

Harlington Hospice Association Limited

Harlington Hospice

Inspection report

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Tel: 02087590453

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced focused inspection took place on 30 October 2017. The last unannounced comprehensive inspection took place on 17, 18 and 22 August 2017. At that inspection we rated the service as 'Requires Improvement' and found one breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. After the comprehensive inspection the provider sent us an action plan and told us they would make the necessary improvements by 6 October 2017. We had also made a recommendation in relation to auditing and monitoring processes. At this inspection we found that action had been taken to address the shortfalls from the last inspection and processes for auditing and monitoring were in place and working effectively.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harlington Hospice on our website at www.cqc.org.uk.

Harlington Hospice Association Limited is a registered charity which provides a range of specialist community services for people aged 18 and above with life limiting illnesses and end of life care needs. These services include personal care and nursing care for people living in their own homes, counselling and emotional support, and a Lymphoedema therapy service at the provider's premises. (Lymphoedema is a chronic condition that causes swelling in the body due to an accumulation of fluid in body tissues). The service is located in welcoming and comfortable premises with a range of facilities including a purpose built day centre and bespoke treatment rooms. There is also a large and tranquil rear garden that overlooks pleasant fields. The provider did not have any inpatient services and offered three different types of care packages to support people in their own homes. At the time of our inspection there were 12 people receiving care in their own homes.

The 'Homesafe Night Service' provides a maximum of three nights' of night sitting to support people to safely settle back at home following discharge from hospital. This service is delivered by either a registered nurse or a health care assistant, in accordance with a person's needs. The provider also offers this service on request from the local rapid response or integrated care team in order to prevent hospital admissions. The 'Home2Assess' service provides short-term care packages of four visits a day for up to 10 days, in order to facilitate discharge from hospital and fill the gap between the discharge date and a sustainable care package arranged by social services being operational. This service is mainly delivered by healthcare assistants.

The 'End of Life Care at Home Service' is provided for people with an anticipated prognosis of six months or less. This service can offer up to four visits a day to provide personal care and social support. Visits are predominantly provided by health care assistants but sometimes a registered nurse can be supplied if people's needs determine the necessity for nursing care. A night sitting service can be included if required, which can be delivered by a health care assistant or registered nurse in accordance with people's assessed needs. The registered nurses are able to offer symptom management and the management of syringe

drivers. (These are portable pumps used to provide a continuous dose of medicine through a syringe).

The service is required by legislation to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service had been without a registered manager since January 2017 and was recruiting to this post. The nominated individual had recently applied to the CQC to become the registered manager for the service until a new manager was appointed.

Improvements had been made with the medicines management for people using the service and medicine administration records were being correctly completed and monitored. Auditing and monitoring processes had improved to ensure each aspect of the service was being monitored and action taken to address any shortfalls identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found that action had been taken to improve safety.

Improvements had been made with the medicines management for people using the service and medicine administration records were being correctly completed and monitored.

We have changed the rating for this key question from 'Requires improvement' to 'Good'.

Is the service well-led?

Good ●

We found that action had been taken to improve governance arrangements around auditing and monitoring processes.

Processes had improved to ensure each aspect of the service was being monitored and action taken to address any shortfalls identified.

We have changed the rating for this key question from 'Requires improvement' to 'Good'.

Harlington Hospice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October 2017 and was unannounced. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 17, 18 and 22 August 2017 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?'

The inspection visit was carried out by one inspector. Before the inspection we looked at the information we held about the service including notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During the inspection we spoke with the nominated individual, the care coordinator, one referrals coordinator, the office manager and the administrator.

We looked at the medicine administration records and daily records for one person and medicines auditing and monitoring information for two people. We looked at the staff recruitment file for a member of staff who had started working for the service since our last inspection. We also viewed auditing information for the care records for people using the service and other information in respect of audit and monitoring.

Is the service safe?

Our findings

During our inspection in August 2017 we found shortfalls with the completion and monitoring of the medicine administration records (MARs). At the inspection on 30 October 2017 we found improvements had been made.

A list of each person's medicines had been obtained from the dispensing pharmacist and was kept in their care records to evidence the current medicines each person was taking. The care coordinator explained that they typed up the MARs each month and these were then checked and agreed by a registered nurse before being delivered to people's homes, to ensure the information was accurate. The computerised 'Charitylog' recording system had a section for people's medicines and we saw that this had been completed to record all the medicines a person was prescribed.

The MARs were clear and contained administration instructions for each medicine. There were no gaps in signing and the care coordinator had signed and dated the MARs to record their weekly audits. Where they had identified any gaps in signing this had been highlighted and cross-checked with the daily records to ensure the medicines had been given. The coordinator said she had then spoken with the care workers concerned and they had ensured the MARs were signed to accurately reflect that the medicines had been administered. We saw that the MARs were now being fully completed and systems were in place to monitor the administration of medicines so that people received their medicines as prescribed.

Is the service well-led?

Our findings

During our inspection in August 2017 we found auditing and monitoring processes were not robust and we made a recommendation that these be reviewed. At the inspection on 30 October 2017 we found improvements had been made

For people receiving longer term care, spot checks had been carried out to monitor the care and support staff provided and to give people the opportunity to provide feedback about the quality of the care and support they received. The service had introduced two separate documents to cover each aspect of the spot check and we saw these had been completed and had a section for an action plan and date for completion, so issues identified could be followed up. We saw that where an issue had been raised, the care coordinator had taken action to address it. Spot checks included medicines administration as part of the review, so this was being monitored. Audits of each medicine administration record (MARs) were recorded and listed any shortfalls, which were then addressed with the care worker concerned. This process also identified any other issues, for example, if people's medicines were running short, so this could be followed up so people did not run out of their medicines.

For people referred by the local rapid response or integrated care teams for short term care, these agencies were responsible for providing an assessment and the care plans for the care workers to follow. The service provided an assessment document for the referring agency to use so they had the information required to decide on the referral. The care coordinator monitored the care plans provided by these agencies and where shortfalls were identified, for example, a lack of information about the care the person required, this was being flagged up so that the referring agency could provide a clear care plan for staff to work from. The care coordinator said they now attended the integrated care team panel meetings every two weeks and this gave them the opportunity to flag up any issues and monitor progress.

Following the last inspection improvements had been made to the recruitment process. Prior to interview, the application form was checked and queries arising from the information were noted for discussion with the applicant at interview. For example, we saw that any gaps in employment that had not been explained on the application form had then been discussed and a record made of the explanations given. The office staff said they were clear on all the checks to be carried out and were ensuring they followed this when recruiting new staff.

The service had a 'task and finish' group who met monthly and were responsible for identifying, implementing and monitoring improvement projects. For example, they had looked at the last inspection report and reviewed and reported on the progress that had been made to address the shortfalls identified with medicines management and with monitoring within the service.

At the last inspection we found notifications had not always been submitted for notifiable incidents. This had been addressed and CQC was now receiving these notifications whenever a notifiable incident occurred, for example, the death of a person using the service or a safeguarding concern.

The staff were positive about the nominated individual and the support they provided. One told us, "He'll always make time to speak with you." The staff had been receptive to our findings from the last inspection and had taken action to address them. There was a good atmosphere and we saw staff communicated well and had worked together to implement and maintain the improvements at the service.