Alice House Trading Limited

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Inspection report

Alice House
Wells Avenue
Hartlepool
TS24 9DA

Date of inspection visit: 23, 26 and 27 March 2015
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Ratings

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

Overall summary

The inspection took place on 23, 26 and 27 March 2015. The first visit was unannounced and the other visits were announced. The service was last inspected on 21 November 2013 and was found to be meeting the regulations we inspected.

The registered provider operates both Alice House Trading Limited and Hartlepool and district hospice from the same location. Alice House Trading Limited is a trading subsidiary of Hartlepool and district hospice. We found it operated in line with the hospice's policies and procedures with some additional local policies where required to reflect the care delivered in people's own home. Alice House Trading Limited provides a range of services to people in their own homes including, domiciliary care, day care, complimentary therapies and respite care. As well as community services, the service provides eight long stay beds within the same building as the hospice, with people accessing the facilities within the hospice. At the time of our inspection four people occupied the long stay beds.

The service had a registered manager. The registered manager was the same for both Alice House Trading Limited and Hartlepool and district hospice. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were actively in control of their own care. They said they received excellent care from kind, compassionate and caring staff who listened to them. People commented: "Very good care"; "I have really good carers, outstanding. I have to say excellent"; and, "Very good, can't complain." One person described the way their care was delivered as, "All my choice." They said, "They [staff] didn't sit down with me, I sat down with them and said what I would like." Another person said, "Yes I am in control."

People told us their staff were, "Brilliant, very kind and caring." One family member said, "I get good support, I really do." They also said, "They are a great help. I do appreciate them."

The service was adaptable and flexible, allowing people living in the community to choose to receive their care at a time suitable to their needs. People received care from a consistent and reliable staff team who knew them well. One person said they were always supported by, "People [staff] who I know." They said, "Yes, they are reliable and stay for the full length of time." Another person said staff were always, "On time." The registered provider had effective recruitment and selection processes to ensure new staff were suitable to work with vulnerable people.

People told us they felt safe. They had been given telephone numbers to contact staff if they needed to speak with anybody. People had been assessed to protect them from a range of potential risks and assessments had been reviewed regularly. For people living in their own home, staff undertook a separate environmental risk assessment.

We found medicines were administered safely and appropriately. Staff demonstrated a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns.

The hospice building, within which Alice House Trading Limited was located, was well maintained and clean. One visiting family member told us, "They [staff] are always cleaning the place, the standards here are impeccable."

People were encouraged to bring important items from their home to personalise their room. There were systems in place to check the hospice building and equipment were safe.

The registered provider delivered a dynamic and constantly evolving training programme. Training available to staff included person-centred care, palliative care and specialist training relating to specific health conditions such as Lymphedema, lung cancer and heart failure. The registered manager told us the provider had invested in providing three days leadership training to all staff within the organisation. This ensured people received care from an effective, cohesive and skilled staff team. Staff told us they received excellent support from their colleagues and managers.

People were always asked for permission before delivering any care. One person said, "[Staff] normally ask for permission. They don't do anything without asking." Staff had a good understanding of the Mental Capacity Act (MCA) 2005. Where required DoLS applications had been made to the local authority in line with the requirements of MCA.

People received the care and support they needed to meet their nutritional needs. People were assessed when they were admitted into Alice House to identify any potential concerns with eating and drinking. People gave us very positive feedback about the meals the service provided. Staff told us they were able to cater for people's special dietary requirements. Staff supported people living in their own homes to ensure they had enough to eat and drink.

The registered provider was forward thinking in its approach and committed to empowering people to take control of their situation. For example, the registered provider was running a unique innovative pilot 'breathlessness programme' to support people including those in the local community to self-manage their health condition. People in the long stay beds had access to specialist health professionals both employed by the hospice and external to the service. This meant people could quickly access specialised treatment for complex conditions and symptoms.

There was a strong focus on people's social and psychological wellbeing. People and family members using the services offered by Alice House Trading Limited

Summary of findings

were able to access a 24 helpline for advice which was available every day. People could access day services, social activities and therapeutic support in the purpose built holistic wellbeing centre.

People took part in organised activities which they had chosen. One person said, “There is always somebody coming in such as the kids singing and the male voice choir.” They also said, “[Day care] everybody enjoys it.” People were encouraged to remain independent. One person said, “They [staff] take me further than I can get.” People said staff responded to their wishes.

People were actively involved in deciding how they wanted their health and care needs to be met. A ‘holistic assessment’ was used to develop person-centred care plans. Care plans were centred around caring and supporting people to deal with what was important to each person. People were supported to think about their plans for the future, including their preferred place of care and their future care needs. Care plans were reviewed regularly.

People knew how to complain. None of the people we spoke with raised any concerns with us about their care. The registered manager told us they usually received very few complaints. People and family members had opportunities to give their views, through completing postcards and questionnaires. Feedback from the last consultation in 2014 was positive.

The registered manager and all staff were very knowledgeable and enthusiastic about the service. They were passionate and enthusiastic as they spoke about the service and believed in the philosophy and values of the registered provider. Similarly people and family members were very positive about the service.

The registered provider was pro-active about delivering it’s values, as well as being creative and modern in its approach to the services it offered. We found excellent examples of innovation, such as the breathlessness group, the helpline, the wellness centre, contributing to the development of a nationally recognised care pathway and the development of eight long stay beds within Hartlepool and District Hospice. The provider actively shared good practice to improve care for people at the end of their lives. The service had developed and was delivering a specific competency based training programme aimed at care home staff.

The provider had an effective quality assurance programme in place. The audits we viewed were effective in identifying areas for improvement and ensuring action was taken to improve the service. The registered manager told us they looked for opportunities to learn and improve practice and procedures. The registered provider had clear aims and objectives for its future development.

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?

Good

The service was safe. People had been assessed to protect them from a range of potential risks. Medicines were administered safely.

Staff demonstrated a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns.

There were enough skilled, experienced and knowledgeable staff to meet people's needs in a timely manner. The provider followed effective recruitment and selection processes when recruiting new staff. There were robust procedures to support managers with taking any disciplinary action.

The hospice building was well maintained and clean. There were systems in place to check the building was a safe place to stay and that equipment was safe to use.

Is the service effective?

Good

The service was effective. The provider had invested in providing leadership training to all staff within the organisation. Staff received regular one to one contact sessions with their line manager. The registered provider delivered a dynamic training programme for staff which evolved to meet changing priorities.

People were always asked for their permission before delivering any care. The provider acted in accordance with the Mental Capacity Act (MCA) 2005, including submitting applications for Deprivation of Liberty (DoLS) authorisation.

People received the care and support they needed to meet their nutritional needs. People gave us positive feedback about the meals the service provided. The service was able to cater for special dietary requirements.

The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.' People received care and treatment from a wide range of specialist health professionals.

Is the service caring?

Good

The service was caring. People were actively in control of their own care. They told us they received excellent care from kind, compassionate and caring staff who listened to them.

We observed kindness and respect between the staff and people. People were treated with dignity and respect.

The provider had a strong focus on supporting people with their social and psychological wellbeing. People could access social and therapeutic support in the bright and modern holistic wellbeing centre. People and family members were able to access the helpline for advice and support 24 hours a day every day.

Is the service responsive?

Good

The service was responsive. People were actively in control of the care they received and were involved in discussing how they wanted their needs to be met.

Summary of findings

People had their needs assessed on admission to the service. The assessment was used to develop person centred care plans. Staff discussed with people their plans for the future, including their preferred place of care and preferences for their future care needs. Care plans were reviewed regularly.

People had opportunities to take part in organised activities if they chose to. They were encouraged to remain as independent as possible. People said they were listened to and staff responded to their wishes.

People were provided with information about how to complain when they were admitted to the service. None of the people we spoke with raised any concerns with us about their care. People and family members had opportunities to give their views about the quality of the care delivered at the hospice.

Is the service well-led?

Good

The service was well led. There was an established registered manager in post. All of the managers and staff spoke passionately and enthusiastically about the hospice. They believed in the philosophy and values of the hospice. Patients and family members also spoke positively about the service.

The registered provider had a specific vision and set of values. The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. There were excellent examples of innovative practice. All people accessing the service were given the 'patients' charter.'

The provider had an effective quality assurance programme in place. The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service.

The provider was pro-active about sharing good practice to improve care for people at the end of their lives. The provider was delivering a specific competency based training programme aimed to staff in local care homes.

Alice House Trading Limited

Detailed findings

Background to this inspection

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

The inspection took place on 23, 26 and 27 March 2015. The first visit was unannounced and the other visits were announced.

The membership of the inspection team consisted of an adult social care inspector, a pharmacist inspector and an expert by experience with experience of hospice services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information included in the PIR along with other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with three people using the service and two family members. We spoke with the deputy chief executive, the registered manager, the human resources manager, catering staff, manager, three nurses, two doctors, one senior care worker and a healthcare assistant. We also spoke with the provider's accountable officer about the arrangements for handling controlled drugs (drugs liable to misuse). The accountable officer is a person designated under The Controlled Drugs (Supervision of Management and Use) Regulations 2013 by the provider to ensure that appropriate arrangements are in place for the secure and safe management of controlled drugs in the service. We also looked at six people's medicines records, three people's care records, training records for all staff, quality assurance audits, feedback from people using the service and family members.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person, who lived in their own home, said they had telephone numbers to contact staff if they needed to speak with anybody. People were assessed to protect them from a range of potential risks. For example, falling, skin damage and moving and handling risks. Where a potential risk had been identified staff had identified measures to help manage and control these risks. For people living in their own homes, staff undertook an environmental risk assessment. This included assessing any risks identified in the referral information the service had received, as well as risks associated with travel and the location, such as access, premises, the person and lone working. However, we found the assessments were not always fully completed. We discussed this with senior managers during our inspection.

Staff had a good understanding of safeguarding adults and knew how to report concerns. Staff were able to describe the various types of abuse and potential warning signs. For example, changes in a person's mood, poor self-hygiene and bruising. Staff said they would report any concerns they had straightaway. We viewed the provider's safeguarding log which confirmed there had been one safeguarding concern received relating to medicines management. The log showed the concern had been logged appropriately and referred to the local authority safeguarding team. We found an action plan had been developed following the allegation. This included re-assessing staff competency to administer medicines and increased monitoring. We also found the action plan had been monitored until the responsible person was satisfied that all actions had been completed.

Staff were aware of the provider's whistle blowing procedure and knew how to report concerns. Staff we spoke with told us there had been no need to use the procedure. One staff member said, "Concerns would be taken seriously." Another staff member said concerns would be, "Acted on straightaway."

Medicines were kept safely. Medicines were kept securely and only accessible to staff authorised to handle medicines. Medicines were kept in a locked drug trolley or in a locked treatment room. We saw the temperature of the medicines refrigerator was regularly monitored although the temperature of the treatment room itself was not recorded.

There was a system for ordering, receipt and disposal of medicines in place. Controlled drugs were ordered, received, stored, checked and disposed of in accordance with the required legislation.

We saw arrangements were in place for checking and confirming people's medicines on first admission to Alice House. Appropriate arrangements were in place for the administration of medicines. Staff told us people living in Alice House could be responsible for taking their own medicines. We saw a lockable cabinet was located in each person's room for the secure storage of medicines they brought in with them and medicines they managed themselves. Appropriate arrangements were in place for the recording of medicines. However, there were gaps in the records for two people.

All the staff members we spoke with were aware of how to report any medicines incidents. One nurse we spoke with explained how medication errors were reviewed by a multi-disciplinary team on a regular basis to support shared learning.

There were enough staff to meet people's needs. People using the service, family members and staff did not raise any concerns with us about staffing levels. One staff member said, "There are no issues with staffing." Staff said there was low turnover of staff. One staff member said, "The staff team was all the same staff." People told us staff were reliable and consistent. One person said staff were always "on time." They also said the registered provider was flexible about how they used their care hours. Another person said staff who supported them were always, "People who I know." They also said, "Yes they are reliable and stay for the full length of time."

The provider had effective recruitment and selection processes. The service followed the agreed processes when recruiting new staff. These were effective in ensuring new staff were suitable to work with vulnerable people. Staff files we viewed confirmed pre-employment checks had been carried out before new staff started their employment. For example, Disclosure and Barring Service (DBS) checks to confirm applicants did not have a criminal record or were barred from working with vulnerable

Good

Is the service safe?

people. The registered provider had also requested and received references including one from the applicant's most recent employer. Staff records confirmed that at least one reference had been received for each staff member. Where a second reference had been delayed or not returned, the provider pursued this with the relevant referee. We saw records were kept of the attempts made to source the reference. This meant people were protected because the provider always vetted staff before they worked at the service.

When required there were robust procedures in place to support managers with taking any disciplinary action. The human resources manager told us that where required a full investigation would be carried out with findings and an action plan forwarded to senior management for approval. Examples of previous actions taken included staff reading relevant policies and procedures, attending compulsory training and medicines spot checks.

The eight long stay beds were located within the same building as Hartlepool and district hospice, which was very well maintained. We observed ongoing cleaning of the premises throughout our inspection of both services. A visiting family member commented about the premises. They said, "They [staff] are always cleaning the place, the standards here are impeccable." We observed lots of information displayed around the building regarding infection control and personal hygiene. We saw that there were antiseptic hand gel dispensers available all around the building. We observed cleaning staff carrying out their tasks in a safe manner by utilising the hazard/caution wet floor signs after mopping the corridors. The registered manager told us they tried to keep the building looking as homely as possible whilst balancing this with infection control rules and regulations. One person told us, "I am happy with my room, it has everything I need. I brought some items from home like pictures and the chest of drawers. I knew I could not bring everything with me but I choose the things I wanted the most."

There were systems in place to check the hospice building, within which Alice House Trading Limited, was based was a safe place to stay. The registered provider undertook a range of health and safety checks. We viewed records which confirmed these checks were up to date at the time of our inspection. These included fire safety checks and a fire risk assessment as well as checks of fire safety, gas safety, electrical installation and legionella. Regular fire drills were carried out and these were used as a learning experience. For example, records we viewed showed that action points were recorded following each drill. Previous actions included additional training and recording sheets changed to capture better quality information.

We observed a wide range of equipment for use with people, such as hydraulic baths, walking frames, overhead hoists. We observed that equipment had been serviced and maintained regularly by checking the stickers on individual items of equipment which showed when the checks had been completed.

Good

Is the service effective?

Our findings

People were happy and gave us positive feedback about the staff delivering their care. One person said the staff were, "All lovely." Another person said, "The girls are very good." One family member said, "They do a marvellous job."

People received their care from staff who were very well supported in their caring role. Staff confirmed their managers and colleagues supported them well. Staff said they had regular contact sessions (supervisions) and appraisals. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. One staff member said they attended, "Contact meetings on a regular basis, around every three months." Another staff member said they had, "Good support, really good. Support is there if we need it." Another staff member commented, "Huge support, there is always support there for me." Another staff member said support was, "100% and more." One staff member we spoke with was a 'bank worker' (staff working on a casual basis). They said they did not have regular contact sessions with a manager. However, they went on to say that they felt very well supported by their manager. A senior staff member told us all health care assistants had a designated mentor. Staff could also access external support and advice at any time. For example, staff had immediate 24 hour access to a counselling service.

Staff told us they had an appraisal every year. We found a key focus of the appraisal system was identifying objectives for staff to work towards. Objectives were linked to the provider's over-arching strategy and the person's specific role within the organisation. Random checks were undertaken of staff members' progress with objectives. For example, to check whether identified training had been completed.

People were cared for by well trained and appropriately skilled staff. Staff said they received the training they needed to provide good quality care for people. The provider actively encouraged and promoted staff training and development. Training records we viewed confirmed that staff had regular opportunities for training and development. The registered provider had systems in place to ensure staff completed the training the registered provider deemed as essential for each staff member. This included fire safety, health and safety, infection control and moving and handling. The provider had developed a bespoke training database to ensure they had accurate and up to date information about the training staff needed and when it was due. In this way the provider could ensure staff training was up to date.

The provider had a three month rolling programme of clinical training for staff. The registered manager told us content of the programme evolved depending on changing priorities. This could be from lessons learnt through the registered provider's quality checks, reflective practice or what staff identified as important to them in their appraisals. For example, the registered provider had invested in more advanced safeguarding training to be rolled out to all staff. Training available to staff included person-centred care, palliative care and specialist training relating to specific health conditions such as Lymphedema, lung cancer and heart failure. Staff told us they received good quality training. One staff member said, "The in-house training is really good, I am always up to date with that [training]." Another staff member said the training they received was, "Really good." This meant staff were able to access the training they needed in a timely manner.

There was strong emphasis within the organisation on teamwork, particularly the importance of developing a cohesive and effective team. The registered manager told us they had invested in providing three days leadership training to all staff. The registered manager said this had allowed them to develop a greater understanding of each individual staff member's strengths. This was important to ensure effective working across the service for the benefit of people using the service and family members. Staff talked about working in a supportive environment and said they had positive working relationships with all of their colleagues. One staff member said, "I get on with everybody. It's like a big family, I love it."

The human resources manager was responsible for checking on professional registration for qualified staff. They said they undertook regular spot checks to confirm continued compliance with registration requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are

made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. Staff had a good understanding of the Mental Capacity Act (2005). They demonstrated this good understanding when we spoke with them. For example, staff were able to describe when MCA applied to a person and could tell us about people who had DoLS authorisations in place. Where required DoLS applications had been made to the local authority. We found that authorisation had been granted in line with the requirements of MCA.

People were asked for their permission before delivering any care. One person said, "[Staff] normally ask for permission. They don't do anything without asking." We saw examples within people's care plans of signed consent. For example, people had been asked to sign their holistic assessments. Staff were clear about the importance of gaining a person's consent. They said they would always ask first before delivering any care. Staff said they would respect a person's decision. They told us if a person refused they would offer encouragement or go back later.

Staff said sometimes people using the service displayed behaviours that challenged others. Staff had a good understanding of how to support people when they were anxious. Staff gave us examples of strategies they used which included sitting down with people and talking with them to help calm them down. Staff told us they could access support from outside agencies to provide additional advice and guidance.

People's nutritional needs were assessed. Staff said they supported people in various ways to ensure they had enough to eat and drink. For example, some people needed full assistance with eating and drinking whilst other people only needed prompts and encouragement. Staff said they supported some people living in their own homes to make their own meals. They also said they left out drinks and snacks for some people to have later in the day.

Where people required specific support with eating and drinking this was provided. For example, some people had been referred to a speech and language therapist for advice and guidance. Staff said they encouraged people to eat and they would buy things in if people had specific dietary requirements or wishes. People's food and fluid intake was monitored to make sure they had enough to eat and drink. We observed the menu in the cafe and saw there was a choice of meals for people and staff to choose from. We asked a member of the catering team about the food people received. They told us people's meals were all cooked fresh on the premises and they always offered different choices. They told us they prepared foods for people according to their individual needs and in keeping with any specific dietary recommendations from health professionals. If requested they prepared food according to people's cultural needs.

Staff told us that the cook spent time with people when they were admitted into the service to gather information about their eating and drinking preferences. They said they were able to cater for special dietary requirements. For example, they had previously catered for one person who preferred a halal based diet.

People were supported with their healthcare needs. People living in their own homes told us staff supported them to attend hospital appointments. The long stay beds within Alice House were located in the hospice building where people could access specialised treatment for complex conditions and symptoms. The registered provider had good links with the local NHS Trust, to provide an on-call rota system should people require medical assistance on a weekend. In this way people had access to medical staff, including doctors 24 hours a day. People also had access to a wide range of external health professionals as their needs determined. For example, speech and language therapists, occupational therapists and specialist nurses. Involvement from health professionals had been recorded in people's care records.

The registered provider was creative about developing initiatives to improve the lives of people using the service and the local community. The registered provider ran a unique innovative pilot 'breathlessness programme' comprising of nine six week programmes. The aim of the programme was to reduce people's reliance on accident and emergency for anxiety related breathlessness admissions. This also included supporting the hospital trust and clinical commissioning group's (CCG) priorities, such as management of longer term health conditions. Other aims of the programme were to support the philosophy of the 'Expert Patient' (a self-management programme for people living with long term conditions) to enable people in the local community to self-manage their condition and associated risks, such as their psychological wellbeing. The programme involved the provision of advice about smoking cessation and nutrition, as well as

Good

Is the service effective?

counselling and complementary therapy. During the programme people were able to access a specialist day service, a therapeutic support package, a specialist nurse and an evening comfort call for reassurance. The programme had been continually evaluated including people on the programme with positive feedback received to date.

Good

Is the service caring?

Our findings

People and family members we spoke with gave us very positive feedback about the care they received. One person said, "Very good care." They went on to say, "I have really good carers, outstanding. I have to say excellent." Another person said their care was, "Very good, can't complain." They also said staff were, "Brilliant, very kind and caring", and, "[Staff] make sure I have what I need, very caring." One family member said, "I get good support, I really do." They also said, "They are a great help. I do appreciate them."

One family member we spoke with told us how staff supported them as well as their relative. They said staff, "Support me as well." They also told us how much they appreciated the support they received. The family member said, "If support was to stop I wouldn't know what to do."

We saw the staff had received numerous compliments giving praise for excellent care. For example, one compliment read, 'Thank you to all the staff for kindness shown to [my relative] during her stay in Alice House. Words are not enough.'

The registered provider promoted an ethos of valuing people and putting them at the heart of their care. People we spoke with confirmed they felt listened to and very much in control of their own care. They clearly emphasised how they were enabled to make their own decisions. One person said the way they had their care delivered was, "All my choice." They also said, "They [staff] didn't sit down with me, I sat down with them and said what I would like." Another person said, "Yes I am in control." One staff member said it was, "Always their [people using the service] choice." They went on to say, "They tell us how they want things, it is totally their choice."

A family member told us about how the agency was flexible in how the family used their care hours. They said they had arranged for the care worker to visit for longer on a morning as that suited them better. Staff told us they discussed people's wishes and preferences for their future care needs, including their preferred place of care with them and their family members. They said this would be recorded in their care plan. For example, one person had specified that they wanted to stay at Alice House. Staff said they would, "Go through the completed care plan and check they were happy and whether they wanted to add anything."

Staff understood the importance of maintaining people's privacy and dignity. They described how they delivered care to achieve this aim. For example, one staff member said they knocked on people's doors before entering and kept people covered when delivering personal care to maintain their dignity. All staff said they followed the person's agreed care plan. One person we spoke with confirmed staff treated them with respect. They said staff were, "Very respectful." A family member also commented, "The girls are lovely, very patient." Senior staff told us dignity and respect was emphasised from the point of induction of new staff and thereafter. They said staff always knocked on people's doors before entering. In Alice House people could place signs on their door to inform staff they did not want to be disturbed. Senior staff checked on how staff treated people through observations to confirm they were treating people with dignity and respect.

Staff told us they knew the people they supported really well. One staff member said, "I know the clients, I have worked with them a long time." They went on to say, "They [people using the service] know us and we know them." Staff demonstrated a good understanding of maintaining confidentiality including when they may need to breach confidentiality to keep people safe.

People and family members were able to access the helpline for advice and support 24 hours a day every day. Advice from trained nurses was available through the helpline as well as signposting to other services. Audits of the effectiveness of the helpline showed that family members and health professionals had regularly accessed the service for advice.

People's wellbeing was promoted through accessing day services, social activities and therapeutic support. These were offered each day in the purpose built Holistic Wellbeing Centre. For example, people could socialise with other people in similar situations for mutual support. They could also take part in exercise, relaxation activities as well as spiritual and faith based activities. One person we spoke with told us about how much they, "Looked forward to their Wednesdays." They told us about how much better they felt when they attended day care. They said, "It's different to being at home looking at the walls and not interacting." They went on to say, "[Day care] everybody enjoys it. We have a good time." Complimentary therapies available included reflexology, Indian head massage and aromatherapy.

Good

Is the service caring?

On admission people were given an information sheet about the care agency. This gave information about the services available such as complimentary therapy, day hospice, hairdressing and ordering newspapers. The information sheet also provided information about the communal lounge and activities for people to take part in. For example, movie nights, card games and arts and crafts.

The registered manager and staff members we spoke with gave us positive feedback about the quality of the care and treatment provided within the service. We found the staff were committed and passionate about providing excellent care to people. Their comments included, "[We] give the best quality of care ever", "Good staff who give 110%", "Maintaining dignity and privacy, not just the person but their family", "Keeping people's spirits up", "Making a difference", "Delivering a very high standard of care, a holistic approach."

Good

Is the service responsive?

Our findings

People told us they appreciated the care and support they received as it allowed them to do more things. One person said, "They [staff] take me further than I can get." People were aware of their care plans and had been involved in deciding what was in them. One person said, "[Staff] came out and assessed me, to see what I could do and what I couldn't do." Another person said, "I have a book that is full of writing. Staff write down what we have done that day."

People told us they had opportunities to take part in activities if they wanted to. They gave us examples of activities they could take part in, such as attending the day service, making cards, trips out in the minibus and bingo. One person said, "There is always somebody coming in such as the kids singing and the male voice choir." Staff said they asked people what activities they wanted each week and developed a specific timetable based around people's choices. They said planned activities could be changed on the day if people wanted to do something different.

Care was planned around what was important to each person. On admission staff undertook a 'holistic assessment' of each person's needs. The assessment took account of each person's physical, psychological, social and spiritual needs. Records showed staff had discussed with the person about their life history, such as interests and previous employment. The assessment was focused around how the person wanted their needs to be met and how staff could help them remain independent. For one person this was to have help to have a bath or shower, taking their medicines, getting ready for bed and support during the night. Staff said they asked relatives about people's preferences including their likes and dislikes. One family member said staff were, "More than willing to do whatever I ask."

Care plans we viewed were person centred with people's specific preferences highlighted. We saw care plans were centred around what was important and relevant to each person. For example, one person wanted support to have a full body wash. The care plan stated the person preferred to do this but wanted the care worker to bring a bowl of water and toiletries. Another person wanted help to prepare fresh drinks and snacks of their choice. Care plans identified specific goals for people and staff to aim towards.

Care plans were reviewed at least every six months if there were no changes. Reviews took place sooner if people's needs had changed. We also found staff were pro-active in developing separate care plans to deal with short term issues. These were reviewed as people's needs changed.

People knew how to make a complaint and said they felt confident to make a complaint. One person said, "If I was not happy I would speak up." They also said, "If you have any problem [staff] sort it out for you." One family member said, "No complaints at all, none whatsoever."

People were provided with information about how to complain when they were admitted to the service. People we spoke with told us they knew how to complain and felt any concerns would be taken seriously. None of the people we spoke with raised any concerns with us about their care. The provider had systems to log and investigate complaints received. Complaints were analysed to identify any trends and patterns. The registered manager told us they usually received very few complaints and that there had been no trends identified in the past 12 months. People and family members had opportunities to give their views. For example, through completing postcards and questionnaires and the user involvement group.

Good

Is the service well-led?

Our findings

The registered manager had been in post for three years. We found they were very knowledgeable about the service. We observed how enthusiastically she spoke about the service and the people who used it. We found all of the managers and staff we spoke with were all very passionate and enthusiastic about the service. We found they believed in the philosophy and values of the service, which were promoted and displayed prominently for all to see. We saw many examples throughout our inspection of Alice House's long stay beds of staff practising these values for the benefit of people using the service and their family members. Staff said the registered manager was approachable. One staff member said the registered manager had, "An open door policy, I can go to see her at any time." The registered manager had sent the Care Quality Commission the statutory notifications which they are required to do so under their registration.

Staff said the agency had a positive culture and was a good place to work. One staff member said, "I get on with everybody. It's a nice place to work, a beautiful place to work." Another staff member said, "Absolutely lovely, everybody has a lovely smile. Really friendly atmosphere." Another staff member said they were "Very proud" of the service and "very proud to work for them."

The registered manager told us staff had a range of options if they wanted to speak with someone or raise concerns. For instance, staff could speak with any member of the senior management team, direct with the chief executive or contact the human resources department. The registered manager said she felt that staff would be, "Happy to raise any concerns." Staff we spoke with confirmed they felt able to raise concerns. From viewing the minutes of previous staff meetings we could see these took place consistently every month. Staff confirmed there were regular team meetings. They said these were an "open discussion" where they were able to discuss any problems or concerns they had..

Alice House Trading Limited had adopted the vision and values of Hartlepool and district hospice. We found the values were person-centred and creative. They were focused around treating people as individuals, putting people at the heart care delivery, being progressive and looking for new opportunities. The values underpinned the care people received and all staff we spoke with understood their importance. On admission every person was given their own copy of the vision and values. We found the registered provider was pro-active about delivering these values to seek new ways of working to improve the lives of people using the service, family members and the wider community. For example, the registered provider was forward thinking, creative and modern in their approach to the services offered. We found there were excellent examples of innovative practice, such as developing and running the breathlessness pilot, the 24 hour helpline, the wellness centre and joint working with an NHS foundation trust to develop a nationally recognised palliative care pathway.

The registered provider was aware of the changing needs of the community it served and was looking for new ways to meet these changes. The registered manager said a lack of palliative care in the local community had previously been an area of concern. The registered provider had set up Alice House care agency to address this lack of provision and to offer people specialist hospice services in their own homes. The service had been developed further to provide eight long stay beds within Hartlepool and district hospice to bridge the gap between care in people's own home and the hospice service.

The provider had an effective quality assurance programme in place. The registered manager told us there was a 15 month audit programme. We viewed the records from previous audits including checks on falls, consent to treatment, medicines management, skin damage and oral hygiene. These audits had been effective in identifying areas for improvement and ensuring action was taken to improve the service. For example, action taken following audits included further education and training for staff, ad hoc checks of medicines records and referring people to specialist health professionals. The registered manager told us they looked for opportunities to learn and improve practice and procedures. We saw the findings from the various audits were analysed and used to develop an over-arching action plan. The action plan was reported to a specific clinical audit sub-group for on-going evaluation and monitoring.

The registered provider carried out additional regular quality checks to confirm people living in their own homes received the care they wanted and needed. These included assessing how the person was, whether their needs were being met and whether there were any improvements

Good

Is the service well-led?

needed. Staff told us the quality check included a specific check on how staff treated people. They said people were told about the unannounced checks when they started using the service. Staff said there had been no particular trends and patterns identified in the spot checks undertaken to date. They said feedback from people had been good. They also said if any concerns were identified an action plan would be developed. People we spoke with only gave us positive feedback about their care.

There were clear governance arrangements in place. One staff member told us they were very aware, "Of the chain of command." The senior management team reported directly to the board of trustees. The registered manager told us the clinical governance group monitored policies and procedures to ensure they were reflective of best practice and responsive to local and national priorities.

Incidents and accidents were investigated thoroughly. We viewed previous incident and accident records and found these contained detailed information about the incident and action taken to prevent the incident or accident from happening again. Incidents and accidents were analysed regularly. We saw areas for improvement had been identified, such as changing the format of the incident form to capture more information, further education and supervision for staff involved, additional training, increased monitoring and taking people to hospital. All incident forms were checked by the nurse in charge and then a further check undertaken by the clinical services manager.

The provider had clear aims and objective for its future development. These were documented in a three year strategy covering the period 2012 to 2015. We viewed the most recent version of the strategy which detailed the service's objectives and priorities and the steps required to achieve each objective. The strategy had direct links with the service's vision and values. The strategy had been reviewed annually to respond to changing priorities and challenges. The registered manager said the next three year strategy was being developed. The registered provider had developed an over-arching twelve month action plan. Actions identified included the incident form and policy to be reviewed, a review of safeguarding training, targets to reduce the incidence of pressure ulcers and reviewing the three year strategy.

The provider was pro-active about sharing good practice and being a positive role model for improving care for people at the end of their lives. The provider had developed and was running a specific competency based training programme aimed at improving the skills and knowledge of care home staff. The provider was rolling this training out to a number of care homes within the local community. At the time of our inspection training had been delivered to staff from five care homes. As a specialist consultant led service the provider was actively offering training placements to doctors of all grades as part of a specialist training programme.