this. Bereaved families often contributed plants to the gardens and the grounds and an adjacent stream were frequently used as a site to scatter ashes.

Emotional support

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

- The hospice provided strong emotional support to guests led through a chaplaincy team although this support was delivered through all staff and volunteers. This support was extended to guests once they stopped coming to the hospice and moved on to other services. The individual spiritual needs of guests were identified as part of the initial assessment and was reviewed every three months meaning emotional support was available, individualised and never inappropriate.
- Memorial services were held in the services purpose built, non-denominational spiritual space following the death of a guest on the day on which they attended offering emotional support to the guests, staff and volunteers who knew them.
- Because of the nature of the service provided guests were not anticipated to die while at the centre and there had never been any deaths on the premises. Guests usually went on to the care of other services and staff kept in touch with both them and their relatives and carers so as to offer continuing emotional support sometimes several years after their death. This continued contact was part of the hospices planned service provision.

Good

Hospice services for adults

- Following the death of a guest emotional support was delivered through a bereavement support service. This service followed a formal process where the service initially contacted the family or carer with a sympathy card followed some weeks later by a leaflet and a telephone call through which any support needs were identified. Examples of support included regular lunches with other bereaved carers and referral or signposting to other support services.

Understanding and involvement of patients and those close to them

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

- At all times staff and volunteers were seen to communicate appropriately with guests, their carers and their families. They recognised the friendships formed within the hospice among guests, staff and volunteers and acted accordingly, by for example holding memorial events on the day a deceased former guest had usually attended.
- Staff acted as sources of information and acted as advocates not only for their guests but also carers and family members. The hospice recognised the needs of families and carers and had, for example, in response to a growing number of guests with early dementia put in place a carers group to support the carers and relatives of these people.
- Care continued long after the guest had left the hospice and we saw evidence of bereaved relatives attending family support groups several years later.

Are hospice services for adults responsive to people's needs? (for example, to feedback?)

Good

Our rating of responsive stayed the same. We rated it as **good.**

Service delivery to meet the needs of local people

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

- The provider proactively used its engagement with guests, their relatives and carers to evaluate and redesign services. We saw examples of this in the way that the needs of carers of people with dementia had been identified and a service implemented in response. We also saw that the service had recognised the needs of bariatric guests and introduced equipment to support them.
- The facilities and premises of Dove Cottage Hospice were suitable for the services that were delivered. There were extensive gardens with lawns, flowerbeds and seating areas which guests appreciated. In another example the hospice had identified a need for more local care to be provided in Rutland and commissioned another day hospice to be built there.
- We saw that the hospice discussed service provision with local healthcare providers and charities to ensure the services met the needs of their guests.

Meeting people's individual needs

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

- The hospice had policies to ensure that the services offered did not discriminate against people on the basis of protected characteristics. We saw that, for example, the spiritual space had resources to support people of a variety of religions and there were arrangements to contact other faith leaders. However almost all guests were white British and only once had there been a guest for whom English was a second language. We discussed this with the Registered Manager and they had questioned whether they had considered there might be some unintended bias in their promotional literature or referral processes. They had concluded that it was in fact representative of the population of their catchment area.

Good

Hospice services for adults

- The hospice recognised that it was not able to provide suitable services for people, with for example, severe dementia or learning disabilities and it had an admission policy to reflect this.
- The hospice recognised, respected and supported individual's rights to make decisions about themselves. For example, they facilitated guests smoking in an area of the garden which was not to the detriment of other guests and staff as otherwise they might not wish to attend the hospice or feel relaxed there.
- They also adapted the service on an individual basis when a need was identified. Examples were seen of them providing shorter days for some people who could not cope with being there too long and bathing only visits for people who simply wanted that part of the service.
- When the guest was ready to move on into other more medically oriented services the provider worked well to ease and enable that move and this extended to maintaining contact and visiting them as well as supporting their family and carers.

Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way.

- Guests accessed the service through referral by themselves, families or professionals. Information material was distributed to GP surgeries, specialist nurses and other health and social care professionals in the hospice's catchment area of an approximately ten-mile radius. The hospice had a clear admissions criteria in place and all referrals were assessed against this. The annual report to trustees analysed the referral and admission rates and identified where the service had been deemed unsuitable.
- Through assessment of individual guests support needs and an acuity tool the hospice ensured the number of guests attending each day was matched to capacity. There was a policy in place to manage any waiting list for places by adjusting attendance days, staffing levels and ultimately discharging guests on into other services. However, the option of discharging had never been needed and the service had no waiting list.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff**.**

- There was a suitable complaints policy in place which also referred to an appropriate duty of candour policy.
- Complaints were in the first instance dealt with by the Registered Manager but there was a facility to refer up to a nominated trustee. The complaints policy contained a requirement to acknowledge complaints in writing and timescales in which complaints should be investigated.
- All new guests were given a welcome pack which included information on how to make a complaint. No formal complaints had been made to the service.

Are hospice services for adults well-led?

Good

Our rating of well-led stayed the same.We rated it as **good.**

Leadership

Managers had the right skills and abilities to run a service providing high-quality sustainable care.

- The leaders in the organisation clearly exhibited the skills, knowledge, experience and integrity to manage the service and we saw evidence that they kept up to date with current best practice through research and involvement with organisations such as Hospice UK.
- Leaders were visible and approachable to guests, staff and volunteers.
- The provider had identified that it needed to plan for the future leadership of the organisation and we saw that it had made "aspiring leadership" courses available to staff who wished to develop in their careers.

Vision and strategy

The hospice had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and other stakeholders.

- Through various governance documents and reports we saw that the provider had clear objectives for its charitable purpose and the maintenance and improvement of the quality of services was part of this.
- We saw that there was a strategy which was based on the identified needs of the local population and gaps in provision by other services and which had been developed by considering the views of other organisations. As the organisation delivered its plans we saw evidence through yearly reports that it measured the benefits that were realised and altered its approach as necessary.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- The organisation was entirely focussed on the needs of its guests, their carers and families and this shared vision was demonstrated in the caring and compassionate way that care was delivered. Individual staff reported that they were respected and valued and there were no negative comments about their experiences working or volunteering for the service.
- Staff demonstrated great pride in their work and they were observed to work well together.
- Staff were regularly appraised, provided with development opportunities and their own wellbeing and safety was supported.

Governance

There was a systematic approach to continually improving the quality of its services and safeguarding high standards.

- There was a comprehensive portfolio of policies and procedures held on paper files in the office and available to all staff. The polices were in appropriate detail for the services provided and they were regularly reviewed and updated to a schedule.
- We saw good communication between the operational management of the service and the board of trustees. This included trustees being given oversite of specific aspects such as complaints. We also saw that the results of surveys, audits and other reports were communicated to and discussed by the board of trustees.

Managing risks, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- We saw that a comprehensive risk management system was in place with a schedule of when risk assessments needed to be repeated and this was adhered to.
- There was also a system of audit that addressed the organisation's compliance with its own processes and we saw recent examples of medicines, record keeping and nutrition and hydration having been audited.
- Summaries of audits were reported in the service's annual report to the trustees and it was evident that identified issues were acted on.
- Key risks to and within the organisation were documented and we saw that they were discussed at trustee level. There was good resilience planning in place for events that were expected such as poor weather and those that were less likely such as a death on the premises.

Managing information

The service collected, analysed, managed and used information well to support all its activities.

- Information systems were largely paper based. Management records were largely well organised and records were usually detailed and kept up to date. However, it was sometimes difficult to identify the most recent document in a file amongst historical copies.
- Care records were easy to follow and kept securely as were personnel records.
- All staff received confidentiality training and where information was shared with other organisations there was guidance, for example we saw a policy for the sharing of infection control concerns with other providers.

Engagement

Good

Hospice services for adults

The service engaged with patients, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

- As a charity largely dependent on fund raising the provider was well engaged with the local communities from where its guests came. We saw an example of how the service had considered a Hospice UK survey about public perception of hospice care and planned to engage with local communities to address some of the issues.
- The provider had positive relationships with local health and charitable organisations.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well and when they went wrong.

- The provider used audits and questionnaires to learn from guests and carers about the performance of the service. We saw a recent example of this where the quality of bereavement support had been audited and the results acted on.
- The service produced a comprehensive and detailed annual report for the attention of the trustees which contained recommendations for development of the service. Where new services, such as for example a dementia support group were introduced subsequent annual reports reported on the efficacy of the development.
- As well as Hospice UK Dove Cottage Day Hospice was a member of the East Midlands Hospice Group and we saw examples of how they took the opportunity to learn from other hospices and also that they were sharing their good practice.

Outstanding practice and areas for improvement

Outstanding practice

- The service was provided to guests, their carers and relatives beyond the time they spent in the hospice and extended into bereavement care.
- The spiritual space and the chaplaincy support was very personalised and was usually commented on positively, including by people who had no faith.
- Feedback from guests was overwhelmingly positive both through the comments they made to the inspection team and through the provider's surveys.
- There was a strong culture of caring and compassion and feedback from guests indicated that the care provided went beyond their expectations.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that fire door closers are suitable for the building and its use so as to dissuade people from wedging doors open.
- The provider should ensure that suitable level 1 training in the safeguarding of children is provided to all staff working in the healthcare premises.
- The provider should consider separating and archiving some management records.
- The provider should consider whether to audit the processes around medicines administration.