The North Northumberland Hospice

Castleside House

Inspection report

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Date of inspection visit: 28 and 29 January 2015
Date of publication: 07/07/2015

Ratings

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

Overall summary

The inspection was carried out over two days. We visited the service's head office on 28 and 29 January 2015.

The last inspection was carried out 17 January 2014. We found they were meeting all the regulations we inspected.

Castleside House provides a range of services, such as a hospice at home service, lymphoedema management, bereavement support and therapeutic drop in sessions.

The hospice at home and lymphoedema management services were regulated by CQC. The other services were not regulated by CQC because they were out of scope of the regulations.

The lymphoedema management service was accessed by people with a palliative and non-palliative diagnosis. The British Lymphology Society (BLS) defines lymphoedema as, "The term used to describe swelling that can occur anywhere in the body, but most commonly affects the limbs."

Summary of findings

Care and treatment was carried out in people's homes by registered nurses and care workers. Bereavement support, lymphoedema management and therapeutic drop in sessions were provided at the service's two centres in Alnwick and Berwick upon Tweed.

There were three people using the hospice at home service and 85 people were accessing the lymphoedema management service at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

All people and relatives were extremely positive about Castleside House. One relative said, "Anyone facing end of life care should have access to care from Castleside House. They make the passing easier for both the patient and their families." Another said, "I just don't think that I would be able to look after her at home without it, it's an incredible service."

There were safeguarding policies and procedures in place. Staff knew what action to take if abuse was suspected.

The registered manager informed us that they did not manage people's medicines, although they were currently looking at providing this area of care.

Staff informed us that they assessed risks to people and themselves such as moving and handling. However, these risks were not documented. This omission meant that that while risks had been identified there was insufficient information recorded as to how the risks would be managed.

Staff told us that training was available. They said they had also completed further training in their main jobs with other providers since Castleside House was a second job for most staff. Records of staff training however, were not always available.

People and relatives informed us that staff were caring and treated people with dignity and respect. Comments included, "Thank God for the service. For the last 48 hours she had the best possible care" and "It was only for two days, but I felt like I'd known them forever. They were like old friends."

Staff were knowledgeable about people's needs. People, relatives and health and social care professionals told us that they considered that Castleside House provided a responsive service which met the needs of people and their families. Comments included, "They are outstanding, excellent, amazing – 100% outstanding"; and, "I can't put into words how marvellous they were."

People and relatives told us that they thought the service was well run and provided an excellent service. Comments included, "If I had to give it marks out of 100, I would give it 1000 out of a 100, that's what I would give them"; "Everything was first class all the way" and "It's outstanding from my point of view."

We found however, that although people and health and social care professionals were complimentary about the service, an effective system to regularly assess and monitor the quality of service was not fully in place. Formal audits or checks of certain aspects of the service were not carried out in areas such as care plans and training.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to records and assessing and monitoring the quality of service provision. This corresponded with one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to good governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Staff informed us that they assessed risks to people and themselves such as moving and handling. However, these risks were not documented.

We found that improvements were needed to ensure that safe recruitment procedures were followed.

Safeguarding procedures were in place. Staff were knowledgeable about what actions they would take if abuse were suspected.

Requires improvement

Is the service effective?

Not all aspects of the service were effective.

Staff informed us that there was training available. However, records were not available to demonstrate all the training which staff had completed.

The service had adopted the guidance outlined in the "Deciding Right" initiative which focuses on people's rights and the Mental Capacity Act 2005.

People had regular access to healthcare professionals, such as GPs, Macmillan nurses and district nurses.

Requires improvement

Is the service caring?

The service was caring.

People and relatives were extremely complimentary about the care provided. They told us that staff were very kind and caring.

They also told us that staff promoted people's dignity. Relatives said that they were involved in people's care.

Good

Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's needs. Staff communicated with relevant health and social care professionals to make sure people received the right care to support any change in their needs.

A complaints process was in place. All the people and relatives with whom we spoke only had praise and compliments about the service. The registered manager told us that they had not received any complaints.

Good

Is the service well-led?

Not all aspects of the service were well-led.

Requires improvement

Summary of findings

We found that sufficient time and resources were not always available to enable the registered manager to monitor the quality and safe delivery of the service.

Surveys were sent out, but other formal documented audits were not carried out to monitor the quality of the service.

Staff informed us that they felt valued and enjoyed working for the provider.

Castleside House

Detailed findings

Background to this inspection

The inspection was carried out over two days. We visited the service's head office on 28 and 29 January 2015.The inspection was carried out by an adult social care inspector.

We announced the inspection 48 hours prior to our visit to the head office. This was to ensure that the office was accessible and we were able to meet the registered manager and gather information about the service more effectively. By announcing the inspection, the registered manager was able to facilitate our requests to speak with people, relatives and staff.

We did not visit any people using the hospice at home service because they were too poorly. We did not want to intrude on people at this critical time in their lives. Instead, we spoke with three relatives of people who had used the service. They visited the office specially, to tell us of their experiences of the care and treatment given to their family members. We also spoke with two people who were currently accessing the lymphoedema management service. Everyone with whom we spoke were extremely complimentary about the service.

We spoke with the chair of trustees; the registered manager; the lymphoedema specialist nurse; the bereavement support coordinator; a care worker and an administrator. We also spoke with the local authority contracts and commissioning teams; a community matron for nursing homes; a member of the district nursing service and a social worker.

We looked at seven people's care records and five staff files to check recruitment procedures and details of their training. We looked at records relating to the management of the service including completed questionnaires which had been received throughout 2014.

Prior to carrying out the inspection, we reviewed all the information we held about the service. We did not request a provider information return (PIR) before we undertook the inspection, due to the late scheduling of the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe with the staff who provided care and treatment. One person said, “It’s very safe. I have never felt intimidated; I’ve always felt very relaxed.” This was confirmed by relatives with whom we spoke.

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected.

The registered manager told us that they did not deal with people’s medicines. This was confirmed by staff. One member of staff told us that she would wake a person’s relatives if medicines needed to be administered. We spoke with the registered manager about this comment. She explained that they were looking at providing this area of care and treatment and medicines policies and procedures were in place.

At our previous inspection we said, “Whilst it was clear from the daily notes that risks were identified and care given to reduce this risk, we found insufficient written guidance was kept within care records and reviews of risk assessments were not recorded. The provider might like to note that this meant that whilst risks had been identified there was insufficient information recorded as to how the risks would be managed.” At this inspection we found that risk assessments were still not in place. The registered manager showed us a moving and handling proforma which she had devised. However, this had not been implemented as yet.

We found that people were not fully protected from the risks of unsafe care and treatment because accurate and appropriate records were not always maintained. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked recruitment procedures at the service. The registered manager told us that Disclosure and Barring Service (DBS) checks were carried out before staff started work. These checks are carried out to help ensure that staff are suitable to work with vulnerable people. Two written references had also been obtained. We noticed that one DBS check had been received after the staff member had started work. We spoke with the registered manager about this issue. She told us that the member of staff had commenced employment with the service, but would not be visiting people or delivering any care until they had received the staff member's DBS check.

The registered manager explained that there was a core of four staff who worked at the service. This included herself as registered manager, the lymphoedema specialist nurse, the coordinator of the bereavement service who also helped with the hospice at home service and a registered nurse. There was a team of bank staff and volunteers who also supported the hospice at home service. The registered manager told us, “The patients and families don’t sometimes need highly skilled staff, sometimes all they need is companionship and not to feel alone.” We considered that there were sufficient staff to meet the needs of people who used the service.

Requires improvement

Is the service effective?

Our findings

People and relatives told us that they thought that staff knew what they were doing. One relative said, “It’s a skill that they get through experience. I’ll never be able to thank them enough.”

Staff told us that there was training available. They also explained that they had completed training in their main jobs because working at Castleside House was a second job for most of the staff. We spoke with the lymphoedema specialist nurse who was very knowledgeable about lymphoedema management. She told us, “I meet regularly with the reps [representatives of lymphoedema management products] which keeps me updated. I’m also a member of the BLS [British Lymphology Society].” She said that she had completed a diploma in lymphoedema management and undertook regular updates in lymphoedema management.

We asked the registered manager for staff training records. She told us that evidence of staff training was not fully available. She explained that staff had completed training in their main jobs, but sometimes did not bring evidence of this training into the office. The registered manager told us, and staff confirmed, that regular clinical meetings were held where training and best practice issues were discussed. One staff member said, “I come in once a month for meetings and courses, you can discuss things." The registered manager told us that records of these meetings and training were not documented. We concluded that, in the absence of suitable records, the provider was unable to demonstrate that staff had received appropriate training to enable them to care for people safely and effectively.

Staff told us that they felt well supported. The registered manager told us that supervision sessions and appraisals were carried out informally. She explained however that these were not documented. She said, “We are such a small service, we are always in contact…We do informal reflection.” One member of staff said, “We feel supported, we know how well we’re doing, it’s just the paperwork side of things [which needs to be completed].”

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1)(d)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they had adopted the guidance outlined in the Deciding Right initiative which is a north east-wide strategy, written by health and social care professionals. The Northern England Strategic Clinical Networks state, “It [Deciding Right] brings together advance care planning, the Mental Capacity Act, cardiopulmonary resuscitation decisions and emergency healthcare plans….At its core is the principle of shared decision making to ensure that care decisions are centred on the individual and minimise the likelihood of unnecessary or unwanted treatment.”

People and relatives told us that consent was always gained before staff carried out any care or treatment. Comments included, “When [name of registered manager] and her team came in, everything came back to me. Can we do this? Can we do that? And do you think [name of relative] would mind us doing this so she is more comfortable? They always asked” and “When mum was comatosed, they spoke with her and explained everything, saying, ‘We’re just going to give you a little wash’ and ‘We’re just going to change your pad.’ There was communication all the way.”

The registered manager told us and staff confirmed that assisting people with their diet and nutritional needs was not an area of care in which they supported people. The registered manager explained, “There’s always tea and coffee around, but we don’t provide food or assist with meal preparations. If someone wanted a yoghurt, of course the staff would help with that, but other agencies are there to support with that [meals].”

Records showed that people had regular access to healthcare professionals, such as GPs, Macmillan nurses; district nurses and occupational therapists. We spoke with a member of the district nursing team who said, “They are always in contact. Communication is good.”

Good

Is the service caring?

Our findings

People and relatives were extremely complimentary about the care that they or their relatives had received. Comments included; "It's not just about the tasks, it's about the patients and their families and what's helpful for them – it's all about person centred care;" "They don't only care for the patient, they care for the family too. They go above and beyond the caring role;" "It's very CARING, please put that in capital letters and it's very professional. It's second to none;" "As for her passing, you couldn't have wanted better. She was at home with two people who loved her;" and, "It was incredible. I cannot speak more highly of them. The practical side of care was excellent."

People told us that staff spent time talking to them and finding out about them. One person said, "[Name of staff member] knows all about me and I know about her, there's a lot of chit chat. She puts you at ease." Another said, "[Name of staff member] has been brilliant. You can talk to her about anything."

People and relatives told us that staff respected people's privacy and dignity. Comments included, "They respected her and I respect them for respecting her;" "They continued to talk with her all the way through regardless of her condition, asking her whether she was alright and maintaining the highest level of dignity" and "They walked through the door and I instantly knew there was no threat. Everything was done through me. Very much she was treated with privacy and dignity."

People and relatives told us that they were involved in people's care. Comments included, "[Name of registered manager] worked with us. She said we're not here to take over; we are here to work with you. They consulted us about everything because [name of relative] had been looking after mum for 14 years;" "When mum died, they came in and said, 'we'll take over now.' Not in a bossy way, but they knew that this was the right thing to say. I always promised that I would wash her, but what they said was, 'You wash mum's hands and face' and they did the rest, but they let me keep my promise;" "They included him and I in everything. They seemed to always know the best way. He [relative] didn't want to acknowledge that it was happening and they seemed to have the ability to discuss things, being as gentle as possible, suggesting things that might happen and preparing him. It was helpful for me. We were able to bridge that gap;" and "They would always involve me. Something like mouth care, they would show me what to do. There was that involvement, right until the end… They responded at every point of the way."

Good

Is the service responsive?

Our findings

People and relatives told us that the service was responsive. Comments included, "They just seemed to pick up on everything to make everything very seamless;" "They talked with her; they asked what she liked to be called and talked to her about Brighton. There was laughter, it was natural, it wasn't hospitalised or institutionalised. She was treated as a normal elderly lady who was not able to do things for herself;" and "It was absolutely responsive." We spoke with a community matron who told us, "They are so proactive about looking at how they can meet people's needs…I love them!" We spoke with a social worker who said, "They are an excellent service. I have never heard one negative comment about them."

Referrals to Castleside House were made through the primary health care teams, social services, hospitals or people and their families who lived within the North Northumberland catchment area.

The registered manager told us that they gathered as much information about the person and family before they went out to see the individual. She said, "We never just go off after receiving the referral. We always phone the carer and find out what is helpful for them and tell them the name of the person [staff member] going in."

We saw that care plans were formulated following an initial assessment. We noticed that these included some information on people's likes and dislikes. The registered manager told us that they were looking at changing their care planning documentation to make it more person centred. She said, "They [care plans] are very much on a medical nursing model and don't fit our purpose."

The lymphoedema specialist nurse was knowledgeable about the treatments used in the management of lymphoedema. These included a specialist form of massage known as manual lymphatic drainage; the use of compression bandaging and garments and exercises. We looked at care plans of people who accessed the lymphoedema management service. We noted that these were very detailed. Measurements of people's limbs were taken which provided a clear record of how effective the treatment was at controlling the symptoms of lymphoedema.

We spoke with two people who used the lymphoedema treatment service. Both people spoke extremely positively about the treatment they had received. One person said, "The massage has been very good. The difference in me has been phenomenal."

People and relatives informed us that they always saw the same staff. The registered manager told us, "We always think ahead, for this person here we've got everything planned up until Monday to make sure there's a familiar face"; and, "We always do our best to maintain continuity."

Staff told us and people and relatives confirmed that staff met the needs of people responsively. One staff member said that she walked the person's dog as this was important to them. People and relatives told us that staff were very good at communicating. Comments included, "Mum was blind and deaf. They didn't think, oh well she's blind and deaf so we'll not bother. They bent down and spoke to her."

All the people and relatives with whom we spoke only had praise and compliments about the service. The registered manager told us that they had not received any complaints.

The registered manager explained that people did not automatically receive details about how to complain when they started to use the service. She told us however, that she had devised an information file which included information about the service and the complaints procedure. She said that each person would be receiving an information file in the near future.

Requires improvement

Is the service well-led?

Our findings

The North Northumberland Hospice was formed in 1995 by a small group of health care professionals who were concerned about the lack of available palliative care for people in North Northumberland. The hospice at home service was started in 2009.

The registered manager told us that there were many different aspects to her role. She said, "I wear many hats." She said that she was involved in management duties, but also provided care and treatment to people. One relative told us, "[Name of registered manager] must put some hours in." The registered manager told us that she sometimes "struggled" to fit in certain areas of her job such as formal supervisions, appraisals and having an overview of staff training.

We asked the registered manager what audits and checks she carried out to monitor the quality of the service provided. She explained that surveys were sent out, but she did not undertake any other formal documented audits.

During our inspection, we found some concerns with record keeping. In addition, the registered manager did not have an overview of all the training which staff had completed to ensure that they were appropriately trained.

We read the service's 2014 – 2016 business plan which stated, "One of the challenges we face as a very small organisation is that capacity is always stretched, the staff are very thinly spread and it is difficult to find the time for training and development. Staffing levels and utilisation will need to be assessed so that we can make optimum use of staff skills and knowledge and maintain flexibility and adaptability to provide a high quality service. In particular we must ensure that the hospice manager does not become overloaded with the demands of clinical and management responsibilities."

We spoke with the registered manager about the many aspects of her role and the support which was available to enable her to monitor the quality of the service. She told us the provider had informed the local clinical commissioning group that they were no longer going to provide lymphoedema treatment to people with a non-palliative diagnosis [those people who did not have a life limiting illness]. She explained that this would enable the lymphoedema specialist nurse to concentrate her time on those people with a palliative diagnosis. It also meant that she would have more time to support the registered manager in monitoring the quality of the service.

We considered that sufficient time and resources were not always available to enable the registered manager to monitor the quality and safe delivery of the service.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection, we checked the information we held about the service and saw that they had not notified us of deaths of people who used the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. We spoke with the registered manager about this issue. She told us that she would submit the necessary notifications with immediate effect. This issue is being dealt with outside of this inspection process.

The registered manager was also the nominated individual. Nominated individuals are people employed by the provider who are responsible for supervising the management of the regulated activity. We spoke with the registered manager about the issue of her being the nominated individual and registered manager and therefore overseeing her own quality management systems. She told us that she thought that the chairman of the trustees was the nominated individual. We checked the provider's previous application to register The North Northumberland Hospice and saw that she had declared that she was the nominated individual. She told us that she would look into this issue

The Hospice was governed by a Board of Trustees, headed by the Chairman. We spoke with the Chairman who spoke enthusiastically about the service. He said, "We have two principles – everything we do is free and we never say no."

People and relatives told us that they thought the service was well run. One person said, "It's well run, it's professional. I had a survey which [name of staff member] gave me. I did it and sent in my response."

Requires improvement

Is the service well-led?

Staff informed us that they felt very valued. One said, "I love my job, it's a special, lovely kind of job. You are helping people in the most vulnerable situations and it's lovely having time to spend talking to people and getting to know them. They know me and I know them, it's a rewarding job."

Staff and people were also complimentary about the registered manager. One staff member said, "[Name of registered manager] is very supportive. There is someone at the end of the phone 24 hours a day. We get a verbal handover each time."

The registered manager explained that questionnaires were sent out to people's relatives after the hospice at home service had finished to obtain their views on the service provided. This timescale meant that questionnaires were not sent out to people while they were receiving care and support. We discussed this issue with the registered manager and explained that people themselves may wish to provide feedback on the service which they were receiving. The registered manager said that she would look into this issue.

We looked at completed questionnaires which had been returned throughout 2014. Written comments included, "Superb, very professional. Put family's mind at rest. [Name of staff member] just understood – priceless;" "The help I got on the evening my husband was dying was overwhelming. She was so kind and stayed with me and my family;" and, "The lady that came to my home was so kind and lovely. She did not have to stay the night…She was like an angel sent to help myself and family at a very sad and terrible night." We noted that regular surveys were carried out for people who accessed the lymphoedema management service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have an effective system in place to fully identify, assess and manage risks to the health, safety and welfare of people and others. People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii).