

St Catherines Hospice (Lancashire) Limited

St Catherine's Hospice (Lancashire)

Inspection report

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Date of inspection visit: 04 August 2014
Date of publication: 24/12/2014

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to look at the overall quality of the service.

We inspected St Catherine's Hospice on 04 August 2014. This inspection was announced, with the staff and

provider being given 24 hours' notice that we would be visiting. We did this so people who used the service could be given notice of our visit and asked if they would be happy to talk with us.

St Catherine's Hospice cares for people across Chorley, Longridge, Preston and South Ribble who are affected by life-limiting conditions. Whilst many of the people they support have cancer, they also support people with other

Summary of findings

conditions such as heart failure, motor neurone disease and parkinson's disease. St Catherine's has a multi professional approach in the provision of specialised care.

The in-patient unit can care for up to nineteen people. Outpatient care is offered through their day therapy unit. People can attend for a wide range of medical, nursing, physiotherapy and occupational therapy treatments, as well as complementary therapies such as reflexology and aromatherapy massage.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff understood people's individual needs and the support they and their family members required. We saw that care was provided with kindness and compassion. People who used the service and their families spoke very highly about the service. One person told us, "I cannot fault this place." Another person told us, "I cannot praise the quality of care enough."

People who used the service and their family members had access to specialist care and treatment from staff

that had appropriate knowledge and skills. The registered manager assessed staffing levels to ensure there was enough staff to meet the needs of people who used the service. Arrangements were in place to enable medical support to be requested outside of standard working hours.

People were supported to express their views and wishes about all aspects of their care. People had a plan of care which covered their support needs and personal wishes. We saw care plans for those people on the in-patient unit were reviewed daily. This meant staff had up to date information about people's needs and wishes.

We saw evidence that end of life care was provided with sensitivity, dignity and respect, and the wishes of people were recorded. One family member told us, "All aspects of care and dying have been fully discussed. The service here is very intimate and highly personalised."

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. 100% of respondents in a recent survey carried out by the hospice, rated the care as excellent.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and secure whilst at the hospice.

Staff had received training in the protection of vulnerable adults. Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant there were safeguards in place for people who may be unable to make decisions about their care.

On the day of our visit we saw staffing numbers and skills mix were sufficient to provide a good level of care and keep people safe. People told us there were enough staff on duty and that staff had time to spend with them.

Good



Is the service effective?

The service was effective. Staff of all levels had access to on going training to meet the individual and diverse needs of the people they supported. Staff were trained to provide the specialist care people required.

People were assessed to identify risks associated with poor nutrition and hydration and spoke highly about the quality and choice of food.

People's healthcare needs were carefully monitored and discussed with people who used the service and their family members. People had access to appropriate health, social and medical support.

Good



Is the service caring?

The service was caring. People who used the service and their family members spoke very highly of the care and support they received. One person told us, "Everything they do here is first class."

People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth, compassion and respected people's rights to privacy, dignity and independence.

Outstanding



Is the service responsive?

The service was responsive. Records showed people and their family members had been involved in making decisions about what was important to them.

The hospice had systems in place to ensure the continuity of care for people moving between care settings. People's care needs were kept under review and staff responded quickly when people's needs changed.

Good



Is the service well-led?

The service was well led. There was a clear management structure at the hospice. Staff told us the managers were approachable and had a regular presence within the hospice.

Good



Summary of findings

The registered manager actively sought and acted upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who used the service. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

St Catherine's Hospice (Lancashire)

Detailed findings

Background to this inspection

St Catherine's Hospice (Lancashire) was last inspected on 29 August 2013 when it was found to be meeting the national standards covered during that inspection.

The inspection on the 04 August 2014 was led by an inspector who was accompanied by a second inspector and an expert by experience, both of whom had experience in end of life care.

The registered manager had completed a Provider Information Return (PIR). The PIR helps us plan our inspections by asking the service to provide us with data and some written information under our five questions; Is the service safe, effective, caring responsive and well-led? We used the PIR and other information held by the Care Quality Commission (CQC) to inform us of what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included fourteen people (either in the in-patient unit or in the day therapy unit), eight visiting family members, the chief executive, the registered manager and fifteen staff members.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the hospice.

Is the service safe?

Our findings

People who used the service told us they felt safe when being supported. One person told us, “Everything here is safe and familiar. I feel very comfortable and secure all day and through the night.”

At the time of our inspection there had been no safeguarding alerts raised by the service since the last inspection. We saw procedures were in place for dealing with allegations of abuse. Discussion with staff confirmed they had a good understanding of the type of concern they should report and how they should report it. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people they supported were protected from potential harm or abuse. Training records confirmed all staff had received recent training on safeguarding vulnerable adults. This meant staff had the necessary knowledge and information to ensure people were protected from abuse.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. At the time of our visit, there had been no applications to place a restriction on a person’s liberty. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. Clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

During our visit, we spent time in all areas of the hospice. This helped us to observe the daily routines and gain an insight into how people’s care and support was managed. People were relaxed and comfortable with staff. We did not observe any other potential restrictions or deprivations of liberty during our visit.

People who used the service, their families and other professionals had been involved in the risk assessment process. Staff told us they communicated with other professionals, such as GP’s and hospital staff to ensure people’s current risks were shared on admission. People’s

risks were appropriately assessed, managed and reviewed. We looked at care records of three people who used the service. Where risks had been identified, management plans were in place and staff demonstrated they knew how to keep each person safe.

People we spoke with were very positive about how risks were managed, so that they were protected and their freedom was supported and respected. One person told us how they preferred the opportunity to move around and spend time in the gardens. They told us how the staff team had worked to ensure they could provide a safe environment, “As long as I take a bleeper with me and let them know where I am going, I am free to sit in the gardens and walk around the buildings.”

Where people may display behaviour which challenged the service, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people’s dignity and protecting their rights.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who used the service. We looked at staff rotas for each area of the service and spoke with the registered manager about staffing arrangements. We saw effective systems were in place to ensure staffing numbers and skills mix were sufficient to keep people safe.

We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaged in activities. Call bells were responded to quickly when people required assistance.

People told us they were happy with the care and support they were receiving. They told us they felt there were enough staff on duty to meet their needs and that staff had time to spend with them. One person told us, “The staff are extremely attentive.” Another person told us, “I just need to press a button and a nurse is here immediately.” Family members we spoke with felt there were enough staff on duty to meet the needs of their relatives. One family member told us, “The staff ratios are excellent here which allows staff plenty of time with patients.”

Is the service safe?

Staff members told us staffing numbers enabled them to provide quality care on each shift. They told us they worked well as a team and supported each other. One staff member told us, “The reason I love working in the hospice

is because we organise a very close team approach to the care of the whole patient. We have the time and resources to make the care very specific to the clinical and well-being needs of the patient.”

Is the service effective?

Our findings

There were a wide variety of roles in the hospice including various medical, nursing, psychological, physiotherapy, support and volunteer roles. The staff were trained to provide the specialist care that people required. We saw evidence of training available to all levels of staff in order for them to be competent in their individual roles.

We spoke with staff about access to training. They told us they received regular training which enabled them to have the skills they needed for their role. One person told us, "We have a really good education department that makes sure all our mandatory training is completed. They also provide regular updates in areas such as safeguarding and CPR (Cardio Pulmonary Resuscitation)."

Staff also completed competency based assessments as appropriate to their role, to ensure they could demonstrate the required knowledge and skills. Examples of these assessments included; medication, enteral feeding (feeding through a tube into the stomach) and urinary catheter care. This meant staff had the opportunity to acquire further skills and qualifications which were relevant to the work they undertook.

We spoke with one member of staff who had recently completed their induction period. They told us, "The team is structured and very supportive. This has helped me settle quite quickly into my role."

There was a robust system in place for the recruitment, selection, training and education of volunteers. We spoke with volunteers who told us they felt supported and had received induction training when they commenced their volunteer role. One person told us, "The nursing staff are very supportive in the work we do as volunteers."

The staff members we spoke with told us they received regular formal supervision sessions with their manager. In addition a system of appraisal had been established and staff completed continuing professional development plans. This meant staff were being offered support in their roles as well as identifying their individual training needs.

People told us they enjoyed the food provided by the hospice. They said they received varied, nutritious meals and always had plenty to eat. One person said, "The food

here is fantastic, it really suits my tastes." Another person told us, "I have problems with solid foods, but I love the strawberry milk shakes here that give me all the nutrients that I need."

Care plans reviewed detailed information about people's food and drink preferences. Care plans also assessed people's nutritional requirements. Assessments were monitored daily. Where there had been changes to a person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. This confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

Staff worked very closely with people to ensure they were supported to have sufficient to eat and drink. A member of staff told us, "The dietician advises the staff about what types of meals are served to in-patients. There is plenty of variety. If a patient is asleep when meals are served, the meal would be kept warm or remade when they awoke. Personal meal requests are accommodated as much as possible to suit personal, religious or health concerns."

We observed lunch being served in the day therapy unit, in a relaxed and unhurried manner. Tables were set with linen tablecloths. A choice of two hot meals was offered. The people we spoke with after lunch all said they had enjoyed their meal.

There was access to appropriate health, social and medical support. Doctors who specialise in palliative care, physiotherapists and social workers were employed by the hospice. There was also a system in place to gain out of hour's medical support if it was required.

People who used the service, family members and staff told us the service worked extremely well with outside agencies. They told us people's needs were supported when transferring between various agencies and support was organised for people in their own home and for their families/carers. One person told us their transfer from hospital had been 'organised very efficiently'. A family member told us, "We were desperately struggling to cope with the motor neurone disease (MND) at home. The specialist support the hospice staff has provided, with the help of the hospital team, has been outstanding."

People told us they felt comfortable to discuss their health needs with staff. They told us they were provided with understandable information about the medicines they take

Is the service effective?

and the healthcare and treatment options available to them. One person told us, “The pain control here is absolutely spot on.” Another person told us, “I was having real pain with my syringe driver, so I am now on oral medication and I am feeling much more comfortable and happy. The staff take great care to meet my personal needs.

People’s healthcare needs were carefully monitored and discussed with the person and their family as part of the care planning process. We noted people’s care plans

contained clear information and guidance for staff on how best to monitor people’s health. One family member told us, “We have been fully involved in discussing my sister’s care pathway. All options have been thoroughly explored and explained. The doctor here has been extremely thorough in terms of explaining medical changes and how to deal with the various options. All her medicines are reviewed daily with the family. Everything is very personal and focussed.”



Is the service caring?

Our findings

Everyone spoke very highly of the care and support they received at the hospice. One person told us, "I cannot praise the quality of care enough. Nothing is too much trouble in meeting my needs." Another person told us, "We are treated as 5 star guests with excellent food and friendships." A person on the day therapy unit told us, "It is the people that make this place. Nobody judges anyone. The unit provides great social support."

People told us they had a good relationship with staff, who they described as, 'outstanding, caring, kind and friendly'. One family member told us, "My sister has suffered from cancer over the last 15 years. I can say without any hesitation this is the best care that she has received in all that time. The care for my family has also been brilliant."

Staff spoke fondly and were knowledgeable about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs of people within their care. All were respectful of people's needs and described a sensitive and compassionate approach to their role. Staff told us they enjoyed their work because everyone cared about the people they supported. One staff member told us, "I very much enjoy working here because the care and compassion shown to the patients and their carers is outstanding. I love being part of that."

Staff showed care and compassion in how they spoke with people they were supporting. Staff were seen to be attentive and dealt with requests without delay. We observed one person wake from a sleep in a distressed state. We saw staff immediately respond in a calming and soothing manner, to which the person responded positively.

We saw evidence that the provider regularly sought feedback from people who used the service and their family members. Feedback from the hospice's last satisfaction survey in January 2014 showed that 100% of respondents rated the care as excellent. Comments from the survey included, "From entering until leaving all staff have treated me and my partner with respect. I have always felt as if I am number one priority as far as staff goes which is great for my self-esteem." And, "St Catherine's is the most caring and considerate place to be."

People were supported to express their views and wishes about all aspects of their care. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at three people's care records and other associated documentation. We saw evidence people had been involved with, and were at the centre of, developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. A family member told us, "Nothing is too much trouble for all the staff from the doctors to the auxiliaries. All aspects of our relative's care have been fully explained. All options have been discussed with us."

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "I like to think I can make a difference. I try and be positive and to build a rapport with people so that they feel cared for in a way that they feel comfortable with."

During our observations we noted people's dignity was maintained. We observed when personal care was in progress, a sign was attached to the door of the room or bedside curtains, stating 'care in progress'. This prevented interruptions and ensured people's privacy and dignity was maintained.

We saw evidence end of life care was provided with sensitivity, dignity and respect. One person we spoke with, told us that staff had treated her with 'love and kindness'. She went on to tell us, "I know I am going to die soon. I would love to die here."

All staff spoken with demonstrated their understanding of the importance of making sure people and their families were supported. One family member told us, "All aspects of care and dying have been fully discussed and consented. The service here is very intimate and highly personalised." Another family member, speaking about their relative, told us, "We know that her death is imminent. All options have been fully discussed with us. The doctors have told us what to expect. She has been made to feel comfortable, and so have we. The staff here look after the patient and the needs of the family."



Is the service caring?

The service recognised the significance of family during this difficult time. People's family members and friends were able to visit without undue restriction. In addition facilities were available for family members to stay overnight, either in the same room or, if available, in a separate room. One family member told us, "My sister and I have been accommodated in the room with our relative for the last six days. Nothing is too much trouble for the staff."

Bereavement support was available to people and their families or friends. This provided emotional support to those who required it. There was also a chaplaincy service available to offer support if required, in order to meet multi denominational spiritual needs of people who used the service and their family members. One family member told us, "We were advised to have the last rites read. It was a very moving experience, organised with great care by the hospice chaplain."

Is the service responsive?

Our findings

St Catherine's had a website which provided information about the hospice, the facilities and different types of support offered. When people accessed the service they were provided with a welcome pack which provided further details of the type of care and support they could expect to receive.

People told us they could express their views and were involved in making decisions about all aspects of their care. They told us they felt listened to. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. One staff member told us, "We make the time to understand each person as an individual and what they want."

Family members told us they felt the communication with staff at the hospice was excellent and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "They let me know straightaway if there are any changes or anything happens." Another family member told us, "The team responds very quickly to the needs of the patient and the family."

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People told us they had opportunities to be involved in the development and review of care plans if they wished.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments

included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

The hospice had systems in place to ensure they could respond to people's changing needs. These included daily admission meetings, weekly meetings for all sections of the hospice and weekly liaison meetings with the Acute Trust. This ensured continuity of care for people moving between care settings. The staff on the in-patient unit told us there was a handover at the end of each shift. We saw each staff member had a communication sheet which was updated for each shift. This provided the member of staff with information about any new admissions or any changes to a person's care needs. One staff member told us, "Communication is key, how we care for people can make a difference. Anything that has changed no matter how small, we need to know these things."

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint.

People and their family members told us they were extremely satisfied with the service and hadn't had cause to raise a complaint. They told us they were however aware of how to make a complaint and felt confident these would be listened to and acted upon.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The hospice governance structure included a board of trustees. We spoke with the chief executive about the culture of the hospice. They told us, “St Catherine’s is a local hospice and as an independent local charity we work hard to raise awareness of our hospice care. We continue to think differently whilst maximising the quality of care and support people receive. Our aim is to ensure care is provided in a personalised way that respects independence, privacy and dignity.” During our visit we observed the registered manager and staff acted according to these values.

There was a clear management structure at the hospice. The staff we spoke with were aware of the roles of the management team and told us the managers were approachable and had a regular presence within the hospice. All staff we spoke with told us they had a commitment to providing a good quality service for people who they supported.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they supported through satisfaction surveys and care reviews with people and their family members. The registered manager presented

quarterly reports to the board of trustees and board members carried out twice yearly visits to speak with staff, people who use the service and their family members. This meant people were given as much choice and control as possible into how the service was run for them.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who lived at the home. Records reviewed showed the service had a range of quality assurance and clinical governance systems in place. These included health and safety audits, medication as well as checks on care records and infection control. Audits were evaluated and where required, action plans were in place to drive improvements. The service had identified that improvements could be made to the quality of information recorded in the care plans. Appropriate plans were in place to ensure action was taken. This meant there were systems in place to regularly review and improve the service.

There were systems and processes in place for managing risk. These included an incident reporting system and local systems for dealing with Medical and Healthcare products Regulatory Agency (MRHA) alerts. We saw evidence staff were encouraged to report clinical incidents, significant events and near misses. Staff we spoke with told us the management at the service were very good at communicating through the staff meetings and handovers any issues which had the potential to have a negative impact on people using the service. This meant risks to people were reduced and systems were in place to help the service to continually improve.