Corby & District Cancer Care

Lakelands Day Care Hospice

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place 26 April 2016 and was unannounced.

Lakelands Day Care Hospice provides a day service to support people with life limiting conditions and their families. They also offer a night time hospice at home service. On the day of our visit, seven people were using the day service.

There was 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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report any concerns they may have had. People had risk assessments in place where required, to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure appropriate staff were employed.

Systems were in place for the safe management of medicines. People self-administered and risk assessments were in place for this.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager, and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people or assisting them in any way.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of additional health care when required, including complimentary therapies. People's privacy and dignity was maintained at all times. People were supported to follow their interests and join in activities.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out.

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines. People self-administered and risk assessments were in place for this.

Is the service effective?

Good

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to additional health care at the service if required.

Is the service caring?

Good

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Lakelands Day Care Hospice

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 took place on 26 April 2016 and was unannounced. The inspection was carried out by two inspectors.

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 checked the information we held about this service and the service provider. We also contacted the Local Authority.

Prior to this inspection the Care Quality Commission (CQC) reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We reviewed this information to help focus our planning and determine what areas we needed to look at during our inspection.

During our inspection we observed how staff interacted with people who used the service. We observed the lunch time meal and afternoon activities.

We spoke with five people who used the service, two relatives of people who used the service, the registered manager, two registered nurses, one health care assistant, a volunteer complimentary therapist, two

volunteers and the cook.

We reviewed five people's care records, five staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

All the people spoken with told us they felt safe. One person said, "I feel happy here, I am safe and the staff are good to me." Another person said, "I feel very secure here." A relative said, "I have no concerns about his [person using the service] safety, no trust issues at all."

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report to [name of registered manager] immediately." Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider's policies and procedures in relation to keeping people safe and felt that they would be supported to follow them. Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Within people's care plans were risk assessments to promote and protect people's safety in a positive way. A staff member said, "If we notice any changes, we record them and make sure the risk assessments are changed to reflect this." They included; moving and handling, oxygen therapy and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

The service had an up to date fire evacuation plan which included Personal Emergency Evacuation Plans (PEEPs) for each person who used the service. This was to assist staff or emergency personnel if an evacuation was necessary. We also saw that the service had contingency planning in place in the case of various environmental incidents including flooding, and the failure of electricity, water, and kitchen equipment.

Accidents and incidents were recorded and monitored. This showed any trends could be identified and action plans developed. The registered manager had reviewed each accident or incident. This was to ensure that actions or procedures could be put into place to try to stop similar accidents occurring again.

People told us there were enough staff on duty. One person said, "There's plenty of staff." A relative told us, "There is always someone on hand to help him." On the day of our inspection there was enough staff to ensure people were able to get the support they required. We saw the rotas for the month and they reflected the number of staff on duty.

The registered manager told us they had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. A DBS

helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. A new member of staff told us, "I had to provide two references and get a DBS check before starting work." A staff member said, "I had to go through all mandatory training courses first. I then shadowed experienced staff so I could get to know people and their routines." Records we saw, and staff we spoke with confirmed these checks had taken place. This ensured appropriate staff had been employed to care for and support people.

People brought in their own medication and self-administered them. Risk assessments were in place for individuals for self-administration. The registered manager told us they would administer medication if required and policies and procedures were in place in case they were required. At the time of our inspection, staff were not required to help anyone with their medication, although they were trained to do so if required.

Good

Is the service effective?

Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, "They are very good; they know what they're doing." Staff told us that they knew how to support people as individuals and recognised their specific needs. A relative said, "They know just what to do."

Staff told us there was a lot of training available. One said, "We do e-learning, lots of courses. If there is anything we want to learn about, training wise, you can just ask." Another said, "We learn a lot." The service kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both the providers mandatory and optional additional training, and their expiry dates were monitored so that they could be booked on to refresher courses as needed. This ensured staff were kept up to date with best practice. The registered manager told us that the nurses who worked in the hospice at home team had received training and were validated in verification of death. This would remove the need for the families having to wait several hours for an on call doctor to visit should a death occur during the night.

We saw records that showed staff received a comprehensive induction and regular supervision. One staff member said, "I have supervisions with my manager often, but she is here all the time so we can speak with her whenever we want to." All the staff we spoke with made similar comments. Volunteers we spoke with told us they received appropriate training and support to help them with their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. 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.

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. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

One person told us that staff always gained consent from them before providing them with any care and support. We observed informal and verbal consent being obtained by staff before assisting people. Staff knew who required support to make decisions and were given time to take in the information and make a decision. Within care plans we looked at we found they contained consent forms signed by people to agree to care and treatment.

People told us they enjoyed the food provided for them. One person said, "I like the food here; I generally have a ham salad which is really nice." The cook explained meal choices were decided on a daily basis and

based upon the food items available. People were given two choices of hot food although alternatives were available should these be required. Volunteers went round and asked people what they would like and people had frequent fluids and biscuits throughout the day. Consideration was given to issues which could impact upon people's taste, including chemotherapy, swallow issues and so on. Dietary preferences were catered for, such as soft options or gluten free.

It was clear from our observations at lunch time, that the meal was a social event. There was a choice of main course and pudding. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. There were plentiful supplies of food and drink in the kitchen. The cook knew who required a fortified or special diet and catered accordingly.

The service offered interventions in the form of venepuncture, Percutaneous Endoscopic Gastrostomy (PEG) feeds and dressings. PEG feeds are a way of people receiving nutrition through a tube directly into the stomach if they are unable to swallow. The service also provided counselling and complementary therapies such as; reflexology and head massage. The registered manager told us they liaised with GPs and district nurses to avoid hospital admissions if possible, as most people who used the service were already under the care of a consultant.

There were a lot of information leaflets available for people regarding different conditions and the support available. Staff told us they would use these to talk with people and assist with getting any additional support they may need.

Good

Is the service caring?

Our findings

People were happy with the care and support that they received at the service. One person said "They are all absolutely amazing, really lovely, all kind and so happy and caring." A relative said, "I cannot fault them, they care for [person's name] and me. They are so caring." Another relative commented on how good the communication was between the service and people and relatives. They said, "I even received a phone call just to make sure everything was okay, how good is that?"

We observed staff interacting with people in a friendly and caring manner. Staff were laughing and joking with people as they went about their duties. People appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people to achieve things, for example, one person was knitting and staff were giving encouragement discussing when it had to be completed by. Another person had a new speaker type hearing device, they were explaining to staff what it did and staff thought it may be useful for another person.

Care plans we looked at showed that pre assessments had been undertaken which took into account past medical history, medication details, likes and dislikes and significant information. From this care plans were devised. People were involved in their own care planning, along with relatives or representatives if required. One person said, "I know they had to get a lot of information about me to make sure they knew what to do. When I come in each time I tell the nurses what has happened over the last week and how I am." A relative said, "They were fantastic, made us aware of the process, when referrals would be made." Staff told us that they tried to involve people with their care plans, one staff member said, "People are involved in their care plans. They say what goes in it, and we review it regularly and change it according to their needs and wants. If someone doesn't want to take part in the process or can't take part, we can speak with the family members and get information that way instead." We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes. We were told that advocacy services were available should people require them if they had no family or representatives to assist with their involvement. At the time of our inspection, no one was using the services of an advocate.

People felt their privacy and dignity was being respected. One person we spoke with said, "They are very respectful." One staff member we spoke with also said, "I always make sure that doors are closed when providing care for someone, or if they want to talk. I also respect that some people just want to be alone or in their own space sometimes, so I need to leave them be." This showed that staff understood people's need for privacy and that it was respected. If anyone needed treatment of any type it was carried out in a room away from the main area of the service in private.

There were some areas within the service and garden where people could go for some quiet time if they wanted. This showed that people could be as private as they wished.

Staff told us that visitors were welcomed; however, people came to the service to also give some respite to their carers. One relative we spoke with told us that the few hours their loved one attended the day hospice

gave them an opportunity to have some 'me time' and also for their loved one to be cared for and supported by professionals.

Good

Is the service responsive?

Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes since they were last at the service. When each person arrived at the day hospice, a member of staff sat with them to discuss how they had been over the past week since their last visit. This was to check if there had been any changes in the person's health and to ensure staff could respond to any changing need or assist with organising additional services if required.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. We observed one person who was a little confused. Staff knew how to approach them and provided reassurance so that they could be settled. Staff sat with them holding their hand and chatting. People were able to freely walk around the service and staff stopped and chatted to them.

The service also offered a hospice at home service. This was only for overnight hours. The registered manager told us they had introduced this as a response to an identified need in the local community as there was a gap in night time support being offered by the local authority for people with life limiting conditions as they approached the end of their life. The registered manager explained they tried to keep the same small team of nurses visiting individuals so a relationship could be built with the person and their family.

The registered manager told us that they had developed two programmes of self-support education. These were for Living with Heart Failure and Living with Chronic Obstructive Pulmonary Disease (COPD). These were 16 week programmes to support people with the conditions and to give them as much information as possible to assist them in managing their symptoms and condition. We saw within feedback from people who had attended that they had found them helpful.

One person told us, "I look forward to coming here, but I really look forward to the bingo." Another said, "There is always something different, but we love the bingo." A staff member said, "We also do quizzes, help people to relax and have the Pets As therapy (PAT) dog visit."

During the afternoon we observed the bingo activity taking place, this was well attended and there was a lot of banter between people and staff. It was a social occasion with laughter; tea and cake were enjoyed by all. One volunteer told us about the work they did in the garden and how much they enjoyed this and being with the people in the service. Staff said it was a lovely place to work. There were extensive gardens which opened up from patio doors which enabled people to access them easily.

We saw that the service had a complaints policy and procedure. There had been no complaints, but people were aware of how to complain if they needed to.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they knew who the manager was. One person said, "She is always here and knows us." People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed her interacting with people who used the service, relatives and staff; there was a good rapport between them all. One person who used the service told us, "It's very good here; you can say just what you are feeling and be understood."

Staff and volunteers told us that they received support from the registered manager. One staff member told us, "[name of registered manager] is really supportive." They said there was an open culture in the service. This meant that they could speak about anything with the manager. The registered manager told us there was a no blame culture in the service. If any errors had been made, they would have used it as learning to stop it happening again.

The service used a number of volunteers, one staff member said, "The volunteers are the back bone of the place." They carried out a number of duties including transporting people to and from the day service, shopping, fund raising and attending to the very large gardens.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, infection control, healthcare records and fire safety equipment and checks. These had been carried out on a regular basis. Satisfaction surveys had been sent out to people who used the service and relatives. Some feedback had been received and included comments such as; 'Absolutely first class.' 'We as a family feel that the hospice at home team went above and beyond to help our family.' And 'The nurses were amazing and gave us a feeling of security and care.' A dietary questionnaire had been given to people and they had all been returned as either excellent or very satisfied with comments including; 'Variety was excellent and all the food I have had was tasty.' And 'The cook offered to make me something different when I was not feeling well.'

On the notice board was information about another day hospice in Canada. The registered manager explained that as they were quite unique in the fact they were not attached to a hospice with an inpatient unit, they had been approached by a hospice service in Canada who wanted to set up a day hospice. They had spoken to each other and the Canadian provider had visited to see how it was run. The day hospice was now up and running and they had twinned with each other. They often shared photographs and information which was displayed.

The service was one of only two hospices who have received the Gold Standard Framework (GSF) re-validation. The GSF is a framework to help deliver a 'gold standard of care' for all people as they approach the end of their lives. As part of the process the hospice must attend a specific training programme, attend workshops and have an independent quality assurance process carried out. This ensured staff were working to the latest best practice standards.