

Hospice Of St. Francis (Berkhamsted) Limited

The Hospice of St Francis

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2016 and was unannounced.

Hospice of St Francis is registered to provide palliative and end of life care, advice and clinical support for people with progressive, life limiting illnesses and their families and carers. They delivered physical, emotional and holistic care including bereavement counselling support for children as well as adults, an outpatient service, occupational and creative therapy, complementary and physiotherapy, spiritual support, social workers, clinical nurse specialists and volunteer services.

The hospice inpatient unit cared for up to 14 adults who required symptom control or end of life care. They delivered physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists. The service provided care for people through an 'In-Patient Unit' and the 'Spring Centre' which included the community service.

The Hospice at Home service provided palliative and end of life care and support to people and their families in their own home during the day, six days a week with access to doctors, registered nurses and care assistants. They worked closely with a partner hospice to ensure if a person needed support during the night this was accommodated.

At the time of the inspection there were 12 people using the inpatient service. The Spring Centre community service reached out to 400 people. The Spring Centre offered a range of services to people recently diagnosed with life limiting conditions, their carers and families. The service provided outpatient clinics, specialist advice, courses, complementary therapy sessions and many other opportunities for people and their families to learn to cope with their illness or their loss.

Hospice of St Francis had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received excellent care, based on best practice from experienced staff with the knowledge, skills and competencies to support their complex health needs. Staff were trained in how to protect people from abuse and harm. They demonstrated a strong sense of responsibility and in-depth knowledge about safeguarding issues and were confident in the procedures they had to follow in reporting any concerns or potential abuse internally and externally.

Risks to people's well-being were assessed by staff daily and they discussed with people the measures needed to mitigate these risks. Staff respected and recorded people's choices if they agreed or not to have measures in place to mitigate the risks.

Staff from the community services communicated any risks to people's health and well-being to health and social care professionals involved in people's care in the community and also in the regular multi-disciplinary (MDT) meetings they had daily in the in-patient unit. Staff followed up and reviewed risks regularly to ensure these were appropriately managed and mitigated.

People and families received outstanding care from exceptional staff and volunteers who developed positive, caring and compassionate relationships with them. The service promoted a culture that was caring and person centred. Staff worked together as a multidisciplinary team to provide seamless care for people.

People and their relatives were overwhelmingly positive about staff's approach, kindness and devotion they showed towards meeting people's needs. People told us staff helped them to live their life in comfort and pain free which improved the quality of their life. Staff anticipated how people felt when planning their care and support so people felt valued and understood.

People were partners in their care, and were consulted and involved in decisions about their care and treatment. They were asked about where and how they would like to be cared for when they reached the end of their life. Staff treated them with the utmost sensitivity, dignity and respect. The knowledge staff demonstrated about people's needs, their wishes, likes and dislikes even for people who moved in to the in-patient unit in the last 24 hours was exceptional.

The hospice operated a 24 hour admission process for the in-patient unit and on-call system for the community service to ensure people received the same support and advice during the day as during the night. People using the inpatient service had their medical needs met by a team of doctors employed by the hospice including two consultants, one of which worked predominantly in the community.

People who used the various services offered at the Spring Centre told us the help and support they received changed their life and gave them strength. They valued the support they received from the different activities, courses and clinics which helped them to live with and manage their symptoms to maximise their health and helped them prepare for the future. They also appreciated the opportunity to meet with people in similar conditions and the social aspect of the services provided.

People's medicines were administered by trained and qualified staff who had their competency assessed regularly by the practice development nurse. Any changes in people's medication were discussed by the medical team with people, nurses and pharmacist to manage and support people's symptoms and pain management. Medicines were regularly reviewed and audited to ensure they met people's needs.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care. Nursing staff from the hospice at home service were trained to discuss and record decisions regarding Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). People were helped to make informed decisions by discussions with the nursing staff which helped them understand the implications this decision had on their life.

There was a positive culture which focussed on people. People's positive feedback about the way the service was led proved that the management team at St Francis promoted excellent leadership which placed people and their families in the centre of all the services provided. Staff praised the provider and the leadership of the management team for their approach and consistent, effective support and how they led through example.

The Chief Executive Officer (CEO) and the registered manager promoted an open and transparent culture which had roots in the values and the ethos the hospice practiced. Staff were extremely motivated and they promoted these values in every aspect of the care they provided to people and their families. They were fully committed to constantly improve the quality of care people received starting with symptom control all the way to end of life and palliative care.

The CEO and the Registered Manager actively sought the views of others which was used to shape and improve the services offered by the hospice. Following research and working in partnership with other hospices and health care organisations the Medical Director has developed services for people with pulmonary fibrosis and heart failure. This made them leaders between other providers and people with pulmonary fibrosis were referred to St Francis even if they resided outside the hospice catchment area to benefit from the excellent care and symptom management they offered.

The CEO ensured that St Francis took a key role in the community and was actively involved in building further links with other charity organisations and local NHS Trusts to promote the hospice services and help improve the quality of end of life care people received. The Medical Director from the hospice worked at the local hospital to identify early the people who were in need of specialist end of life care and to improve staff`s knowledge who worked at the hospital about palliative and end of life care.

The CEO recognised that the changing demographic within North West Hertfordshire had a significant impact on the needs of the people living in the community. They established seamless working relationships with other organisations to be able to reach out to as many people with complex needs as possible. The Medical Director created a Consultant in Palliative Medicine post to provide additional medical support to the multi-professional teams working at St Francis and the partner organisations and promoted coordinated personalised care for people in the community.

The service continuously looked at the needs of the local community and adapted their services to reach and extend the hospice support to as many people and their families as possible. The services provided by the hospice had the support of 1000 volunteers who were closely involved in every aspect and department the hospice was operating. They played an important part in fundraising events and spreading the awareness of the hospice services in their community.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the management team. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions.

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.

Staff had a good knowledge how to recognise and respond to any actual or potential abuse.

Potential risks to people were assessed and discussed with people and measures were put in place to reduce risks if people chose.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people`s needs at all times.

People received their medicines from staff who were trained and qualified in safe administration of medicines and the use of specialist equipment to ensure people received their medicines in time and safely.

Is the service effective?

Outstanding ☆

The service was very effective.

People received effective care, based on best practice from staff with the knowledge and specialist skills to manage their pain and physical symptoms.

Staff received excellent training and support to gain practical skills as well as develop their knowledge and abilities further and met people`s needs holistically.

People's human and legal rights were respected because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Staff were qualified and followed best interest processes where people lacked capacity.

People were supported to eat and drink and maintain a balanced diet. The chef and the kitchen team worked very closely with the nurses and doctors from the hospice to improve the quality of life for people and meet their nutritional needs.

People's health needs was carefully monitored by the nursing

and medical staff. The hospice worked in partnership with specialists for symptom and pain management to ensure people had a comfortable and pain free life and death.

Is the service caring?

The service was very caring.

People and their relative's feedback about the caring approach of the service and staff was overwhelmingly positive.

Staff showed kindness and knew how to show empathy when people faced challenging situations. People and their families valued all the services offered by the hospice and praised staff who often performed beyond the scope of their duties and helped people achieve their last wishes.

People's families and children were offered bereavement support and counselling following the loss of their loved ones.

The service was very flexible and responded quickly to people's changing needs or wishes. Staff communicated effectively with people and treated them with kindness, compassion and respect.

People were consulted about and fully involved in their care and treatment. The service provided outstanding end of life care and people were enabled to experience a comfortable, dignified and pain-free death.

Outstanding 

Is the service responsive?

The service was very responsive and provided flexible services to people where they received help as in patients, at the Spring Centre or at home.

People were placed at the heart of the service and were fully involved in the planning of their care, treatment and support.

Excellent support was available for people who used services from clinical specialist nurses and allied healthcare professionals who worked at the hospice and in the community.

The social work team at the hospice gave practical support which was greatly appreciated by people and their families.

The service encouraged people with life limiting conditions and their family's early involvement in the hospice by organising diverse activities, clinics and support groups at the Spring Centre.

Outstanding 

The provider used feedback from people to improve the quality of the service and developed new services to meet people and their family's needs at all times.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

The Chief Executive and the management team provided outstanding and enabling leadership and support to staff which helped ensure that people's needs were met fully at all times.

There was an open and collaborative culture within the team who worked effectively with people, relatives, volunteers and other professionals to shape the service on offer and ensure people's health social and wellbeing needs were met

The Chief Executive developed a Consultant in Palliative Medicine position shared between St Francis and a partner organisation and provided additional medical support to the multi-professional teams and promoted coordinated personalised care for people in the community.

The Chief Executive ensured that The Hospice of St Francis played a key role in the community and was actively involved in building links with other organisations and local NHS Trusts to promote, influence and improve the quality of end of life care people received as in-patients or in the community.

There were robust auditing systems in place to ensure the quality of the service was constantly monitored and actions were in place to constantly drive improvement.

The Hospice of St Francis

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.

This inspection visit took place on 24 and 25 May 2016 and was unannounced. It was carried out by one inspector and a pharmacist inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of significant events that affect the health and safety of people who used the service. We talked to health and social care professionals to ask for feedback about the service.

We spoke with eight people who used the inpatient service and hospice at home service, seven relatives, two volunteers, nine staff including nurses and care assistants. In addition we talked to a pharmacist, social workers, the manager of the hospice at home service, the spiritual leader, the chef, three consultants, the Chief Executive and the Medical Director.

We attended a family carers coffee morning held in the Spring Centre with 12 family carers and the Chief Executive Officer's monthly update for all staff with a participation of approximately 80 staff members from all departments in the hospice.

We reviewed eight people's care plans to see how their support was planned and delivered. We looked at a selection of medication records to check medicines were managed safely. We looked at a range of policies and procedures, quality assurance and clinical audits and meeting minutes for different departments.

Is the service safe?

Our findings

People who used the hospice services and their relatives were highly complimentary about the service they received. They told us they felt safe and well looked after by staff who were knowledgeable and met their needs. One person told us how anxious and vulnerable they felt after being diagnosed with a life limiting illness. They said meeting staff from St Francis changed their life and made them feel at ease and very safe. They said, "Because of the hospice and the attention I had from the staff I feel better and much safer. They really changed my life. I trust staff and really feel safe." Another person told us, "The service I receive means everything to me and my family. It makes me feel very safe." A relative told us, "I come here [Spring Centre] regularly. I like coming with [person's name] because a staff member will look after them so well and I can relax and enjoy some time talking with others knowing [person] is safe and well looked after."

Staff were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse. Staff told us that safeguarding people from all forms of abuse was an important part of their role. They said the regular safeguarding training and updates they received helped them be competent in understanding how to keep people safe. Staff gave us examples when they reported concerns they had to the safeguarding lead within the hospice and how they discussed ways to keep people safe. They described how they would refer people to the appropriate organisation if they had concerns to ensure people were protected from potential abuse. We found that systems for reporting to safeguarding authorities were robust and followed by staff.

A social worker who was one of the safeguarding leads working at the hospice told us they were involved in training staff in safeguarding issues. They were conscious how important it was for them to be knowledgeable and up to date with current legislation about safeguarding to be able to keep people safe. They told us, "There were changes made to The Care Act recently about safeguarding. I am booked on training to learn what is new. I need to understand how these changes are relevant and applicable to our policies and procedures." They continued to say, "I need to be competent to carry out my responsibilities regarding my role, which is to ensure people in our care are safe." This demonstrated that there was a strong commitment shown by staff and the management team to safeguard people from any harm or potential abuse.

People told us staff discussed with them any issues they had identified as potential risks to their well-being or risks associated with their treatment. Staff respected people's choices and decisions regarding the measures put in place to mitigate the identified risks. One person told us, "They discuss everything with me, risks, treatment and they explain it all so I can understand. They [staff] suggest the way forward and I am given as many options as possible. They let me choose so I feel in control of my decisions. They always respect my choice." Another person who used the hospice at home service told us, "They [staff] are very good. They [staff] visited me in my own home and they made me think about all the issues I never thought about; how to get in and out the bath, how to use the stairs to be safe. They suggested ways to stay safe and remain in my own home. They [staff] are brilliant."

We found that an initial 'holistic assessment' was done for each person when they started using the

service. This assessment looked at people's care needs, their wishes as well as the risks to every person's well-being. This was reviewed and developed further by nurses and other professionals depending on the needs of the person. People's individual risk assessments were reviewed every time they received support from the service. This approach helped people to receive care which was safe and effectively met their needs. Staff who looked after people in their own homes shared information about their assessments with people's own GPs and district nurse teams. The provider recognised the need to develop policies and procedures to mitigate risks due to the nature of the service provided for people who had complex needs and required safe and effective care. For example one of the policies developed by the provider ensured that all the beds in the inpatient unit were specialist beds equipped with air mattresses. This way the risks for people to develop pressure ulcers were mitigated by the general use of specialist equipment. Staff were knowledgeable and followed these policies. One staff member told us, "People only die once. We only have one chance to get it right. We need to do everything possible for people to be safe, comfortable and be cared for and die where they choose."

Staff demonstrated a very good understanding of what was important for people and they offered support centred on the needs of the person and their family. This enabled people to make informed decisions about their care and with the help of staff, positively manage the risks.

Incidents and accidents were monitored by the registered manager and the Chief Executive who collated the information and this was then analysed and discussed in regular case study meetings. Staff told us they were encouraged to report any incidents or near misses which occurred.

We saw meeting minutes from a case study where nursing staff, consultants and representatives from the management discussed how to mitigate more effectively risks for people if they were not able to call for help or ring their bell for some reason. The team considered the routine use of wrist bells for people on the inpatient unit, the infection control implications as they were not able to transfer the wrist bells from one person to another. The team reviewed whether wrist call bands were helpful for people and discussed other ways to manage this risk. They agreed to use sensor pads that were linked to the call system to alert staff if people needed help to mobilise. They also used a monitoring system which was tested and covered each corridor in the inpatient unit. The outcome of these meetings were shared with staff at handover and on the electronic intranet which staff accessed when they were on shift. This meant that learning and awareness was promoted amongst staff. Staff at all levels were involved in improving the service delivered to people and improved the quality of care people received and aimed to ensure people were safe at all times.

People and their relatives told us staff were always available when they needed them. People told us that staff working at the hospice made them feel valued, empowered and important. Staff gave people the time they needed when they needed it. One person told us, "I appreciate the fact they consider me important. No matter when I need them [staff] to talk to me they always have time and they make themselves available." Another person said, "Staff come at the touch of a button and cannot do enough for me." One relative told us, "I don't know how staff do it. No matter how busy they are, they always have time for us. This makes a difference and gives us reassurance and confidence that there are enough staff around to look after [Person's name]."

On both days of the inspection visit there was a busy but calm atmosphere in the hospice. There were enough staff to offer people and their families the care and support they needed. We observed staff working together and attentive in picking up each other's duties if there was a need for it. For example, we observed a nurse who was stopped by a relative whilst they were on their way to the medication room to prepare medicines for a person. Another staff member noticed this and politely asked for the keys from the medication room and took over the task. The nurse invited the relative to sit in an office so they could have a

private conversation knowing that their colleague would administer the medicine to the person who needed it.

People and their relatives using the hospice at home service told us staff were always on time and spent as much time with the person as needed. One person told us, "They [staff] are always a phone call away; they phone me, visit me and spend time with me. I don't know what I would do without them." One relative told us, "They [staff] are never late or miss a visit. They [staff] are so helpful and nice." One nurse told us, "Staffing is based on people`s needs and our experience of the service. We nurses have worked here for a number of years and we know what is working and how to adjust staffing. When we do the rotas we make sure we have the right skill mix in staffing and we check if we need extra staff in case of a new admission or other events like training." They continued to say, "We have the flexibility to adjust staffing if people`s needs require." By empowering the nursing team to have the flexibility to adjust staffing, this helped to ensure people`s needs were always met. There were enough staff to offer care and support for people in a holistic way without feeling the pressure of time.

People had their medicines administered by staff who had comprehensive induction and training with regards to medicines and had regular competency checks. There were clear guidelines in place for how often these competency checks should be performed depending on whether staff had been involved in a medicine incident or not. Staff told us they were consistently encouraged to participate in on-going education and that there was a wide variety of opportunities such as teaching sessions and journal clubs for them to improve their knowledge and skills about the safe administration of medicines to people.

Medicine administration records (MAR) were accurately completed and signed by staff every time they administered medicines to people. At the time of the inspection people had their medicines administered by staff, however systems were in place should people wish to administer their own medicines.

Medicines and prescription pads used by the medical team in the hospice were stored safely and securely, in locked medicine cupboards within a secure treatment room. There was a system in place to check that all medicines were within date and suitable for use.

There was a pharmacist employed by the hospice three days a week who regularly monitored the medicines prescribed by the doctors and ensured practices around medicine administration were safe. The pharmacist was also involved in providing medicines advice to staff, development of policies within the hospice and audit of the use of medicines.

People told us staff were very knowledgeable about the medicines they administered to them. Staff were able to explain and give information to people about their medicines; the effect and possible side effects of the medicines were discussed with people. One person told us, "I don't like taking pills. So I always ask what medicine they [staff] bring and they always remind me what I take and why. They can tell me everything I want to know, side effects and benefits."

We saw there were regular meetings involving doctors, nurses and the pharmacist to discuss the effectiveness of the medicines taken by people using the hospice services. The medicine policy had just been updated and there was an on-going programme of auditing and testing the suitability of the policy. Medicine incidents were being reviewed and actions taken and we saw evidence that learning was shared with staff.

Is the service effective?

Our findings

People and relatives we spoke with said they thought that all the staff were well trained and they delivered an excellent service which was effective and fully met their needs. One person said, "It was a turning point in my life when I started using the hospice services. Staff taught me everything I had to know about my illness and how to make the most of my life. They are so knowledgeable and efficient." Another person said, "The support I get from staff is amazing and it does not stop just because I feel better. They are working with me to get even better. They are experts in what they do and real professionals." One relative told us, "It helped me enormously to know what I need to know about the illness my relative has. They [staff] are very knowledgeable and answered all my questions." They continued to say, "I trust their [staff] knowledge and expertise and it helped me take the decision to spend my time with [Person Name] in the hospice."

People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the specific care needs of the people. One staff member told us, "The training is second to none. We are offered such a variety of relevant training on topics which we are interested in. We are well-trained." Another staff member said, "Training is essential for us and we are offered every opportunity to access the training we want or need."

Staff told us they were encouraged by the management team in the hospice to develop their knowledge and skills in the areas they were interested in. They were encouraged and supported to share their knowledge with other staff from the hospice and with other organisations. Staff attended conferences and spread awareness about quality end of life care, work ethics and other areas of their expertise. For example, we heard from the practice development nurse about their specific interest in Medical Ethics and Palliative Care. They were supported by the registered manager and the Chief Executive Officer to share their knowledge and held "Ethics Master classes" not only for staff at St Francis, but also for other local hospices and end of life care providers. In addition, they spoke at national conferences. One health care professional wrote after their staff attended to one of these sessions, "The feedback from the seminar indicated that many of the participants had not considered this issue in such depth and now had a better ability to engage more deeply with this ethical debate. Through sharing her expert knowledge, [name of practice development nurse] reached a cohort of junior doctors intending to specialise in palliative medicine who will be required to think and practice ethically within their clinical work."

Another health care professional wrote, "[Name of the staff member holding an Ethics master class] impact has extended far beyond the hospice. They held a joint teaching on these issues to over a 120 health professionals in Hertfordshire last year. This was hugely valuable for an audience who hadn't yet considered these issues in any great detail. [Staff member's name] has also had a national impact, lecturing to over 600 people at the Hospice UK Annual Conference in 2015. But perhaps the greatest example of their external impact was a meeting they facilitated in July 2015 for the Board of Hospice UK and hospice leaders from around the country, in advance of a key vote on these issues in the Houses of Commons." This demonstrated commitment from staff and management in the hospice to develop and share best practice and improve the quality of care people living and dying with a life limiting condition received.

Staff were dedicated to spread awareness and share their knowledge with other services who were involved in supporting people in the community. There were regular training sessions organised at the hospice or different venues for care assistants and nursing staff from other organisations including end of life care training for ambulance clinicians. This had a significant impact on people living with a life limiting illness in need of emergency services. Feedback following the training from ambulance clinicians included, "I have a more comprehensive knowledge of end of life care now" and "Gave me more confidence in end of life care and accessing services for patients." One staff member told us, "I have been supported by this organisation [Hospice of St Francis] to learn a lot I now improve the knowledge of staff from other organisations to help people receive the best end of life care."

Nurses from the hospice at home service team told us they were actively keeping up to date with their knowledge by attending internal and external study days, role specific training and other courses. One community nurse specialist from the team had specific training to run Cognitive Behavioural Therapy and another had completed a cancer nursing degree module and was working on an information poster for a conference. Nurses from the hospice at home service were also sharing their knowledge and teaching staff in the hospice and in the community.

There was a robust education pack, a whole day teaching and competency evaluation assessment for all trained nurses working within the community team. This training helped the nursing team to acquire skills and knowledge to fully complete the advance care planning for people as part of their role. If people had capacity the senior nurses were able to complete and sign the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and people's advanced care planning wishes documentation including preferred place of care and death in a timely manner. If a person had no capacity the nurses involved their GP and followed a best interest process in taking decisions around advance care planning.

The extended role of the community team had brought benefits to the quality of life for people using the service, preventing hospital admissions and helped people's wishes and voice to be heard regarding their preferred place of care and death.

Staff held talks in local schools to spread awareness about the hospice and its services. Feedback about the talks included, "It really was an excellent talk and I know was greatly appreciated by the students (having talked to a number of them). Your passion for the hospice movement, your understanding of the subtleties of the issues and the way you steered your way through the debate without trying to sway the pupils one way or another was all excellent."

Staff told us they had regular supervision meetings with their line manager where they discussed their training needs and performance. All the staff we spoke with told us they felt very well supported by managers who were all very approachable. They told us they had opportunities to reflect on their practice in case study meetings or one to one discussion with their line manager. One staff member said, "The support we get is brilliant. We have supervisions and regular meetings. We have on-going support from the practice development nurse and service managers." They continued to say, "Even the CEO works a shift each month on the floor. I think this is very good and makes me feel valued and respected." Another staff member said, "The support is very good. No matter what the issue is I can always turn to a manager or nurse and I will find an answer. We have our competencies checked regularly. This really keeps us on our toes." This support helped to ensure the care people received was provided by staff who were emotionally supported and valued and had the opportunity to reflect on their work and practices to drive improvement.

Newly employed staff completed a comprehensive induction programme which included topics related to health and safety and infection control, incident reporting and communications skills and also training on

how to sensitively handle subjects surrounding death. In addition there was a two day `Art and science of palliative Nursing` education programme where the newly employed staff learned about , the problem of pain, use of oxygen and management of symptoms as well as ethnicity and diversity and creating a caring culture. At the end of the induction process care assistant staff achieved the `Care Certificate` qualification. This practice helped to ensure that the care people received was consistent and staff were competent and skilled to meet people`s needs effectively. Newly employed staff were allocated a mentor who they worked very close with, in their induction period. They had regular meetings where their progress and knowledge was evaluated and any further training needs were identified. The practice development nurse told us, "It is very important to work with new staff members very closely in their induction. They have to be fully skilled and knowledgeable about everything. We don't get second chances when somebody receives care at the end of their life."

Volunteers we spoke with told us they received training and regular updates on training topics to enable them to effectively support staff in delivering the best quality care to people. One volunteer told us, "The training the team offers to us volunteers is very impressive. We are invited and included in all training sessions relevant to the role we take on. The workshops are brilliant. I thoroughly enjoy the training sessions."

People told us and we saw that they were asked for their consent to the care and the services they received from the hospice. One person told us, "They [staff] always check with me if they want to do anything or change anything in my care. They [staff] listen to me." Another person said, "They [staff] always ask if I agree with their suggestions and if it is okay to help me." One relative said, "They [staff] talked to us family in great detail about the care and treatment for [person`s name]. We know what's what and why they recommend something. They will let us decide and consent before they do anything."

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 Act 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. We observed in a multi-disciplinary team meeting on the morning of our inspection, a nurse raised concerns about a person`s capacity to understand the care delivered to them. The person had arrived late evening the previous day and was very confused about where they were and the treatment they needed. After the meeting one of the consultants assessed the person`s capacity and found them much more alert and aware of their situation. The team discussed possible reasons for the previous confusion, checked medical records and notes and concluded that it was a possibility that one of the medicines the person had before they arrived at the hospice could have caused the temporary confusion. This demonstrated that staff working at the hospice had a good understanding of the MCA principles and they followed the right processes to assess and review people`s capacity for decision taking.

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. The application procedures for this in hospices are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection people using the service had capacity and did not require any DoLS. Staff understood the role of the MCA and the need to act in a person's best interests if the person they cared for had difficulty making a decision, for example about their treatment or their wishes as they approached the end of life. One staff member told us, "I am a best interest assessor. The training I had gave me a better understanding of the MCA and best interest processes. Although I am not able to carry out the assessment in the hospice I am sharing my knowledge with staff and prompt if it is a need for us to organise best interests

meetings." Best interest decisions were taken following a process which involved a meeting with nursing staff, consultant and the person was present or their rightful representative. The registered manager ensured that applications were submitted to the relevant authorities if there was a need for it.

People and relatives we spoke with positively commented on the choice and the quality of food available. They told us they could have anything they wished for even if it was not on the daily menu. One person told us, "The food is lovely and enough. We have plenty of choice and staff always remind me that I can have anything I fancy even if it's not on the menu." Another person said, "If there isn't anything on the menu I fancy; they [staff] always kindly provide something I like."

People told us the chef visited them regularly and discussed their likes and dislikes and encouraged them to eat to build up strength. One person said, "The chef came to talk to me because I wasn't eating much. We discussed what I liked and they encouraged me to eat to build up my strength. I am much better now." We talked to the chef who told us, "It is very important to talk to people about their likes and dislikes. They [people] cannot control a lot of things but they can control what they like to eat."

We found that regular ` Nutrition Matters Group ` meetings were organised where the chef and nursing staff discussed feedback received from people about the food provided and any improvements if needed. For example introducing protected meal times for people in the in-patient unit. It was agreed that protected meal times should be more formalised, between 12.30-13.30pm and all services offered like complementary therapies and physiotherapy sessions should take place before or after these times. This helped ensure people had sufficient quiet time to enjoy their meals and were not interrupted.

The chef and staff working in the kitchen had done extensive work in relation to the ingredients they used to prepare each meal. They separately listed all the ingredients used for each type of meal they cooked so people could identify and avoid foods they were allergic to. The chef told us, "We cater for all diets, diabetic, gluten free, vegetarian and in addition we can show people all the ingredients a meal has so they can avoid the foods if they have an allergy." Staff told us they offered people choices if their appetite had reduced. They said they could offer people smoothies with a high calorie count or snacks if people felt they were unable to eat a full meal. They also offered a range of choices which met people's cultural traditions.

The hospice employed sufficient numbers of doctors to ensure people`s health needs were met at all times. Each member of the medical team led by the medical director were passionate and skilled in identifying and providing the best medical treatment to people and improve their quality of life. They shared a holistic vision regarding end of life care which enabled people to live comfortable and pain free until they died. One member of the medical team told us, "Even if a person receives end of life care we will try and reverse symptoms and ensure they can live comfortably and pain free before they die."

The medical team in the hospice had people`s best interest at heart and worked tirelessly to ensure people were pain free and comfortable at all times. They aimed to improve people's quality of life. For example a person had been referred to the hospice due to severe pain which could not be controlled. The team worked together in finding the best treatment for the person to ensure they were pain free. Various treatments they had tried had no effect. The medical director contacted an anaesthetist from a hospital and they built up partnership working which benefited the person. Anaesthetists are doctors who provide medical care to patients in a wide variety of situations, including preoperative evaluation and provision of pain control and manage patient's recovery after surgery. The pain relief the person received administered through a tube in their spinal fluid relieved them from pain whilst they could stay alert and not feel any side effects. This person wrote, "The whole medical team worked so hard to come up with a solution to stop my pain, trying different combinations and doses of drugs. I'll never forget the feeling of waking up after sleeping through

the night, pain-free, for the first time in months." One member of the medical team told us, "We are looking to collaborate more with the anaesthesiologist and learn new ways to be more effective and be able to manage people`s pain."

The community team from the hospice offered support and care to people in the community which was tailored to individual needs and helped people maintain their quality of life. They provided care in people's home, via health and wellbeing clinics and The Spring Centre. The team had a close working relationship with people`s GPs, district nurses, local hospital trusts, partner hospices and paramedics. This collaborative way of working ensured people received consistent, good quality and on-going health care support. For example a person with a life limiting condition was referred to the hospice by their GP. They were still well and chose to have support from staff over the phone not wanting to actively use the hospice services. However their health worsened more quickly than it was expected, and when their GP visited they found the person very unwell and unable to get out of bed.

The hospice at home team visited the person the next day. The person was breathless, agitated and refusing to go to hospital despite the paramedics arriving as requested by their family. The nurses from the hospice were able to discuss the person`s wishes and their decision not to be resuscitated. They organised the right medicines for the person and contacted staff from a partner hospice to be able to provide 24 hour support to the person and their family. Due to the effective collaboration between GP, and both hospice teams the person died surrounded by their family in their own home as they wished. A nurse from the hospice at home service said, "We strive to support patient`s wishes for end of life care, working with internal and external health care professionals to provide a responsive, fully supportive service. We recognise the challenges for the future especially with the growing population and need to support increasing numbers of people with a life limiting diagnosis. This team is set to embrace change and look at other ways of collaborative working as we have done over the recent years."

Is the service caring?

Our findings

People and relatives gave us strong evidence and feedback about how caring staff were and the dedication and the vocation they demonstrated when caring for them. One person told us, "I was in a very bad place when I came here [hospice]. I am in a much better place now. This is thanks to the kindness and the dedication of the staff. They care for me in a way which is unbelievably kind and uplifting." Another person told us, "Staff help me not just physically but most importantly emotionally. I am amazed every day by the kindness, patience and attitude they show to me. They are devoted to making my life better." One relative said, "Staff really show that what they do is not just a job, they really want to be here and care. I never met anywhere such kind, caring and respectful staff."

People told us and we observed staff respected their privacy and dignity. They felt staff promoted their dignity when they faced difficult times and were very grateful that staff helped them live and die with dignity. One person told us, "I am blown away by their care and kindness. I am here to die but somehow they manage to help me feel dignified and at peace." Another person said, "I am treated with respect, dignity and no question remains unanswered." A relative whose loved one died in the hospice told us, "The staff were like angels. Thanks to them, [person] had the most dignified and pain free death. I am forever thankful." This meant that people were treated as individuals and staff were knowledgeable and understood how to promote privacy and dignity for people in a very vulnerable position.

People we spoke with told us that they had made decisions about their care, which included advanced decisions with regards to future treatment. Discussions regarding people's care and needs were held in private and in an empathic way. One person told us, "When the doctors told me I have [life limiting illness] I was lost, panicked and I thought my life ended. After I met the staff from the hospice it all changed. The way they explained everything it was amazing. I felt at peace and at ease. It made me concentrate on my priorities." A person who used the Spring Centre said, "When you've had [diagnosis], as the time comes to go back to work it's a very odd feeling, as though you're letting it go. For me, it was a fear of going back to normal and not wanting to miss any symptoms because I certainly missed them to start with." They continued to say, "Throughout the whole process of preparing for a staged return to work, [name of staff member] very much helped me not only practically to know when I was getting over-tired but emotionally too, ensuring I was in the right frame of mind."

One relative told us, "[Person's name] told us in the beginning they would like to be in the hospice when the time comes. We were explained everything about the admission process, what to expect and why." They continued, "The consultant was very honest and put it to us gently but never the less truthfully what we needed to know. This helped us prepare." Another relative told us, "I am helped by staff to come to terms with bad news. I appreciate their honesty and support. We are in the best place we could be."

We observed that staff developed very positive working relationships with people. We were impressed by the knowledge staff demonstrated about people and how much they valued each person for who they were and not making judgements about people's decisions. Staff gave us great details about a person who moved in late evening the previous day. They knew what the person liked, disliked, their profession and their health

and care needs which demonstrated that there was a robust communication system between the teams in the hospice.

Staff offered support and care which was personalised to each individual and aimed to holistically meet their needs. One person told us, "I am a very private person and I don't like talking about me or my problems. The support and the way staff behave around me is great. They give me the help I need and respect my way to be." One relative said, "Staff not only concentrate on [Person`s name], they look after us family as well. They [staff] have a holistic approach towards people in their care but they extend it to family members. It is such a privilege that they [staff] include us and make it possible for us to be part of the care." One staff member told us, "I am passionate about the holistic approach to care and death. We [staff] offer very holistic care to people and their family to get the balance right and involve them in their care." This meant that people were supported in a caring way by staff who recognised their individuality and the support staff gave to people was personalised to each individual.

Staff used creative ways to make sure that people had access to inclusive and tailored methods of communication. With staff`s support people were able to maintain relationships with family members who lived overseas. For example staff identified a risk of isolation for a person they supported in their own home and their family member. The person`s children lived overseas and they become overly frail and not able to visit them anymore. Staff found them frustrated because they were not able to have more contact with them as they had no IT skills. Staff facilitated transport for both the person and their family member to attend a six week beginners IT course at the Spring Centre. During the sessions they were delighted to be able to be able to use their phone to facetime with their children and learnt to do so independently after the course.

The six week IT course has been developed by the Spring Centre team for people and their family. It provided an opportunity for people regardless of their ability in a relaxed atmosphere to gain much needed additional skills of communication. People learnt how to pay bills or shop on line. This group has also proved very successful in helping people who have become increasingly isolated maintain contact with family and friends through the use of facetime or even emails.

There was a continuous drive and dedication from staff at the hospice to enable people to gain control over their life and illness. Staff supported people to remain independent and re-gain independence and manage their symptoms effectively. There were regular "Help Overcome Problems Effectively" (HOPE) courses organised for people diagnosed with life limiting illnesses. The course aimed to promote skills to self-manage and take back control, helping patients to identify for themselves when to ask for help and how to set own achievable goals and stay independent for as long as possible. For example a person who was referred to the hospice was struggling with fatigue and anxiety. They experienced reduced sensation in their arms due to their illness. This had resulted in low mood, lack of confidence and the person`s reduced functional ability to carry out normal day-to-day activities. Staff from the hospice helped the person exercise regularly and complete the HOPE course. The person expressed how much their confidence increased and they felt able to cope with living and managing their symptoms and in control of them. They were socialising with friends and no longer embarrassed to ask for help or frustrated with their reduced functional ability. One person who attended this course told us, "It is never too early to attend this course but it may be too late. It is extremely helpful to learn how to be independent and in control."

Staff from the hospice used innovative ways to help support and help people who used their services, both psychologically and practically. Staff from the hospice trialled the use of the `Wellbeing Star` assessment tool as an outcome measure to objectively assess both the psychological and physical needs of the people using their services. This offered a holistic tool to look at people`s physical and psychological needs whilst they used the hospice services. The trial led to the development of a `SMILE` group within the Spring

Centre. This new group was innovative in its outlook that enabled people to access the areas they particularly needed whether that was physical or psychological. People could access workshops for stress management, relaxation exercises, fatigue management, exercise, sleep and relaxation, managing symptoms and pain, communication and relationships. One person told us, "I've attended the fatigue workshop, which has given me strategies to cope with the impact of fatigue. I had weekly physiotherapy sessions to rebuild my muscle strength, improve my balance and fitness and make progress with my arm and hand function and walking. As a result I was well enough to take a four days trip with my family. Getting away from it all with the sun on my back was just what I needed."

The hospice staff provided counselling and bereavement support for people and their families. The team of the bereavement counselling service consisted of specialist staff, volunteer counsellors and bereavement volunteer visitors who provided a less formal bereavement face to face listening service to bereaved families. The bereavement and counselling services helped family members face the loss of their loved ones. Testimonials we read from family members included, "I'm so glad that I went to the (bereavement counselling) sessions earlier rather than later, as it has helped me. I feel I have benefitted from talking to (my counsellor) who is detached from our family unit. I talked about things I never thought I would my fears, sadness and anxieties. Over time, the sessions proved to benefit and help me through a very difficult time in my life."

There was an outstanding spiritual support service in the hospice which was inclusive and available to all in a person centred way. The spiritual leader told us, "The support we give to people is not about what we think is important to them. We help them find what they feel is important to them. Some people find comfort in their religion, faith, beliefs, nature or music and many other things."

The model of care delivered was one of inclusion and acceptance and promotion of diversity. The hospice had a multi-faith sanctuary space where people with or without religious beliefs could find peace and comfort. This room had a testimony tree where every leaf held somebody's thought about their loved one who died being cared for by the hospice staff.

The spiritual leader participated in daily multi-disciplinary meetings, they were aware of every admission and ensured both people and their relatives and staff had access to their services. They worked closely with the hospice team, providing support for people, relatives and staff every day.

Staff utilised fully the generous grounds the hospice owned. There were themed well established gardens, a pond and woodlands. People were enjoying their meals outside watching nature and the wildlife habiting there. Each bedroom had a little patio area and patio doors which gave people the opportunity to sit and enjoy time outside and have their meals in the open if they wished. One person told us, "I never thought I would end my life in such a beautiful place." Another person said, "I saw the head gardener yesterday. They do such a wonderful job. I love being outside." They went on telling us about the foxes and pheasants and various birds they loved watching from their room or outside. Staff told us if people were unwell but wished to go outside they had the facilities to push people out in their beds to spend time outside. On the day of the inspection there were 40 volunteers working in the gardens. Some supported people using the hospice services to join in and enjoy the sunny weather outside.

People had access to information about the services provided by Hospice of St Francis, which was given to them in various forms and ways. There were leaflets available about the services offered, information was shared in various meetings and gatherings organised by the hospice for people and their families. We took part in a family carers coffee morning where family carers shared information about types of services they used, and if they found them useful or not. They discussed difficulties they faced in day to day life, the ups

and downs of the situation they found themselves in. They were listened to and each member of the group gave examples of their own experience. This showed that staff from the hospice enabled family carers to come together and share their experiences and help each other.

The information leaflets provided covered a range of topics, which included practical support, information about advocacy services, and information about other organisations that provided support. Information booklets about specific health related conditions were used by staff in the hospice and given to people to help them understand their health needs and how to manage them. People had regular contact with the social workers employed at the hospice. They helped people with practical issues like writing letters; applying for benefits they were entitled to. They also facilitated solicitor support if people needed it. This meant people were supported to have access to information relevant to them to help them make decisions about their care.

Is the service responsive?

Our findings

People and their relatives told us their life changed for the better the minute they had their first contact with staff from the hospice. They felt that the service they received was so responsive to their needs that they were able to 'live' again. One person told us, "The service I get is amazing. They [staff] work, adapt, suggest things which improved my condition. I feel so much better; I am thinking about going back to work."

People and their families where appropriate were actively involved in developing their care, support and treatment plans. People were supported by staff to understand their illness and how to make the most of their life. Staff made sure people were involved and included in every decision about their care and support. When people were referred to the hospice, initial assessments had been undertaken to identify people's support needs and care plans had been developed outlining how these needs were to be met. Care plans were detailed and comprehensive capturing people's physical and psychological needs as well as guidance for staff in how to meet this needs. Care plans were regularly reviewed and evidenced involvement from people and where appropriate their family members.

People and relatives from the inpatient unit and hospice at home service appreciated that staff involved them in regular meetings and reviews of their care. They kept all the agencies involved and up to date with regards to the needs of people who used the hospice at home service. One person told us, "Staff are extraordinary. They prompt me to think about the future and they help me prepare. They are very responsive to every need or question I have. Because of them I am still able to be in my own home." Another person said, "I appreciate the fact that staff consider me important and share with me everything. We talk about my care and the needs I have but most importantly they ask me what I want." They continued to say, "I was very distressed first time I came here. They calmed me and helped me come to terms with things and taught me how to live again as well as possible."

The service had clear systems and processes for referring people to different services within the hospice or external services if people needed. For example they organised help and support for people from care agencies or residential or nursing homes if people needed permanent care and support. When people moved between different services this was properly planned using a multi-disciplinary approach. One person told us, "I cannot return home as I am alone and I don't want to be on my own. I will stay here [in-patient unit] until; my move to a nursing home. Staff from the hospice will come to visit me. They organised everything. I have no worries."

Staff liaised with the community nurses and GP surgeries regarding people's health who used the Spring Centre Community service. People using this service were all encouraged to use the Spring Centre for the various activities it provided. People in the inpatient unit had on-going medical and psychological support. Various complementary therapy sessions were available at the hospice where people had on-going support from a physiotherapist, specialist nurses and other complementary therapy specialists. The aim of these clinics was to provide support to people with regards to symptoms and managing their life limiting condition. It was an important aspect of supporting people to maintain their health and receive on-going support.

People told us that using the facilities and the different services staff provided at the hospice benefited them and had a positive impact on their life and health. We heard several examples where people felt that because of the consistent personalised care and support they received their life changed and in some cases their health improved.

We read a testimonial from a person who used the in-patient unit within the hospice. They had severe pain and were not able to walk unaided when they moved into the hospice. Their needs and symptoms were so severe they had to stay in the hospice for six weeks when the average stay was 14 days. Their words about the care they received were, "They [staff] cared for me so lovingly and made me feel special but the biggest thing they gave me was my independence and the confidence to know I could go home. During my first few months at home, I did struggle, but the hospice has never failed to continue its care for me. Weekly physiotherapy in the Spring Centre gym has got me back on my feet again, walking much quicker than I ever imagined – and without the aid of equipment! I've also joined weekly groups and activities like knit and natter and art therapy classes, I've had complementary therapy massages and enjoyed quizzes and social groups, where I've been able to share my illness with others and have fun. I can never thank the Hospice staff enough for helping me heal at a critical time in my recovery and giving me back my life. I can't imagine what I'd have done without them."

Another person who was recovering from a potentially life limiting illness was referred to the hospice by their GP. Although they were reluctant to use the hospice services and very anxious about starting exercises they found the services very helpful. They said, "I was very nervous about exercising again for the first time; however I had physiotherapy and attended an Adapted Tai Chi class. Both were a great help." The person had Cognitive Behavioural Therapy (CBT) with a specialist nurse from the community team to discuss some of the issues they had and to explore how they were feeling about everything. They said, "I'd see her [nurse] for an hour every week for six months, and the first thing she helped me accept was that there are certain things we can't control and sitting at home worrying about them was pretty pointless." They continued, "Through talking in a positive way about how I'd cope if the [life limiting illness] did come back, I was able to start accepting it and begin to appreciate that I loved and valued virtually everything about my life. I started horse riding again and I discovered a love of gardening, which I'd never really done before because I'd never had the time. I had no idea the hospice could help someone like me and that its help could make such a valuable difference to my recovery."

Every person and relative we talked too reinforced how valuable, responsive and individually tailored the service they received was to their needs. One person told us, "You [inspector] have no idea how much the staff from the hospice helped me. They managed to help me get on my feet and be able to cook dinner for my family, wash dishes and so many other things. They have changed my life and gave me strength." Another person told us, "They [staff] saved my life. I started breathing clinics, I learned how to exercise and this really improved the quality of my life."

Family members were appreciative and overwhelmed by the responsiveness of staff towards their needs as well and not just people in their care. We heard that the hospice team offered them transport and made arrangements for their loved one to be supported whilst they attended various support groups at the hospice. One relative said, "It is delightful to be able to come together with [person`s name], they look after them. We don't have many places we can go together because of [person`s] needs. Another relative said, "[Person] loves to come here because of the generous space they can walk around. At home we have restricted space. It gives me joy and I can relax here."

Family members and relatives were offered accommodation in case they wanted to spend time with people who were using the inpatient unit. One relative told us, "They [staff] make an effort for us to feel at home."

They look after us and they ask if we had anything to eat or drink and if we were able to sleep. It is nice to just be here and spend time with [person] in this lovely, tranquil environment. It is so peaceful." Another relative told us that they had been worried about their finances and work whilst spending time with their loved one in the hospice. They shared their worries with the staff who were very responsive to this. The social worker from the hospice helped the relative solve these issues and they were now able to spend as much time beside their loved one in the hospice as they wanted. They told us, "They [staff] helped me sort out my finances so I can spend more time here with my [person]. They [staff] let me stay here and be part of the care. It is like my own home, they are very welcoming and helpful." Staff told us it was very important for people near the end of their life to know that their loved ones were looked after and comforted.

People's care and support was planned in partnership with them. Staff anticipated how people felt when planning their care and support. Upon admission in the inpatient unit, and when people received support from the hospice at home service, staff sat with people, enabling them to spend as much time as they needed and encouraged them to ask questions, discuss their options and reflect upon them. As people and staff worked as a team to ensure each support plan was unique and responded to specific needs, people felt valued and understood. People were encouraged and helped to complete advance care plans to record their wishes regarding how and where they wanted their end of life care to be managed. Staff with people's agreement sent letters detailing people's wishes to all the agencies involved in the person's care, GP, district nurses, and hospital consultants. This brought benefits to people using the service as they received the same level of care and support in the way they wanted by every organisation involved in their care.

Staff described the varied care needs of the people, their relatives and friends that the hospice cared for and supported. They described how staff and services met these needs and how they were individually tailored to people and their needs. We asked staff how they knew what people needed and wanted regarding their care and wishes. One staff member told us, "We need to ask the right questions to know about what people want and need from us. We never assume we know we let them lead their support and care." Another staff member told us, "We are always questioning why we are doing what we are doing. If we can answer that it is because people want us to do it and they need us it means we are doing the right thing."

In addition to the specialist support available to people and their families the hospice staff offered services to bereaved children and to those who had parents or close relatives with a life limiting illness. People were given the opportunity to relax and enjoy music, art classes, gardening, movie afternoons and other activities. There was a `Cooking with Chris`, `Drawbridge` art classes and `Pony days` for children.

Staff told us that ponies helped build resilience in a child by initiating and assisting with difficult conversations, build connectedness, promote healing in the grief process and disperse tensions in family systems. The ponies provided distraction at times of heightened anxiety. Staff felt that talking to and stroking the ponies was a kind of animal therapy that provided young people with the tools to express themselves at a stage when normal conversations were hard to have. This activity gave children the opportunity to build lasting memories.

People and children's testimonies about the Pony days included, "Thank you all for a wonderful morning. It was so calm and tranquil here with really caring people.", "We like everything, especially the ponies!", "Pony day was lovely and it was lovely for our family.", "Thank you, we love the ponies!"

`Drawbridge` was a support offered to children who met fortnightly to use art as a therapeutic tool for expressing their feelings. Staff told us that often, there was an unspoken understanding in the room of loss, and emotions were explored through paint, collage, clay and imagery when talking was difficult or the right words could not be found. Children attending this group were helped to build resilience overtime and come

to their own decision when they no longer needed to come to Drawbridge. Children wrote to their evaluation forms: "Thank you that I am happy now. You have helped me a lot. All I can say is that nowhere else can beat helping me, so thank you." Another member of the group wrote, 'I like all the activities they are fun and help me.'

`Teen Cooking with Chris` was an innovative way of supporting and encouraging communication in bereaved families. A young person over 12 years and an adult family member learned skills in preparing, cooking and serving food in a commercial kitchen with the chef and a volunteer member of the children's team. A parent whose two children attended this course wrote, "We made a big thing every week of sitting down and eating together the food they had cooked and they both excitedly told us about the ingredients and how they cooked the food, down to the herbs they used. The memory of [children`s names] working so well together will be something we treasure."

People, relatives and staff were encouraged to comment on the way care was provided. There was a robust complaints procedure in place. Staff, people and their relatives told us they would be comfortable to complain and would do so if necessary, however they had no complaints about the hospice, only praise. One person said, "I don't have anything to complain about. I can only recommend this place to everyone." Another person said, "I didn't know anything about hospices and what they do until this happened to me. I have no complaints what so ever. I wish everyone to know about the wonderful things they do for everyone."

Is the service well-led?

Our findings

People and their families thought highly about the management of the hospice and the staff working there. They told us they felt grateful that the management were so focused on developing and delivering a service which holistically looked after their needs. One person told us, "The management and staff are great. I admire them and I am grateful for what they do for everyone. We [people living with a life limiting illness] are the walking wounded and we are being cared for in the best possible way by wonderful people. From the top [management] down, they [staff] are all here for us." Another person told us, "The management at the hospice is great, they lead a fantastic team. They have very high standards and they want the best for us. My words are not enough to praise them."

Every person we spoke with told us that all staff, regardless of their role were friendly, kind and supportive and gave them comfort and made them feel 'at ease'. Staff told us they were proud working at the hospice; they were motivated and enthusiastic and committed to provide a high quality service, to people, and their families. Every staff member we spoke with told us how committed they were to promote the values of the hospice and they felt they owned each of the values. One staff member told us, "We [staff] were the ones who developed the values of the hospice. We worked in groups and everyone contributed to put in words our aims. So we [staff] feel they are ours as well as people's and their families." We found that the provider created an effective working environment and enabled staff to raise the standards of the care provided to people and their families. They offered services through which they demonstrated their commitment to each of the value statements they made and this had a positive impact on people's life.

One of the values promoted was 'Respectful Relationships'. The provider committed to create a compassionate environment, to demonstrate appreciation and respect in all the interactions they had with people, families and staff, and to take into account individual's needs and circumstances.

People told us they were fully involved in setting their care priorities and staff made them feel valued and important. Their comments included, "I feel important", "Staff always listen to me", "They let me decide", "No judgements are made I can be myself." Family members were overwhelmed by the kindness and respect staff showed them and they felt part of the care. Their comments were, "It is so good to be included in everything", "The kindness and respect staff shows us is unbelievable."

One person told us how important and valuable the relationship they developed with staff was for them. They said, "I see the same nurse every time. This is very important for me that they know me well and I know them. I feel like a person not a number in a queue."

There was a strong emphasis on promoting equality and diversity across the hospice services. The CEO developed 'The Hospice of St Francis Diversity Position Statement' which states, 'Diversity is about understanding, recognising, valuing and respecting difference in the broadest sense. It is about creating a working culture through the implementation of practices that harness difference for the benefit of its patients, carers and families and its workforce.' We observed staff working in line with this statement. They provided care and support for people in the same caring and compassionate way but taking into account

people`s individuality, preferences and wishes.

Through the value of `Constructive Communication`, the provider encouraged, open, clear and honest communication where everyone was heard.

People and their relatives told us they were pleased and happy with how staff communicated with them. They felt the communication between staff working at the hospice was robust and they only had to communicate with one member of staff who then shared this with the team at the hospice or other services involved in people`s care.

One person told us, "The communication is excellent. I only have to say once something to a staff member and it will be passed to all of them. I really think this is amazing. I never had to repeat myself." Another person said, "They [staff] communicate so well with my GP and even the hospital. It was a relief for me to hand over this task to them. They call me or visit me and give me updates and communicate in a way I understand everything." One relative told us, "Communication is the key and they really have it. They have a very effective way to share information with us and people they [staff] look after."

The CEO told us that following a staff survey they initiated after they started working at the hospice, they identified that staff felt at times there was a lack of communication between management and staff and different departments in the hospice. They addressed this by introducing and holding a monthly CEO update meeting for all staff. We took part in one of these meetings on one of the days of the inspection where over 80 staff members from different departments were present. The meeting gave updates to staff about future events, new research, future plans and introduced new staff members to the team. A newly employed staff member said in the meeting, "It is impressive to join an organisation where everybody is so welcoming and working so hard to ensure services are provided at a very high standard." The CEO also held five minute interviews in each meeting where a different staff member from the many departments in the hospice was interviewed about their job role and what they found challenging in their role. The CEO told us this gave staff a better understanding of what was each department's role.

The CEO also worked one day a month in the inpatient unit and one day as part of the community team visiting people. They told us, "This way I can experience the everyday challenges staff have to face and I built a good and trusting relationship with staff. I can also keep in touch with people we support and understand better what support is needed out there." One staff member told us, "The manager and the CEO are brilliant. They work with us and help when it`s needed. They really know what this job is all about."

`Excellence through Innovation` was the third value the hospice owned. The provider strived for excellence in every service they delivered, encouraged innovation, maximised opportunities for staff and explored new and fresh ideas to ensure continuous improvement of the service.

We found that innovation was one of the many qualities staff from the hospice had. Staff were supported and helped by the registered manager and CEO to pursue their interest in the field of palliative care, end of life care, work ethics and many others.

The CEO recognised that the changing demographic within North West Hertfordshire had a significant impact on the needs of the people living in the community. They told us that an ageing population with multiple co-morbidities and increasing levels of isolation had resulted in many more people having complex health and care needs. They established seamless working relationships with other organisations to be able to reach out to as many people with complex needs as possible. The Medical Director created a Consultant in Palliative Medicine post to provide additional medical support to the multi-professional teams working at

St Francis and the partner organisations and promoted coordinated personalised care for people in the community.

The medical team from the hospice worked together with West Herts Hospitals NHS Trust fund and a partner hospice to provide consultant support for the McMillan Specialist Palliative Care team who assess and support people with palliative care needs on hospital wards. The team offered training and support for staff working in the hospitals part of the trust. They were looking at ways to improve end of life care for those who were dying and their families. One of the nursing staff attending the training provided by staff from the hospice wrote, "Thank you for the lovely sessions we had with you. They have really changed the way I look after my patients not just the ones who receive end of life care but all of them."

The support for staff working at the hospital consisted in teaching senior doctors the importance of having discussions with people about DNACPR and how best to approach these. In addition they launched the Rose Project, whereby a rose symbol has been introduced for staff working at the trust to easily recognise people who were dying and promote compassionate end of life care in hospitals.

The CEO told us, "All this work has raised the standard of end of life care within the Trust and has helped the Trust as an organisation to take this as a corporate responsibility whereas previously it was seen as the responsibility of the specialist palliative care team."

There were weekly meetings chaired by the consultant from the Hospice of St Francis and a partner hospice between specialist palliative care providers across North West Hertfordshire to discuss people with complex specialist palliative care needs to ensure seamless care wherever the person was. Representatives attended from Hospice of St Francis inpatient unit, community palliative care team, social work team, and representatives from partner hospices.

The medical director from the hospice held monthly community respiratory palliative care meetings attended by community respiratory nurse specialists, community matrons and specialist palliative care doctors and nurses to discuss patients with advanced respiratory disease. These meeting had an `Action learning set` approach with specialist palliative care and community respiratory nurses learning from each other.

This work has resulted in an improved understanding in the specialist palliative care team of the problems experienced by people with respiratory palliative care needs and acquisition of new skills. The specialist respiratory nurses and community matrons were able to offer better symptom control, identification of the dying and having difficult conversations with people including resuscitation and advance care planning. It also enhanced the referral pathway for people into specialist palliative care establishments. The work has been published in the European Journal of Palliative Care.

The Hospice of St Francis had extended their specialist service reaching beyond their catchment area to provide support for people and carers affected by pulmonary fibrosis.

This service was developed as a result of the work done by the Medical Director from the hospice and a Specialist Palliative Care Nurse from the hospice. Their research showed that one of the priorities for people suffering from pulmonary fibrosis, and their family carers was to have a group separate from groups for patient with Chronic Obstructive Pulmonary Disease (COPD) as they saw their disease as being entirely different. People were also concerned about the impact of the illness on their family carers.

The team from the hospice developed a specialist group with specialist family carer support. This work was

innovative and responsive to the needs identified by the people, their family carers and the Royal Society of Medicine. The collaboration the team had with the British Lung Foundation and the research presented at the International Congress of Palliative Care had led to the medical director from the hospice being seen as an expert in palliative care. They were receiving an increased number of invitations as an expert speaker including a recent invitation to speak at the Royal Society of Medicine about this project.

The team from Hospice of St Francis also extended their support and offered palliative care for people with heart failure. They chaired monthly community palliative care heart failure meetings attended by specialist palliative care providers, community and hospital specialist heart failure nurses and a consultant cardiologist.

This work was funded by St James Place Foundation and Help the Hospices. The initially small monthly meetings developed into more extensive and better attended ones. This work was collaborative, innovative and responsive to the needs of people with heart failure. The specialist team's advice and care helped people to achieve their preferred place of care and death. It also helped the specialist palliative care team to gain an understanding of the care of and the medicines used in end stage of heart failure. The specialist heart failure team developed the skills to manage those dying from heart failure including the confidence to have advance care planning and DNACPR conversations as well as conversations about turning off Implantable Cardioverter Defibrillators (ICDs). Cardioverter defibrillator is a small device that is placed in the chest or abdomen. Doctors use the device to help treat irregular heartbeats called arrhythmias.

The collaboration between the specialist teams led to successfully treating people with heart failure in the community as an alternative to hospital admission. The team were currently jointly writing local guidelines for this.

The CEO told us about a recent research they started about offering a better end of life care for people living with dementia. Having recognised the need for better palliative care for those with dementia to enable peaceful and dignified dying in a place other than hospital, the management team from Hospice of St Francis tried to address this in two main ways. A palliative care nurse was appointed to go into three specialist dementia units in care homes as a pilot, working alongside staff to promote compassionate individualised care for people living with dementia. This had been funded by a grant from St James Place Foundation administered by Hospice UK. The team was working with specialist dementia teams, Alzheimer's Association and psycho-geriatricians to ensure that the hospice had a dementia friendly environment and to improve the knowledge and skills of the staff working at the hospice to provide better care for both those dying from dementia and those dying from other illnesses and had dementia.

There were regular surveys done by the management of the hospice to evaluate and improve the services they provided to people and their family carers. A recent survey carried out about the services offered by the Spring Centre highlighted difficulties in accessing the hospice. It revealed that transport was not only a logistical challenge but also a potential barrier to people being able to attend the Spring Centre. In response to this the management team agreed to develop a strategy to address transport and access issues.

Staff approached a local charity, Community Action Dacorum (CAD). They formed a collaborative relationship, and provided a volunteer transport system for users of the clinical services at the Spring Centre. This commenced on 1st April 2016 and directly supported the ethos of self-management that was promoted at the Spring Centre. A self-management course was provided to people living with a life limiting illness at the Spring Centre. Helping Overcome Problems Effectively (HOPE) was a supported self-management programme designed to support those living with a serious illness to build confidence and self-manage. A rolling programme of HOPE courses were shared between The Hospice of St Francis and two partner

hospices.

There were 1400 volunteers actively involved in the life of the hospice. They were an important part of the service and provided support in a variety of ways. Volunteers who were trained provided support for people who used the Spring Centre community service and to their families. Others helped with daily tasks in the day service, serving tea and coffee to people and visitors and greeting visitors at reception. One volunteer told us, "I am a volunteer at St Francis for a number of years. I love everything about it, the peace and warmth it gives to people. The staff working here are inspiring." Another volunteer told us, "I love to be part of the great work they [staff] do. At the beginning I was apprehensive working in a hospice. However I was so impressed by the ethos of the staff wanting to accomplish everything people wished that I wanted to be part of it."

The CEO explained to us the role of The Board of Trustees, whose members had specific areas of responsibility for which they oversaw and were responsible for. The Board of Trustees had an active role in the leadership of the service and chaired group meetings like Executive Team Visibility group. This group looked at the executive`s team working relationships with staff and volunteers including their visibility in the hospice, communication and decision making.

Staff and Personal Development Working Group was also attended by a trustee. This group was established following a staff survey which highlighted that staff felt there was a lack of opportunity for them to develop and progress further in their career and knowledge. We talked earlier in our report about all the opportunities created for staff by the management following the work of this group.

There was a comprehensive auditing programme for all the services the hospice provided. These covered health and safety, medicines, incidents and accidents, training, care records and staff competency checks. One member of the medical team from the hospice told us, "We are encouraged to think outside the box all the time. We carry out audits on ourselves and colleagues to pick up anything we may have missed and improve constantly."

Striving to continuously improve services offered by the hospice were evidenced by regular clinical leadership meetings and the clinical care committee meetings. These were meetings where managers from different departments, the CEO, registered manager and members of the board discussed the results of the regular audits, issues identified and agreed actions to improve the services. For example one of the audits carried out highlighted that staff on occasions omitted to sign the medicine administration charts after they gave people their medicines. It was agreed in the meeting for a responsible staff member to analyse findings of the medicine audits and look for themes and patterns on a quarterly basis and that medication charts to be looked at on a weekly basis. When we inspected the hospice we found that this action significantly improved the quality of the records and there were no omission found.

The hospice actively gathered the views of the people and their family carers using the hospice services. There were real time surveys, a volunteer supported pilot project used to capture people`s voice about the services they received. Volunteers were using a computerised system and captured peoples` thoughts, views and experience about different aspects of the service. For example the surveys identified that some people at times found that noise coming from TV`s from neighbouring bedrooms in the in-patient units were too loud. As a response the hospice staff purchased headphones for people to use if due to a hearing impairment they needed their TV louder. Staff also got additional support for a person who indicated that they felt anxious about their discharge from the inpatient unit. This demonstrated that staff listened and were committed to improve the quality of the care each person received from the hospice and were able to personalise and shape their services to achieve this.

