Butterwick Limited

Butterwick Hospice

Inspection report

Woodhouse Lane
Bishop Auckland
DL14 6JU
Tel: 01388603003
www.butterwick.org.uk

Date of inspection visit: 04-06 May 2021
Date of publication: 13/07/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive to people's needs?	
Are services well-led?	

Summary of findings

Overall summary

We did not rate this service at this inspection because we focused only on aspects of the service that required improvement at our last inspection. We found that:

- Staff did not always have training in key skills or manage safety well. The service did not always assess risks to patients or act on them and keep good care records. The service did not always manage safety incidents well and learn lessons from them. Staff did not collect safety information and used it to improve the service. There is an increased risk that people were exposed to the risk of harm or there is limited assurance about safety.
- Managers did not always monitor the effectiveness of the service and make sure staff were competent. Consent was not recorded for patients receiving care and treatment. People are at risk of not receiving effective care or treatment. There is a lack of consistency in the effectiveness of the care, treatment and support that people receive.
- The provider was undergoing a significant process of change, made up of many different programmes of work. There was an absence of any oversight or management of this. Leaders did not run services well using reliable information systems or support staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. The service did not always engage well with patients and the community to plan and manage services. The governance structure was new and not embedded.

However:

- The service had enough staff to care for patients and keep them safe.
- The environment was visibly clean.
- Staff felt respected, supported and valued.

Following our inspection, we raised significant concerns with the provider by issuing a warning notice relating to breaches of Regulation 12 and 17. In addition, we issued the provider with requirement notices and told the provider that it must take prompt action to comply with the regulations.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for adults	Inspected but not rated	

Summary of findings

Contents

Summary of this inspection

Background to Butterwick Hospice

Butterwick Hospice is operated by Butterwick Limited and provides day-care, complimentary therapies and family support. The hospice also offers home care, provided by a small team of domiciliary staff. Butterwick Limited is registered as a charitable trust and receives funding from the NHS.

Day care services were offered by the provider Tuesday to Thursday. This service re-commenced in January 2021, following a period of voluntary suspension. Ancillary to this, the service was offering a home sitting service for patients at end of life and a family bereavement service offered by telephone. At the time of our inspection the application for Registered Manager was in progress.

The provider's last comprehensive inspection took place on 03 to 04 and 10 March 2020 at which it was rated requires improvement overall, with all domains rated 'requires improvement' apart from caring which was rated as 'good'. The service was issued with requirement notices.

We carried out a focused inspection on 4th, 5th and 6th of May 2021 in response to concerns regarding the quality of service and to follow up on improvements made by the hospice as part of our previous inspection in March 2020. At the time of the inspection the hospice was operating a reduced day care service offering predominately complimentary therapies.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our team consisted of an inspection manager, inspectors, and a pharmacist specialist and a specialist advisor with relevant experience in hospice care.

We spoke with five staff, including: registered nursing staff and healthcare assistants. We reviewed six patient records.

We spoke with one patient who was present during the inspection.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service MUST take to improve:

We told the service that it must act to bring services into line with three legal requirements. This action related to treatment of disease, disorder, or injury services.

- The service must ensure that staff fully and properly assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks (**Regulation 12(2)(b)**)

Summary of this inspection

- The service must ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely (**Regulation 12 (2)(c))**
- The service must ensure that all staff receive safeguarding training for adults and children, as necessary, to evidence that systems and processes are operated effectively to prevent abuse of service users (**Regulation 12(2)(c))**
- The service must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (**Regulation 17(2)(a))**
- The service must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity (**Regulation 17(2)(b))**
- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (**Regulation 17(2)(c))**

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that there is a robust process in place that maintains accurate and up-to-date oversight of the mandatory training of staff working within the service**. (Regulation 12(2)(C))**
- The service should ensure that patients have signed a consent to treatment form or otherwise effectively recorded their consent to treatment where signing was not possible, in accordance with the provider's policy. (**Regulation 17 (2) (c)**)
- The service should ensure that all notices on display for staff and visitors have a version control and review date printed on them to ensure the information in the notice is current. **(Regulation 17(2)(c))**
- The service should ensure that the priorities set out in its published strategy 2019-24 are specific, measurable, achievable, realistic, and timed. (**Regulation 17 (2) (f)**)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	N/A	N/A	N/A	N/A	N/A	Inspected but not rated

Inspected but not rated

Hospice services for adults

Safe	Inspected but not rated
Effective	Inspected but not rated
Well-led	Inspected but not rated

Are Hospice services for adults safe?

Inspected but not rated

Mandatory training

The service did not always provide mandatory training in key skills to all staff and make sure everyone completed it

Managers did not always monitor mandatory training and alert staff when they needed to update their training.

During the inspection we requested staff training files for all the home care and day care staff but were only provided with two of the therapy staff files. We were given a spreadsheet which showed that staff employed at the Bishop Auckland site, were not up to date with their mandatory training.

Following inspection, we were provided with staff training sheets showing mandatory training compliance for both the home care and day care health care workers.

With the homecare records, we saw inconsistencies in the mandatory training received across all eight records. For example, only one member of staff had received incident reporting training, two of the eight staff had received food hygiene training and equality and diversity training. We saw only four of the eight staff had completed lone working training despite the necessity to work alone in the community. In addition, we saw only three staff had evidence of induction training.

We also saw the same inconsistencies within the day care staff records. Within the eight records we reviewed, only three of the eight staff had received risk assessment training, a further three staff had received incident training, none of the staff had completed food hygiene training despite handling food and drinks as part of the role.

We saw evidence of only one member of staff having completed induction training.

At the last inspection, we were told managers monitored mandatory training compliance. At this inspection there was no manager at the site.

To ensure staff completed their mandatory training, the provider told us the hospice was transitioning to a process where its human resources department would track and monitor staff compliance with mandatory training. The provider told us that plans to recommence the training for these staff was due in the very near future.

Therefore, we were not assured that mandatory training completion was appropriately monitored for the staff providing the home care and day care services.

Inspected but not rated

Hospice services for adults

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff did not always have training on how to recognise and report abuse.

We reviewed the providers 'Adults Safeguarding' policy which was in date and ratified by trustees of the hospice. We were not assured that the policy was written in line with published inter-collegiate guidance on adult safeguarding, (first edition: August 2018).

The policy stated that the director of patient care, who was named in the policy as the lead for adult safeguarding and should be trained to level three adult safeguarding. Whilst the director of patient care was trained to level three safeguarding, the inter-collegiate guidance on adult safeguarding stated that the named specialist in an organisation, such as the lead for adult safeguarding, should be trained to level four.

The policy stated that all staff and volunteers had access to and attended safeguarding training relevant to their role.

Trustees were not recently trained in children's safeguarding, and only two of the 430 volunteers that were registered with the service had received the appropriate safeguarding training. We raised this as a concern as that had been identified as part of the previous inspection and the provider was unable to demonstrate how they had taken action to address this.

The training spreadsheet showed five out of nine staff were not up to date with both children and adult safeguarding training.

Therefore, we are not assured that staff were provided with appropriate safeguarding training to safely support patients receiving home care and day care services.

However, staff we spoke with at this location, knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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.

Staff followed infection control principles including the use of personal protective equipment (PPE).

We saw staff adhering to processes designed to control the risk of spreading COVID-19. On entering the premises through the public entrance visitors were required to wear masks, record their temperature and complete a COVID-19 questionnaire before being allowed to move further into the premises. We saw staff adhering to this process, which was designed to control the risk of spreading COVID-19. Staff and visitors had enough supplies of sanitizing hand gel and there were clinical wipes readily available, to wipe down surfaces or equipment used, such as the temperature machines.

Risk assessments specific to COVID-19, were in place for both staff and patients.

However, none of the nine staff (100%) on the training spreadsheet, had not completed their mandatory infection prevention and control training.

The hospice had an infection control lead who was the director of patient care. Infection prevention control audits were reported quarterly. However, we saw that the last IPC audit conducted in November 2019, did not include this location.

We reviewed a hand hygiene audit dated January 2021 which showed 100% compliance.

The hospice benefited from a dedicated cleaning team. Deep cleaning of the rooms used by adults took place according to a routine maintenance schedule.

At the last inspection we found that hazardous substances were not secured. At this inspection we found substances hazardous to health were again not locked away securely, although staff remedied this immediately.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well**.**

The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment. Equipment checklists had been completed and that manufacture servicing details were present and in date. The hospice building was purpose built across two levels with administration and the adult day care service on the ground floor.

All fire exit signage was clear and the fire evacuation route was free of obstruction.

We reviewed staff and patient guidance notices, that were displayed around the hospice. These included local authority safeguarding contacting numbers. We saw only one notice which was dated. This presented a risk that staff may be following guidance which was no longer current or relevant. Staff told us they would address this going forward.

At the last inspection we saw some hand basins needed updating and we noted at this inspection this work had been done.

We saw staff disposed of clinical waste safely and separated domestic and clinical waste in colour coded bins.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient and so remove or minimise risks. Staff did not always identify and quickly act upon patients at risk of deterioration.

We reviewed six patient files. We saw inconsistencies in the completion of risk assessments in all files we reviewed.

At the last inspection staff told us there was no policy to guide staff around the frequency of clinical assessments including risk assessments. We saw at this inspection staff followed an admissions policy which prompted staff to complete several risk assessments if applicable. These risk assessments would form the basis of care plan development.

Staff told us if a patient deteriorated on the unit and required specialist support, staff would phone 999 and provide basic life support until the ambulance arrived. However, we reviewed the training sheet provided to us during inspection and saw eight of the nine staff had not completed basic life support training. At the last inspection, all staff had received that training.

Staff told us that they carry out a morning safety huddle. However, these are not recorded in any way and we did not observe one.

In an emergency, staff would call 999 and provide basic life support.

We were not assured that staff had the appropriate training regarding risk as the provider was unable to produce staff training files to evidence this.

Following inspection, we were provided with staff training sheets showing mandatory training compliance for both the home care and day care staff. We saw only one of the eight staff had received risk training and two of the eight day care staff had received this training.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Leaders of the service planned staffing levels in line with admissions.

At the time of our inspection, patients attending for day care received only complimentary therapy support and physiotherapy. Six patients attended for day care at the time of inspection.

The provider told us that home care services were offered as a 'sitting service' only and as such all services were provided by healthcare assistants.

Staffing of this service flexed according to demand.

Records

Staff did not always keep detailed records of patients' care and treatment. Records were not always clear or up to date but stored securely and easily available to all staff providing care.

Records were not comprehensive.

We reviewed six patient records which were in paper format. We saw in all six records that care plans had not been recently reviewed and did not reflect the current care and treatment which patients were being offered.

For example, we saw a care plan for a patient experiencing pain which had not been reviewed since June 2020. However, staff recorded within the general notes for this patient dated December 2020, that mood was low due to increasing pain.

Inspected but not rated

Hospice services for adults

Completion of the records was inconsistent and, in several areas, incomplete.

We noted that allergies were recorded inconsistently, in different parts of the patient files.

To try and improve and maintain the standards required for record keeping, staff carried out monthly records audits. We reviewed an audit for February 2021 which was incomplete in three sections. Care plan documentation was not included in the audit tool used we were therefore not assured that leaders of the organisation had a robust process to ensure patient documentation was completed appropriately.

Incidents

The service did not always manage patient safety incidents well. Staff recognised and reported incidents and near misses. Managers did not always investigate 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.

Staff did not raise concerns and near misses in line with the provider policy.

We saw the provider had a up to date incident policy and staff we spoke to knew how to report incidents.

Staff had reported two incidents, including a fall at home within the home service, and an employee in the day service falling from a chair. We saw the incidents were not reported in accordance with the providers policy, however leaders of the organisation were aware of this and had arranged some additional training for the staff involved.

We saw learning had been shared by leaders through regular incident meetings and the formalisation of an organisational incident log.

Staff said learning from incidents was shared at safety huddles and in written form.

The provider had a system to receive and act on any national patient safety alerts.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Are Hospice services for adults effective?

Inspected but not rated

Patient outcomes

Staff did not always monitor the effectiveness of care and treatment or use the findings to make improvements and achieve good outcomes for patients. The service had been not been accredited under relevant clinical accreditation schemes.

The service did not participate in relevant national clinical outcomes.

Inspected but not rated

Hospice services for adults

The provider told us they did not monitor outcomes for patients receiving homecare.

The service could not be assured outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff did not use the results to improve patients' outcomes.

Managers and staff did not always carry out a comprehensive programme of repeated audit to check improvement over time.

We saw in day care; staff collected some data on the integrated palliative care outcome scale (IPOS) but there was no evidence to show how the information was being used to drive improvement.

At the last inspection we found there was no clear approach to monitoring, assessing and benchmarking outcomes for patients. This remained the same at this inspection.

Competent staff

The service did not always make sure staff were competent for their roles and managers did not always appraise staff works performance and held supervision meetings with them to provide support and development.

Staff we spoke with confirmed that they had received training in competencies relevant to their role and we saw the provider had a matrix in place to determine what training each staff role should complete. We requested to review the training files for home care and day care staff but they were not provided.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always support 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.

Staff did not gain consent from patients for their care and treatment in line with legislation and guidance.

We reviewed the providers policy in relation to consent, mental capacity and deprivation of liberty safeguards, which outlined that all patients receiving day care should have a completed consent form on admission. Consent forms were not present in the patients records that we reviewed. This was not in line with the providers policy.

None of the nine staff for day care had completed mandatory training in deprivation of liberty. This meant we could not be assured staff had the necessary training or understanding to appropriately apply deprivation of liberty safeguards.

The provider was not completed any audits to ensure consent was accurately recorded.

Inspected but not rated

Hospice services for adults

Are Hospice services for adults well-led?

Inspected but not rated

Leadership

Leaders did not have the skills and abilities to run the service. They did not understand and manage the priorities and issues the service faced well. They were not always visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The provider was led by a board of trustees who delegated day to day leadership to a chief executive who received reports from a director of care, human resources manager, an operational manager, but no clinical governance lead.

The trustees were not formally allocated any specific portfolio to oversee and manage but some trustees, staff told us, depending on their background, did take an interest in certain areas.

The service had recently appointed a number of senior leaders, but we found that there were gaps in the skill mix of the senior leadership team in relation to the identification and management of governance issues. Senior leaders we spoke with discussed the importance of establishing a clinical governance lead within the organisation and currently tasks which would have been undertaken by this role were distributed across various other senior leaders. At the time of inspection there was no manager on this site. It was unclear as to how the provider was ensured that these additional responsibilities were being fulfilled.

We were not assured the leadership team had good oversight on the quality of care being provided. We saw a lack of data available to the trustees and wider leadership team. None of the trustees held specific areas of hospice responsibility. We found an absence of any benchmarking, patient outcome monitoring or clinical audit programme.

The new leadership team demonstrated a desire to make things better, but all the leadership team we spoke with shared with us the scale of the task that faced them. At present the leadership team were not able to offer support to other healthcare providers. The team told us they were focussed internally on building the workforce, improving governance, stabilising finances, and improving patient care.

Staff told us that leaders were visible, however visits to the hospice was not routinely carried out.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with some relevant stakeholders. The vision and strategy were focused on sustainability of services but not aligned to local plans within the wider health economy. Leaders and staff did not understand and know how to apply them and monitor progress.

The organisation had a strategic plan currently in place to run from 2019 until 2024. We saw no evidence the written strategy had been reviewed considering the provider being placed in special measures in November 2019. In absence of a recent review, we were not assured that the goals outlined within the strategic plan were realistic or attainable by the provider.

The providers strategic plan did not reflect how national progress towards a model of integrated health and social care

had developed locally and did not include any details that referenced how this applied to the local community. There was an absence of detail how the wider community or key stakeholder such as clinical commissioning groups had been engaged in the development of the strategy.

The strategy did not contain details regarding service development or improvement plans to support the delivery of the strategic plan. The plan stated that "this strategy and the supporting plans will be driven by the board and the senior management team through action plans and regular monitoring". We discussed this with senior leaders within the organisation who told us that the focus is on establishing stability as opposed to focusing on the strategy. Senior leaders were unable to produce any documentation to reflect how the provider was maintaining progress in relation to their strategy. We were not assured that the provider had oversight of their strategic plan and what steps need to be taken to move forward.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke with felt respected, supported, and valued by their leaders.

Staff told us that their priority was focussing on the needs of the patients they cared for and were passionate about making the services work well.

The provider had not recently undertaken a staff survey, but morale was positive. Staff reported a no bullying culture and felt they could raise anything they wanted to raise.

As the provider was not collecting any data on staff welfare or wellbeing, we were not assured the trustees, or the leadership team had accurate oversight of the culture within the organisation. We were not assured the trustees, or the leadership team had data on or about the culture of the service.

Governance

Leaders did not operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss but learning from the performance of the service was limited.

The provider was undergoing a significant process of change, made up of many different programmes of work. There was an absence of any oversight or management of this.

We found there was a lack of clarity regarding the meeting schedule that underpinned the provider's governance structure. The clinical effectiveness group had yet to commence and we found no reference to this group in any of the provider's policies. Many of the provider's meetings were in the process of restarting. We found an absence of action logs for several the provider's key meetings such as the quality, risk and safety meeting. We were not assured that the provider had mechanisms in place to establish ownership and maintain oversight of any actions agreed as part of these meetings.

We spoke with the senior leadership team to confirm the processes in place to maintain oversight of the ratification of policies. We found that several policies were still in development or under review. Senior leaders gave conflicting responses, with some stating that there was no log that details which stage policies were at, and other senior leaders told us that this log was in the process of being developed.

We were not assured that the provider had oversight of the status of policies for ratification and that there was no clarity as to who has ownership of the policy register.

We were not satisfied that the trustees and leaders were gathering quality data to enable them to have a clear grasp on quality management. We saw trustees received reports about matters such as patient feedback, records audits, and handwashing audits.

Managing risks, issues and performance

Leaders and teams did not use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. They had plans to cope with unexpected events.

The organisation had a risk register in place at the time of inspection. The risk register was due to be reviewed as part of the quality, risk and safety committee (QRSC) meeting which reports to the board of trustees. We requested copies of the meeting minutes for the QRSC and we were only provided with a copy of the January 2021 meeting, however we noted this meeting was due to take place on a bi-monthly schedule. We found that whilst the QRSC meeting had taken place, no revised timescales had been included for risks where the completion date had been surpassed.

Senior leaders within the service were unable to articulate and were not aware of current risks captured within the risk register. We found that key risks to the service that had been identified within the inspection process were not included on the provider's risk register such as the vacancy in relation to the governance and quality lead. We observed that gaps in training for staff had been identified as a risk under "governance risk". This had been added to the risk register in November 2019, with corresponding actions that were listed to be reviewed in March 2020. As part of the inspection, we were unable to identify any progress that had been made with the action listed within the risk register. We also found further entries in the provider's risk register under a different tab titled "operational risk", in which a separate entry relating to volunteers training had been listed with a different set of actions and dates to be completed. It was unclear as to which entry was to be actioned and why there were differing timescales. We were not assured that the provider had oversight of the current risks that the organisation faced or the actions the provider had taken to address these.

We spoke with the leadership team regarding the approach to monitoring key performance indicators for patient outcomes. Senior leaders confirmed that plans to establish key performance indicators for patient outcome were not yet finalised and the service was not currently undertaking this. We found that the provider had previously submitted evidence in response to a previous inspection that stated "KPIs identified and agreed. Formal reporting will commence once services restart." This action had been marked as completed. It was unclear as to what the current status regarding the usage of KPI was.

Managing information

The service did not collect reliable data and analyse it. Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated.

Senior leaders expressed intentions to gain access to an electronic records system that was used by healthcare providers across the locality. We were unable to see any formalised plans that outlined the actions the provider had taken to achieve this. All information we reviewed was in paper format.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They did not always collaborate with partner organisations to help improve services for patients.

Senior leaders emphasised that in the absence of outcome monitoring, the service focused on collating feedback from patients, families and carers. We saw evidence that the provider had conducted patient surveys and overall, the results were positive and complimentary of the service received. Senior leaders reflected that due to low numbers of patients accessing the service in previous months, it had been difficult to gather statistically significant numbers of patient feedback.

Senior leaders told us that they were still in the process of developing links and forging working relationships with other hospice providers in the area. Senior leaders told us they attended regional meetings involving executives from local hospices, and that this forum provided a space for good communication and support. Whilst senior leaders spoke of their attendance, we were unable to observe any evidence of collaborative working or implementation of learning from other partner organisations. We did not see any evidence of how this had progressed since our last inspection.

We saw no evidence within the providers strategy of an engagement plan that contained clear milestones and targets. It was unclear as to how the provider would ensure moving forward that communication is maintained as a priority.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff did not have understanding of quality improvement methods and the skills to use them. Leaders did not encourage innovation or participation in research.

Leaders did not encourage innovation or participation in research.

Staff told us that they were invested in improving the service and we saw that the local leadership team had received a letter of praise from local physiotherapists for re-opening the service. Staff told us they were very proud about this.

However, there was limited innovation or service development, no obvious knowledge or use of improvement methodologies, and minimal evidence of learning and reflective practice. Plans to share good practice were still in development. The closure of one of the providers hospice locations meant that there had been little focus on continuous improvement and innovation. Senior leaders spoke of plans that they had for the unit but were unable to demonstrate any tangible plans to support this.