

SPDNS Nurse Care Community Interest Company

Hospice at Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Hospice at Home is a domiciliary care agency providing palliative, end of life care and specialist care. The service supports people in their wish to be cared for at home, facilitates rapid discharge from hospital and provides a One Call response service to avoid unwanted hospital admissions. At the time of our inspection there were 30 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Where risk assessments had been completed, updated or reviewed for people on the services electronic system which the nursing staff had access to, this information had not always been transferred into people's paper based care plans. This meant information was not always in place or up to date for the health care assistants to follow.

We have made a recommendation about the management of risk assessments and care planning to ensure updated information is accessible to all staff and reflects the current needs of people.

People told us they received safe care from staff who knew them. There was a safeguarding policy in place and the registered manager, and staff knew how to identify and report concerns. The service had enough staff to meet the needs of people using the service. Staff had been safely recruited and pre-employment checks carried out. The service had a rapid response team to enable them to respond quickly to a decline in people's health.

Staff had received an induction and training to enable them to meet people's needs. Staff had received training in medicine administration. Supervisions, spot checks and competency assessments for staff were carried out and the majority of staff told us they felt supported by the senior team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to personal protective equipment (PPE) and there were effective infection control measures in place. People's nutritional needs were met where required.

The registered manager and senior management team sought support and worked collaboratively with St Luke's Hospice and other health and social care professionals when needed. The majority of people, relatives and staff we spoke to spoke positively about the leadership of the service. There were systems in place to monitor, maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was outstanding, published on 20 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hospice at Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hospice at Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 December 2022 and ended on 14 December 2022. We visited the location's office on 8 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, Hospice at Home team leader and the quality and training coordinator.

We reviewed a range of records. This included 5 people's care records and 3 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies and procedures. We also reviewed feedback we had received from 1 professional about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans included some information about risks to people's health and wellbeing, however this was not consistent across the 5 care plans we looked at. When we spoke to the team leader, they were able to show us up to date information on the database which the nursing staff had access to. However, this information was not always updated in people's paper-based care plans which the health care assistants (HCA's) had access to. This meant staff may not always have accurate information to support people safely.
- Staff feedback in relation to being able to identify risks to people they support was mixed. One staff member told us, "It is basically a case of what you already know. The district nurse might give you some information. Sometimes there are no risk assessments or guidance to follow, the care plans are very basic"

Following feedback from the inspection, the registered manager had formed a working group to review all aspects of their current care planning and areas of improvements needed. This will be ongoing until changes have been agreed and implemented across their systems.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member told us, "If I saw anything I would report to the office. If I was not happy, I would take it further and notify CQC, police and local authority."
- People told us they felt safe, one person said, "Yes, I feel very safe they [carers] look after me well." Another person told us, "Yes, I am safe, they [carers] take good care of me."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Staffing and recruitment

- Staff had been safely recruited and pre-employment checks carried out which included obtaining references and Disclosure and Barring Services (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People told us calls had not been missed and if staff ran late, they were notified. One person told us, "They [carers] are always on time, I have never had a missed visit." One staff member told us, "I think they are very good. I always work with someone. I have enough travel time in between visits."

Using medicines safely

- Staff received training in safe medicine management and were assessed as competent before

administering medicines.

- Most people we spoke to were administering their medicines themselves or with the support of their family, however 1 relative told us, "If we have any issues regarding medicines we contact the rapid response team who do an excellent job in sorting it out for us."
- Medication administration records (MAR) had been audited regularly with records of actions taken if any concerns were identified.

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as masks, gloves and aprons were provided for them. People confirmed staff were following correct infection control procedures, one person told us, "The carers wear their masks and gloves." A relative told us, "The carers always wear their PPE."
- Staff told us, "We wear gloves, masks in people's homes, we also have aprons and access to footwear protection if required." Another staff member told us, "We are given masks, aprons, gloves and hand sanitiser."

Learning lessons when things go wrong

- The registered manager had systems in place to monitor accidents, incidents and complaints.
- Staff knew how to identify and report accidents and incidents. The registered manager looked into any reported accidents and incidents and took appropriate actions including carrying out investigations when required, discussing outcomes with staff and sharing any lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Although most people's needs were assessed prior to the start of their service, we found some gaps in the assessment process. The team leader told us a qualified nurse would carry out an assessment of a person's needs prior to starting with the service or within 24 hours. Due to the sensitive nature of people wishing to return home as soon as possible from hospital, HCA's would collect the persons care plan from the office prior to their visit if completed or they would receive a verbal handover over of the persons care until a full assessment had been carried out.
- One relative told us, "Before we started, they [Hospice at Home] didn't carry out an initial assessment so when somebody turned up on the first day, they didn't even know what was wrong with [my person]." Another relative told us, "When we first started, they [Hospice at Home] carried out a full assessment and we were involved in the whole process."
- People's care plans are initially made up of information from hospital discharge letters and contain limited information regarding a person's support needs. One staff member told us, "The care plans are too basic for Palliative and end of life care, they do not tell you what you are going in for, and there is not enough guidance in relation to what support a person needs."
- The registered manager told us, "If staff have concerns about a person they can contact the One Response team for advice, where they will be supported by a team of qualified nursing staff."

We recommend the provider seeks guidance in relation to how risks to people are assessed to ensure all staff have access to up to date guidance to support people.

Following the inspection, the registered manager told us the service's risk assessment template on their system was being reviewed and linked to an updated manual handling care plan, with guidelines. The discharge team at hospital will be asked to complete a simplified care plan on discharge for the care team to use while awaiting review of patients to avoid community care visits without care plans. The registered nurses will be spending time presenting at team meetings on how to complete the care plans.

Staff support: induction, training, skills and experience

- New staff received a two-week induction programme and the opportunity to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The majority of people told us they received care and support from staff whom they had got to know well

and who knew how to support them. One person told us, "The ladies I have, know how to look after me, I can't complain."

- Staff had access to St Luke's training, skills for care and the provider's own home page with online courses for staff to access for further development. The trainer told us they had just completed an online dyslexia course to further support staff where needed. An information booklet about the use of simple jargon for staff where English was not their first language had been developed, and the use of a buddy system as an additional resource.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed when needed and they were supported with their dietary needs where required.
- Staff understood and knew about people's dietary requirements. One staff member told us, "Some people I support are prescribed build up supplement drinks for additional calorie intake."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked collaboratively with other partner agencies to ensure people received timely care, support and treatment when needed. These included GPs, district nurses, Marie Curie and the service's own clinical support team.
- The service had access to an electronic system, whereby all relevant professionals had access to up to date information and daily meetings carried out with the hospice team to ensure up to date patient information was shared.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We saw people's capacity had been assessed and recorded in their care plans.
- Staff told us they had received training in MCA and were able to describe what this legislation meant to them in their day to day practices. One staff member told us, "People should be encouraged and supported in their decision-making day to day. If they are unable to decide for themselves, they may require a best interests' decisions to be made on their behalf."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive comments from people and their relatives who told us staff always treated them well and they felt respected. One person told us, "I am cared for well, I cannot fault the girls they are all lovely." Another person told us, "They [carers] are very good and take care of me. I don't always need the full visit time; however, they will stay and talk to me or do bits around the house."
- People spoke highly of members of staff who had gone the extra mile for them. One person told us, "Just this week I couldn't get something in the shop, I mentioned it to the carer in conversation and on their next visit they bought it for me. I didn't ask them to." Another person told us, "I used to be able to go to my back door every morning to throw my crusts to the birds. I missed seeing the birds in the morning. One member of staff prepared my breakfast, cut the crusts off for the birds, went into my garden and sent me a video of the birds feeding."
- The service had received a high number of compliments. One stated, "All the carers who looked after [name of person] these past four weeks, as a family we cannot thank you enough for the love, care and humour you brought with you on every visit. It was much appreciated by them and us. You all do such an amazing job."
- A professional told us, "I feel the service provided by the carers is holistic in nature and person centred. The care provided as a whole is compassionate to the needs of the person and their family and provides palliative and end of life care which is collaboratively delivered with the hospice."
- We saw staff had undertaken equality and diversity training. The registered manager told us, "Our service prides itself on providing care to anyone who is end of life, assisting them in maintaining their independence for as long as they can."

Supporting people to express their views and be involved in making decisions about their care

- The majority of people we spoke to told us they were involved in decisions about their or their loved one's care. One relative told us, "They [staff] always ask lots of questions and know exactly how to support [my person]."
- Surveys were conducted to obtain people's views on the service they were receiving. Respondents from the last survey in August 2022 showed all were very satisfied with the service received.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity at all times. One relative told us, "The carers always treat [my person] with dignity and respect, I have no concerns." One person told us, "Definitely, I am treated with respect and I treat them [carers] with respect also."

- Staff had a good understanding of respecting people's privacy and dignity and promoting their independence. One staff member told us, "I always make sure people are covered using towels. I keep shut their bedroom doors and always let people know what I am going to do." Another member of staff told us, "When supporting a person with their personal care, wherever possible I give them the opportunity to wash themselves, wash own face, hands, private areas to maintain a person's independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were kept at their homes and contained basic information in relation to their communication, cognition and capacity, any advanced care planning, personal care, skin integrity and nutritional needs. However, we found the care plans required more detail around what actual support was required. For example, one person was able to mobilise with assistance but we found no guidance for staff as to what assistance was required.
- We found people's daily notes were written in a respectful way and contained very detailed and comprehensive information in relation to the care provided by the staff attending to them.
- The majority of people we spoke to told us they and/or their relatives were involved in the development of their care plans and reviews of their care had taken place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service carried out assessments for anyone with particular communication needs, seeing how best they can support people to have access to information. For example, larger print service user guides, a microphone system to enhance communication for people with a hearing deficit, use of a translation service and access to Makaton training via St Luke's hospice if required.

Improving care quality in response to complaints or concerns

- The service had a 'Comments, compliments and complaints policy' in place and were committed to improving the service and addressing any comments or concerns received.
- The registered manager held a complaints overview log and we saw where 2 complaints had been received, these had been investigated and actions taken where required.
- The majority of people and relatives we spoke to knew how to raise any concerns or make a complaint. One person told us, "My relative would help me if I need to complain, however I have no need to complain." A relative told us, "I don't have any complaints and the only time I had to make a complaint, it was dealt with straight away."

End of life care and support

- Hospice at Home's core service is to provide palliative and end of life care to people whose wishes are to

remain in their own homes.

- We found although end of life training was discussed throughout induction training, staff told us they were not provided with any separate end of life training sessions to further enhance their knowledge and skills.
- Staff had access to St Luke's counselling and bereavement support.
- The registered manager told us following the inspection, "We will be rolling out end of life training to all Hospice at Home community care staff from January 2023 and hope to have this completed within the first quarter."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance was not always reliable and effective. On inspection we found that risks to people were not always identified and managed in relation to people's assessment and care planning needs.
- The registered manager was in the process of putting together a development plan for improving systems and processes to improve the quality of the service. This included reviewing the current auditing processes of care plans and risk assessments which are carried out by members of the senior team and holding ongoing review meetings to discuss and implement changes to improve the triangulation of people's information across both their electronic database and paper based care plans.
- The registered manager was aware of their legal responsibility to notify the Care Quality Commission as part of their regulatory requirements.
- The registered manager told us they held regular meetings with the team and senior team to discuss any concerns, and ideas for improvements. Staff have the opportunity to attend 1:1's, weekly peer groups and their wellbeing was followed up with telephone calls. Staff also have a monthly newsletter providing updates and well-being support connections.
- People and relatives had been contacted for their feedback on the quality of the service, they told us, "I'm happy with the service I'm getting at the moment. They are all lovely girls can't fault any of them." And, "The service is excellent. I would recommend them. The girls as a bunch are all caring. Everyone who walks through my door I'm happy to see."
- The majority of the staff we spoke to felt confident in their role and spoke positively about the leadership of the senior team and the support they received. One staff member told us, "It is a very rewarding job, seeing people through to the end of their life. It's an honour." Another staff member told us, "Everything is well organised, I am happy, and I am learning. It is a dedication, it's not a job, you don't think about anything else. We make people as comfortable as possible."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us about their positive experiences of care being delivered to them or their loved one. One relative told us, "The staff coming in has helped with [name's] recovery. When I sit and listen to [name] laughing with them [carers], it's so nice, it's incredible." One person told us, "[Name] is very good, very capable, always goes above and beyond for me."

- The service provided people and relatives the opportunity to give feedback on the service they were receiving. This was in the form of surveys, a percentage to be carried out monthly, telephone calls and face to face review meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care needs, and wishes were respected, reviews of their care took place which involved them and their relatives. People told us, "I have regular reviews to assess my care needs" Another said, "I have assessments to see how things are, if I need any equipment, or if there have been any changes."
- Staff told us they were kept updated of any changes either through staff meetings or peer group meetings, by monthly newsletter or through the service's private messaging group chat.

Working in partnership with others

- The service worked in partnership with many external professionals such as St Luke's hospice, Marie Curie, district nurses, GPs and the One Response clinical team. This was to ensure people received the right care, treatment and support individual to them.