

Kemp Hospice

Kemp Hospice

Inspection Report

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Date of inspection visit: 28/04/2014
Date of publication: 23/07/2014

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Summary of findings

Overall summary

Kemp Hospice provides palliative care and support to people living with life limiting illnesses throughout the districts of Wyre Forest and Tenbury Wells. The hospice premises are situated in the district of Kidderminster and the services provided to people include a day hospice, hospice at home and family support. The evidence in this report relates to the hospice at home as this is the only service that is regulated by the Care Quality Commission.

At the time of our inspection there was a registered manager who was enthusiastic about the hospice services and the subject of palliative care. Staff were complementary about the leadership style of the registered manager. Staff felt that if they ever needed support due to the nature of the service they provided the registered manager would welcome them at any time for discussions.

The hospice at home service complemented other services people received at home which included a home care service from community agencies, Macmillan nurses and district nurses. This supported people to receive effective care and treatment that was personalised and co-ordinated by a group of professionals that understood people's palliative care needs. It also enabled people's deteriorating health to be responded to in their homes so that they had the necessary symptom and pain relief to enable them to be as comfortable as possible and their choices to die at home fully respected.

The hospice at home service had a team of health care support workers who had experience of providing end of life care and had received training in palliative care.

Relatives told us they were happy with the support they received and from the comments that we received it made a difference to people's lives. This was because relatives could take some rest from their caring roles and get some sleep in the knowledge that their family members were safe and cared for. In addition to this, relatives told us that their family members were treated with respect and that staff maintained their privacy and dignity when they provided care. This included providing time and support to relatives with their immediate feelings of grief if their family member died whilst staff were in their home and bereavement support offered.

The registered manager was involved in different groups that were involved in palliative care and where improvements could be made in the future to meet people's end of life treatment and care. This included advanced care planning so that people had opportunities of expressing their interests, hopes and fears when they received end of life care in community and health settings.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were looked after by staff that had received training in how to recognise possible harm or abuse and understood their responsibilities in acting on and reporting this.

We received many comments from relatives that showed they had no concerns about the safety of their family members. We received many comments that included, family members could not have been in better hands, they had no worries as staff were capable and had confidence in the staff.

People were supported by staff that had knowledge about end of life care and how to support people so that any identified risks to people's wellbeing and safety were minimised. This included emergency situations, such as, accidents and requiring other professional support.

Staff employment checks formed part of the recruitment of potential staff so that the registered manager could assure themselves that people living in their homes were protected from receiving care and support from unsuitable staff.

Are services effective?

There was a co-ordinated response from a varied group of professionals to meet people's palliative care needs. The support and care that people received from hospice at home staff complimented this. This meant people received a personalised approach at the end of their lives with their spiritual, health, social and care needs effectively planned for and met.

Relatives that we spoke with told us that the hospice at home service met their relations wishes to receive end of life care in their own homes so that people's choices to die at home were respected as far as possible.

Staff received an induction and worked in the day hospice before they provided end of life care to people in their own homes. This meant staff working practices could be observed and staff could, gain an insight into supporting people with palliative care needs.

There was a small staff team that were experienced and knowledgeable about providing emotional support and care to people with life limiting illnesses. They supported the registered

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manager to offer a personalised service. Staff were matched to people by the registered manager who knew their staff well which included their different strengths and the registered manager would contact relatives to obtain their views of the support provided.

Are services caring?

Relatives told us that staff were kind and compassionate whilst they provided support and care to their relations. This included making sure that people's pain and symptoms were responded to in a caring way.

People had opportunities of receiving spiritual and emotional support so that they could follow their religious beliefs, fears or concerns when they received end of life care and support.

People told us that staff provided care and comfort at times when people and their family members needed it most whilst people were living and after their death.

Staff treated people with respect and promoted their privacy and dignity whilst they provided care and support. All staff were well aware they were in another person's home and always took direction from people as to how people would like their support provided.

Are services responsive to people's needs?

People were involved in the planning and delivery of their care and support. This included making their wishes known about whether they wanted to be resuscitated or not. Staff were made aware of this and it was written into the records so that they could take appropriate action.

All staff had received training in the Mental Capacity Act 2005 and knew that they had to obtain people's consent to care and treatment. Where people lacked the mental capacity to make informed decisions these were made by people who knew them well and were involved in their care and treatment in their best interests.

People received personalised care and support to meet their diverse needs which included bereavement support. In addition to this, their family members were also provided with respite from their caring roles so that they could recharge their batteries.

Are services well-led?

The service was led by a registered manager with a wealth of experience, skills and knowledge of palliative care. They showed that they were passionate about their work and wanted to assist in raising the standards of end of life care in all settings. For example, we saw that they attended regular meetings to look at hospice care

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with others involved in providing end of life support. This helped them to drive through improvements, such as advanced care planning and look at new ways of working in the future to meet the changes of people's life expectancies and chronic health conditions.

Staff told us they found the registered manager, approachable and supportive and they had regular supervisions. They told us that they were able to speak about any concerns or issues with them and felt they were always listened to.

We saw that a number of audits were carried out in order to assess the quality of care provided. Quality overviews happened with the board of trustees and planning was taking place for the next five years which included consultations with people, relatives, staff, volunteers and other professionals involved in the hospice services.

Summary of findings

What people who use the service and those that matter to them say

All the relatives were extremely complimentary about the hospice at the home service. One relative told us, “I have nothing but praise for this service it was 100%. We had two ladies that sat overnight (not at the same time) and we got to know them well.” Another relative said, “My X (person’s name) was happy they were there too and I got proper respite and sleep.”

From the comments we received from relatives it was evident that they were appreciative of the support and care that staff had provided to their family members. They told us how staff provided one to one care to their relation and how this was done with compassion and an understanding of people’s needs. One relative said, “They were just so nice, personable, friendly but professional. I felt so confident in them so much so that I actually got some sleep with no worries. They were so good with X (person’s name). If she wanted a cup of tea and a chat at 3.00am she got it.”

Another relative told us, “They were friendly, no doom and gloom, nothing was too much trouble. I did see one sitter more than the others but they were all excellent anyway. I could tell X (person’s name) was happy with them too, he looked forward to them coming.”

One relative told us how staff had also supported them. They described to us that staff, “Were brilliant. The whole package worked well. They really gave me chance to recharge my batteries. It was all very stressful and I didn’t really think I needed it but once I realised how good they were I asked for the 3rd night.” Another relative said, “When X died they were there and gave fantastic emotional support. So calm and she was like a rock and listened to us too.”

We looked at the other ways people expressed their views about the care and support that staff provided. This included thank you cards and surveys. One comment was: ‘You all play such an important part when it comes to the biggest challenge of your life, the end of it. X (person’s name) appreciated the help, support and your company and we couldn’t have coped without you.’

From our discussions with relatives we found that it mattered most to them and their family members that they were able to have the option of dying at home which was their wish. One relative told us, “If they hadn’t helped me my wife would have gone into care and that I just couldn’t bear.”

Kemp Hospice

Detailed findings

Background to this inspection

We visited Kemp Hospice on 28 April 2014. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we had reviewed all the information we held about Kemp Hospice at home service. At our last inspection in August 2013 we saw that the provider was found to be compliant with all the Regulations that we looked. This meant that we did not identify any concerns about the care and support people received.

The inspection team consisted of a lead inspector and an expert by experience who had experience of the needs of older people. The expert by experience contacted seven relatives of people who had used this service after our inspection by telephone to gather their views about the care and support that they received.

We were unable to gain people's views about the support they received.

We contacted the registered manager by telephone two days before our inspection. This was to make sure that we had access to records and gained information so that we could speak with people who used the hospice at home service, their relatives and staff who supported them.

We spent some time with the registered manager and made contact by telephone with five out of the six members of staff that provided emotional support and care to people who lived in their own homes. This enabled us to gain the views of the staff about Kemp Hospice at Home service and the people they supported.

At this inspection we spent time in the office at Kemp Hospice looking at records that were used to review, monitor and record the improvements made to the quality of care and support that people received. We also looked at three people's care records on the computer that had been used by all professionals involved in each person's care and treatment.

Are services safe?

Our findings

Relatives we spoke with told us that they felt safe with the staff who visited their homes and had no concerns about how staff treated their family member or them. Staff carried identification and always had this when they visited people to help protect people from unauthorised visitors. One relative told us, "I was completely confident in them and knew he was safe." Another relative said, "It was all very organised and yes we absolutely felt X (person's name) was safe, well cared for and treated with respect and dignity as we were."

When people were referred to the hospice at home service the registered manager completed a referral form which contained an overview of people's needs. The referral form also identified the individual risks for each person to promote a safe environment and meet people's individual needs. Risks were identified and assessed so that action could be taken to protect people from harm and included, moving and handling, nutritional risks and pressure care. Staff confirmed that they were provided with sufficient knowledge about people's needs and any identified risks for each person before they supported people in their homes.

Staff and management awareness and understanding of risk was good. Staff shared with us how they had dealt with people's needs changing and/or a medical emergency whilst they supported people in their own homes. Staff told us that they would contact the emergency services if a person accidentally fell so that they were assessed for any injuries that they may have sustained. One staff member also told us that they had contacted the out of hour's district nursing team when a person required some urgent personal care but was unable to stand and/or walk. This showed that staff knew how to handle emergency situations or people's needs deteriorated to reduce risks to people's safety and wellbeing.

All the staff that we spoke with confirmed that they had an excellent relationship with the district nursing team who also had risk plans in place for hospice staff to read and they responded immediately to any concerns about people's safety and wellbeing. This meant other professionals were also involved in the management of people's palliative care needs and the risks that can be associated with end of life care. This supported a personalised approach to the management of people's risks so that they could be supported to fulfil their wishes to remain in their homes.

Safeguarding formed part of the required training for all staff. The staff we spoke with understood the types of abuse people that received care in their own homes could be at risk from and their responsibilities to report any concerns. All the staff we spoke with were confident that any concerns with people's safety or welfare they reported would be responded to.

There were effective recruitment and selection processes in place. We checked the records for two members of staff. Appropriate checks were undertaken before staff began work. All the staff records reflected that a formal application and interview process had been completed. All the necessary checks had been completed to ensure that staff were suitable to provide care and support to people in their homes.

Six members of staff worked for the hospice at home service at the time of our inspection. All the staff had some previous experience of providing care and support to people as they had worked in health and social care environments. This included for example, nursing and palliative care. The registered manager was able to tell us about their staff. This demonstrated, along with the staff records that we looked at, that they considered the varied skills staff had and their experience as part of their staffing arrangements.

Are services effective?

(for example, treatment is effective)

Our findings

Relatives that we spoke with gave us their views about staff that had provided support and care. Comments included, “They were very approachable, professional and well trained and so caring,” “The quality of their workers was exemplary. They seemed far more qualified than just a sitter” and “We had the same person and she was so homely and nice and I felt I could speak to her as she was mature and had experience.”

People and their families understood the support and care choices available to them. They all knew that the service provided meant that their family member could remain in their own home rather than going into hospital. One relative told us, “If we hadn’t have had this service I don’t think we could have kept her at home and the thought of her dying in hospital or in a care home is just terrible. This service just made all the difference to us.”

We were informed by the registered manager that referrals to the hospice were received from either district nurses or Macmillan nurses. We saw that this was the case and staff also confirmed this. This meant that health care professionals who had knowledge of people's health and care needs were already involved. The majority of people who used the service were near the end of their lives and needed palliative care. This meant that people mainly received this service in the short term to support them to remain living at home towards the end of their lives.

Due to the nature of this service and the small staff team the registered manager described to us that they were able to offer a personalised service to people. For example, staff would be matched as far as possible to the person who required the support and care. The registered manager would contact relatives to make sure they were happy with the care and support provided by the hospice at home staff.

All plans were person centred and reflected each person’s needs and preferences. Examples included current

symptoms, pain management, social interests and spiritual beliefs. This helped to raise the awareness of staff so that people were treated as they wished to be at this important time in their lives.

The care records we looked at included records of discussions with people who used the service about end of life care, their hopes, fears and wishes. Staff told us that the records system was very useful as it was used by community staff as well as staff at the day hospice and the hospice at home service. This enabled all professionals to access records that related to the care and treatment that the person had received in the community. This promoted consistency between the community and the hospice at home service and supported people to receive the care and treatment they required at the right time by the right professional.

All new staff had received an induction and had worked at the day hospice before they supported people in their own homes. This meant new staff would have the opportunity of working alongside more experienced staff to gain further knowledge, skills and experience before they supported people in their homes. It also gave staff time to get to know their colleagues at the hospice which included the registered manager.

Staff were suitably qualified and skilled and appropriate steps had been taken by the registered manager that made sure people's skills had been kept updated. Staff said they could access a variety of training which included, palliative care, advanced care planning, medicines, syringe drivers, communication skills, equality and diversity, moving and handling and infection control.

Staff told us that they had sufficient time to spend with the people to meet their individual care needs as they spent a whole night with people. They told us that the training they received was appropriate for them to provide care and support in an effective and knowledgeable way.

Are services caring?

Our findings

We spoke with people about the quality of care received. Relatives told us they were happy with the support and care their family members had received. One relative told us, "Their quality of care was superb and my X (person's name) was such a proud man and they always respected this." Another relative said, "Fantastic. My X's (person's name) older brother died 2/3 weeks after. They were very close but he was in a home. ... they just don't have the time to really care for someone who is dying whereas my X couldn't have had better."

When we spoke with staff they showed that they cared about the people they supported and the work that they did. Spiritual care was also offered to people whether they had a specific religion or not. There was also a bereavement service and the family support team made contact with relatives when their family members had died to offer bereavement support. This showed that care and support was responsive to people's individual needs at times when people might need it the most.

Staff told us that they would ask questions and/or make suggestions to ensure people received the best possible care that they could give. Staff also shared with us that they offered relatives comfort and support if their family member had died when staff were providing care. One relative told us, "The sitter was with X when she died and came to tell me. She was extremely supportive and never left me for a minute. She stayed with me for as long as I needed her." This showed that staff had compassion for people and always looked to make sure people and their family members had the support at the time they needed it.

Staff spoke about people in a respectful way and gave examples of how they promoted people's privacy and dignity whilst providing care and support. One staff member described to us that they always made sure people were happy with any tasks they were doing before

they carried these out. They also told us how they ensured people were warm enough, comfortable and had suitable night wear on and they were covered up to respect their dignity when using the commode or toilet.

All staff had received training to enable them to administer pain relief medicines as part of their support and caring role with people. Staff described to us that if people were experiencing a lot of pain then they would contact the district nursing team who would visit the person to do an assessment of their individual pain. Staff told us that people experienced pain differently and even when people were not able to fully communicate their pain they would observe the person's facial expressions and body language. This gave them clues about how pain and symptom free a person was and showed they cared about people's quality of life.

Relatives told us that their relations were treated with respect and that staff maintained their privacy and dignity. One relative told us, "They treated X (person's name) with so much dignity, I can't stress enough how good they were."

Results from the surveys completed showed that people felt that they were referred to the service at the right time. Comments included, 'The night sitters made me able to keep my husband at home during the last week of their life' and 'I can honestly say that the care we received as a family for the last week of X's (person's name) life was second to none. We couldn't have wished for better.'

The registered manager showed us the advance care planning booklet that they had taken part in developing along with other professionals and other hospices. The booklet gave people the opportunity to tell people their views about how they would wish to be cared for if they became seriously ill and could not tell people. We saw that this promoted people's preferences and choices for end of life care so that people received care and support that effectively met their needs. This meant that if people went into health and social care settings in the future they would take the booklet with them so that other professionals would have insight into how people wanted their end of life care to be provided.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We looked at some of the surveys that the registered manager had sent to people in order to obtain their experiences and views about the service provided by Kemp Hospice at home. We saw that the comments made were extremely positive about the care and support people received towards the end of their life was responsive to their needs. One person stated, 'Amazing service, helped us cope in very difficult circumstances.' Another person wrote, 'Angels come in all shapes and sizes but always when we need the most – thank you.' Another person wrote, 'I'm just so impressed with the whole scenario and the organisation of it all. Excellent really excellent ...could not have had better support.'

The registered manager and staff all agreed that they responded well to people's needs in times of crisis and were flexible as they often provided a service at very short notice due to the rapid deterioration of people's needs. This meant care plans were not drawn up by the registered manager or staff. The registered manager and staff told us that they recorded the care provided to people within the care plans set up by the district nursing team. We saw that this was the case when we looked at the records on the computer.

Information leaflets about the type of services and support available for people and their relatives was accessible at the hospice. Staff also took information into people's homes about the hospice at home service. There was a wide range of topics that included spiritual care, bereavement support and complimentary therapies. The hospice had a web site which contained information about end of life care including the hospice at home service. This helped people and their relatives to make informed decisions about the type of care and support that was right for them.

There were specific leaflets in a pack for people who provided care to their relatives. These gave information to people about what was available to support and help them in their caring roles. Also included were relaxation tips as it was acknowledged by hospice staff that people who provided care can often neglect their own wellbeing due to the demands of their role. Relatives told us that they and their family members had received all the information they required about the hospice services. One relative said, "The communication and organisation was good. The red folder

was always filled in and they always read it on arrival so they knew what had been happening without me having to explain everything. They were always on time or even early. We had literature left with us to refer to should we have needed it."

The thank you cards and surveys held positive comments regarding the support carers received with one person stating, 'You all play such an important part when it comes to the biggest challenge of your life, the end of it. X (person's name) appreciated the help, support and your company and we could not have coped without you.' Another person wrote, "They (the staff) went above and beyond their duties which made me feel I could go and have a good night's sleep knowing my husband was taken care of.' We also received comments from relatives following our inspection which included, "They (the staff) were 110%. Nothing was too much trouble. I had 2 nights. I just can't fault it" and "I really can't imagine what would have made it better."

Staff said they had all the information they needed through the referral information provided by the registered manager, the care records in people's homes and good verbal communication with people and their relatives. This gave them an understanding of how to offer care to each person. They said they tried to provide care that met the expectations of the person receiving the service. They said they always asked them or their relative how they preferred things to be done and where they would like staff to be during the night. These discussions with staff helped people to feel in control of decisions towards the end of their life and shaped how support was delivered.

The registered manager told us that when people were referred to the hospice at home service they always checked whether each person's wishes about dying and death were known. The registered manager told us and we saw on the computer records that some people had made the decision that they would not require resuscitation in the event of a cardiac arrest whereas other people would. Where people had not made their resuscitation wishes known and family members were not present at the time then staff we spoke with knew to contact the emergency services and family members. Staff also confirmed that they had received training in resuscitation. This showed that people's wishes were taken into account when treatment was required so that people's needs were met effectively and responded to.

Are services responsive to people's needs?

(for example, to feedback?)

All staff had received training in the Mental Capacity Act 2005 and knew that they had to obtain people's consent to care and treatment. However, where people did not have the mental capacity to make decisions then staff made sure

that they followed the Mental Capacity Act 2005 legislation. There was a co-ordinated approach to people's care and treatment from different professionals involved in people's care.

Are services well-led?

Our findings

People who used the hospice at home service and their relatives were actively encouraged to give feedback about all aspects of their experiences of the care, treatment and support they received. At times this was difficult to achieve as people were normally in the final days of their lives when they received the hospice at home service. However, the registered manager looked at this creatively with sensitivity. This was because the registered manager wanted to ensure that people's views and experiences were gained so that any areas for improvement could be made. For example, the registered manager contacted relatives at the time when the service was being provided to establish whether the service met their needs and they were happy with the delivery of this. This enabled the registered manager to make any changes where needed and to be made aware of what was working well.

The registered manager had also created another opportunity for relatives to provide their views and experiences of the care and support that had been provided. Relatives were asked to take part in a short survey about two months after their family member had died. This showed that the registered manager was passionate about people receiving a personalised service that was tailored to meet each person's individual needs and was of a high quality.

All the people we spoke with during our inspection were positive about the hospice at home service and the support that they received. Relatives told us they had nothing to complain about, and could not identify areas for improvement.

We found that there were various quality assurance methods used to ensure that people who used the hospice at home service were able to influence their care and treatment journeys. For example, we observed all members of the multidisciplinary team had a continuous dialogue with people who used the hospice services. The outcomes of these discussions were recorded in individual records, in their care plans and assessments on the computer.

We found evidence of learning and improving the experiences of people who used the hospice at home service. There was a clear quality monitoring structure, such as, auditing procedures so that standards were monitored and improved where necessary. The registered manager told us that because there was a small staff team they spoke with staff frequently. They also spoke with relatives. Because of this the registered manager was involved in everything and any issues, complaints or incidents were resolved quickly.

The registered manager completed audits and these included survey responses, telephone reviews of service with district nursing teams and health and safety. Quality overviews of these audits were discussed with the board of trustees and any improvements identified and acted on. This showed the registered manager was able to monitor the quality of the service provided.

There was a strong commitment to quality which was shared by the registered manager, board of trustees and staff alike. We saw that planning ahead was in place for the next five years to ensure that the hospice services developed to meet the needs of people in the community and improve services for the future. This included consultation with people, relatives, staff, volunteers and other professionals. This showed that the planning, developments and improvements to the hospice services were being driven by the experiences of people. This included factors such as the changing life expectancies of people and chronic health conditions and best practices.

When we talked with staff, we asked them about their experiences of the work they did. Staff told us that there was excellent communication within the organisation and that they felt listened to by their colleagues and the registered manager. They said that there was a good learning environment and support for professional development. Staff also felt very well supported in their roles and appreciated the availability of additional support should they need it. Other comments that we received from staff were, "Feel valued as part of the team," "We all work together" and "This service means people can stay at home as they wish."