Teesside Hospice Care Foundation

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Inspection report

Teesside Hospice
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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

We inspected Teesside Hospice Care Foundation on 16 March 2016. The inspection was unannounced which meant that the staff and registered provider did not know we would be visiting.

Teesside Hospice Care Foundation (in patient unit) provides specialist palliative and end of life care to a maximum number of 10 people. At the time of our inspection visit there were nine people who used the service.

The hospice had a registered manager in place. 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.

There were very good staffing levels which allowed staff to meet people's care and treatment needs in a safe, timely and personalised manner. The service had recruitment procedures in place. Staff and volunteers had robust recruitment checks, which helped to make sure they were suitable to provide people's care and support.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records contained a number of risk assessments specific to the needs of each person.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and the action they would take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

The management of medicines was safe and people told us their pain was well managed.

Checks of the building and equipment were completed to make sure it was safe. A fire drill had been undertaken in March 2015; however, we could not be sure that this covered all staff and in particular night staff. We asked the registered manager to contact the fire authority to seek advice regarding fire safety. After the inspection the registered manager contacted us to inform that they had made contact with the fire authority and their advice was a minimum of one drill should be undertaken each year. The registered manager told us there was a system of staff rotation from day and night shift and all staff would be involved in a drill. In addition there had been several activations of the fire alarm in in which staff had worked closely with the fire authority. At the time of the inspection personal emergency evacuation plans (PEEPs) for people who used the service were not in place; however, there was a summary report of each person and a moving and handling assessment which together provided important information for staff and others in the event of an emergency. The management team told us that PEEPs would be completed as a matter of importance. Tests of the fire alarm were completed but there was no system to ensure call point were

tested as often as each other. The management team told us they would take action to improve the fire safety concerns we raised at the inspection.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us the food provided was good. Nutritional assessments were undertaken to identify risks associated with poor nutrition and hydration.

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 relatives spoke very highly about the care and service received. People said their right to privacy was fully protected, and told us they were always treated with dignity and great respect by all staff. Chaplains of different faith groups visited the inpatient unit regularly to provide support to people and their relatives. The hospice provided good family support, counselling and bereavement support.

People's individual views and preferences had been taken into account when their care or treatment plan had been developed. However, care plans were not person centred. Relatives and friends were able to visit the hospice at any time; they told us that they were always made welcome.

People and relatives spoke very highly of the complimentary therapies that were available to both people who used the service and relatives.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Checks of the building and equipment were completed to make sure it was safe. However, tests of the fire alarm were completed but there wasn't a system in place to ensure call points were tested as regularly as each other.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse. Systems were in place to ensure medicines were managed safely.

There were sufficient staff on duty to meet people's needs. The hospice employed a palliative care consultant and two doctors were on duty during the day. People had access to out of hour's specialist palliative care doctors. Robust recruitment procedures were in place to make sure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People's healthcare needs were carefully monitored and discussed with people who used the service and their family members. People told us staff at the hospice worked hard to manage symptom and pain management.

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. Staff told us they felt well supported.

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

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff treated them with exceptional kindness, care, dignity and respect at all times.

Staff demonstrated compassion in every aspect of their work and 'went the extra mile' to make people feel valued and supported.

People's views and preferences were central to the care provided, which was individually tailored and took account of relatives.

People were supported spiritually. People were encouraged and supported to make decisions about their care and given time to make their own choices.

Is the service responsive?

Good

The service was responsive.

People told us they felt confident to express any concerns or complaints about the service they received.

People and their families were fully involved in assessing their needs and planning how their care should be given. However, core care plans were not person centred and had not been made individual to the person.

Staff delivered people's care in a person-centred way, treating them as individuals and encouraging them to make choices about their daily lives.

Is the service well-led?

Good

The service was well led.

The management team gave strong and effective leadership and provided a clear strategy for the long term development of the service.

There were clear management structures and lines of accountability. Staff told us the service was well managed, that they were treated with respect and were actively involved in decision-making.

Systems were in place to monitor the quality of the service provided to ensure the service was run in the best interest of people.

All staff shared the commitment to excellence in every aspect of

their work.

Teesside Hospice Care Foundation

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 checked 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.

We inspected Teesside Hospice on 16 March 2016. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. This inspection was completed by one adult social care inspector, a specialist advisor in end of life and palliative care and a pharmacist inspector.

Before the inspection we reviewed all the information we held about the service, this included notifications of significant changes or events. The registered provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with six people who used the service and three relatives.

During the visit we spoke with 11staff, this included the chief executive, the registered manager, two doctors, the nursing sister, a nurse, the ambulance driver, the head of bereavement counselling, a social worker, a maintenance person and a health care assistant. We also spoke with two volunteers. After the inspection we contacted external health care professionals by email to seek their views on the care and service received. This included consultants in palliative care medicine and various other professionals. Their views can be read in the main body of the report.

During the inspection we reviewed a range of records. This included the care records of four people who used the hospice, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the hospice

and a variety of policies and procedures developed and implemented by the registered provider. We joined a handover staff meeting where people and their relatives' care and support was discussed.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "They have a way of putting your mind at ease and always go the extra mile to help you." A relative we spoke with said, "They [staff] just fill you with confidence."

The registered manager had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped to ensure staff had the necessary knowledge and information to make sure people were protected from abuse. Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had confidence that the registered manager would respond appropriately to any concerns.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, "If I saw something that I knew wasn't right I would report it to my line manager." Staff told us they had confidence that senior staff and the registered manager would respond appropriately to any concerns.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records we looked at during the inspection contained a number of risk assessments specific to the needs of each person. We saw risk assessments were in place for falls, moving and handling and skin integrity. One care record we looked at identified the person had poor mobility and was at risk of falls. Records informed that measures had been put in place to reduce the risk of falls, which included lowering the bed to the floor, a chair sensor which would alert staff if the person tried to stand up, the call bell being in the person's easy reach and staff checking on the person at least every hour.

The service had recruitment procedures in place. Staff and volunteers had robust recruitment checks, which helped to make sure they were suitable to provide people's care and support. We looked at staff recruitment files and saw that the appropriate checks were completed before staff started work. Information about previous employment and employment histories were in the records. References had been sought and included the person's previous employer. Checks with the Nursing and Midwifery Council (NMC) had been made to ensure that nurses were fit to practice. All staff had evidence to confirm that Disclosure and Barring Service (DBS) checks had been conducted before commencing work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults.

People told us there were enough staff on duty to provide the care they required. One person said, "Anything you ask for is done there and then." A relative we spoke with said, "The staff are always around if you need them." Staff also told us there were enough of them and they were supported by volunteers. One staff member said, "The best thing we enjoy here is time, time to give good care and support families and

friends." Staffing rotas showed a good skills mix of staffing levels on all shifts. The registered manager told us that on a morning there were three nurses and two health care assistants, which reduced on an afternoon to three nurses and a health care assistant and overnight two nurses and one health care assistant. The service employed a consultant in palliative medicine and other doctors which meant that a specialist palliative care service was available 24 hours a day. There were usually two doctors on duty during the day and one doctor on call overnight should they be needed for advice or to visit.

The maintenance person told us that the water temperature of showers and hand wash basins were taken and recorded on a monthly to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. The registered manager told us bath temperatures were taken before people who used the service had a bath; however the only record of this was kept in the person's care plan. The registered manager told us they would take action to address this and ensure a record of the bath temperatures was available for inspection.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers emergency lighting and gas boilers. Water tanks were chlorinated annually and shower heads were cleaned once a month to prevent legionella.

Hoists had been serviced in June 2015; however these should be checked on a six monthly basis so were due again in December 2015. We pointed this out to the registered manager who told us they would make checks to ensure the servicing had been completed. After the inspection we received certificates to confirm that all hoists had been serviced on 23 March 2016. The occupational therapist was responsible for the checking of hoist slings in line with guidance from the Lifting Operations and Lifting Equipment Regulations (LOLER).

We asked the management team about personal emergency evacuation plans (PEEPs) for people who used the service. PEEPs provide staff and others with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The registered manager was not aware of the need to complete PEEPs for each individual person. The registered manager told us they would ensure that PEEPs were introduced and reviewed on an individual basis with PEEPs added and removed as people were admitted and discharged from the hospice. Although PEEPS were not in place the registered manager told us there was a summary report of all people available to staff and a detailed moving and handling assessment which provided important information in the event of an emergency.

Tests of the fire alarm were completed on a regular basis to make sure it was in safe working order. However, there wasn't a methodical system in place which ensured that all call points were tested as regularly as each other. We pointed this out to the registered manager who told us they would speak with representatives of the maintenance department and make sure that there was a system in which to check each call point regularly. Records showed that the most recent fire drill had been undertaken in March 2015. We could not be sure that this covered all staff and in particular night staff. We asked the registered manager to contact the fire authority after the inspection to seek advice regarding fire safety. After the inspection the registered manager contacted us to inform that they had made contact with the fire authority and their advice was a minimum of one drill should be undertaken each year. The registered manager told us their was a system of staff rotation from day and night shift and all staff would be involved in a drill. We were also told that there had been several activations of the fire alarm in the last 12 months when the fire authority had attended and who were happy with how staff had responded.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of

reoccurrence. The registered manager said that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record them should they occur.

We looked at the way that medicines were managed within the hospice. We found that people were protected against the risks associated with medicines because appropriate arrangements were in place to manage medicines.

We looked at how medicines were handled on the inpatient unit and saw appropriate arrangements were in place for checking and confirming people's medicines on first admission to the hospice. When patients were discharged we saw that detailed information about their current medicines, including changes made during their stay in the hospice were given to the person. This ensured that up to date information about people's medicines was available to a person's GP if required.

There were clear, comprehensive and up to date policies and procedures covering all aspects of medicines management.

Appropriate arrangements were in place for the administration of medicines. The people we spoke with said they had no concerns about their medicines and one person said, "The staff here are helping me sort out my pain control." We observed nurses administering medicines and setting up a syringe driver; these tasks were completed in a caring and safe way and were recorded accurately.

Appropriate arrangements were in place for the recording of medicines. The medication records we checked were fully completed and showed that people received their medicines as prescribed.

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

There were detailed and up to date standard operating procedures in place for all aspects of the handling of controlled drugs. Additional records were kept of the receipt and use of controlled drugs to help identify any loss or discrepancies promptly. Medicines were disposed of appropriately. We saw that a detailed procedure was in place for the disposal of controlled drugs which required participation by named authorised hospice staff.

Arrangements were in place to ensure that medicines incidents were reported and fully investigated and we found there was an open culture around reporting medicine errors. All the staff we spoke with were aware of how to report any medicines incidents and one of the nurses we spoke with explained how medication errors were reviewed by a multi-disciplinary team on a regular basis to support shared learning. We saw that medication errors had been fully investigated and additional medication training had been undertaken and changes to procedures had been introduced promptly to reduce the risk of reoccurrence.

We asked about the arrangements for auditing medicines handling and storage in the hospice. We saw that controlled drugs were checked frequently and pharmacy staff checked medicines stock on a regular basis. We saw support systems were in place via visits from pharmacy technicians and a palliative care pharmacist to check medicines and provide advice to staff. There was also a system to receive and act upon national drug safety alerts.

Good

Is the service effective?

Our findings

The registered manager told us all staff received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. They told us all staff had been allocated a supervisor and that all staff had been able to choose who their supervisor was. They told us there was a lot of group supervision and debrief after that. Staff confirmed they received supervision and felt well supported. The registered manager told us the service did not have a policy on supervision as they thought that a policy would mean too much structure as they wanted staff to take the lead as a professional. The hospice had adopted the Helen and Douglas House Clinical Supervision Toolkit. During the initial clinical supervision session the facilitator and individual participants signed a contract which set out the aims and objectives of the supervision including guidance regarding confidentiality. Some staff have agreed to keep a record of attendance and a brief outline of the areas discussed at each supervision session. Each Wednesday lunchtime there was a short relaxation session (breathing space) available to staff. Staff told us this gave them time to think and relax whilst listening to gentle music. One staff member we spoke with said, "The management is so supportive, cannot praise [registered manager] enough [they] allow independent thinking, [registered manager] values people."

We saw records to confirm staff received an annual appraisal which included a review of performance and progress within a 12 month period. This process also identified any strengths or weaknesses or areas for growth.

Induction was structured and included an introduction to the hospice layout and working of the unit as well as being provided with human resources and contractual information. Nursing staff told us that as part of their induction they had two weeks of shadowing a fellow professional

All staff completed training which included, moving and handling, infections control, safeguarding adults and children, health and safety, fire safety, basic life support, information governance and equality and diversity on a yearly or two yearly basis. The registered manager told us where there were gaps in training for staff this had been identified and training had been booked.

Staff also received an extensive programme of in house training which is specific to their job role and people who used the service. We saw that staff had received training on syringe drivers and their competency was assessed. Other training included the management of diabetes, Parkinson's, heat failure, breast cancer, radiotherapy side effects and ethical issues in nutrition.

The management team at the hospice had accessed systems to support nurses in their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. The registered manager told us how they had prepared nurses for this process. There had been a work station set up with information and resources to support staff. There was senior nurse meeting each month in which reflection took place and this was shared with all nurses. One of the nurses had completed their portfolio for revalidation and shared this with other nurses to support their learning and the development of their own

portfolio.

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.

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 care homes and hospitals 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 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 received such training. The registered manager told us they had made applications to deprive people of their liberty at times when there was fluctuating capacity or the persons condition had led to a lack of capacity such as when a person had a brain tumour, however non had been authorised.

Individual care records indicated that attention was paid to making sure that people were supported to give consent and make decisions about their care and treatment if their conditions changed or deteriorated. We saw that people's treatment wishes were documented in their records. One person who used the service said, "You are involved in every decision from start to finish. Everything is clearly explained to make sure you understand. They [staff] are wonderful." Other people told us that the staff always asked their permission before carrying out care and that they were given an explanation of what and why any intervention or medicines were needed.

People who used the service were complimentary about the food provided. One person said, "The food is fabulous and they [staff] always do what you fancy." Another person said, "I only like a small amount and that is what I get." A relative we spoke with said, "[Person who used the service] was in a rare old state when they came in but now they have put some weight on and feel much better." We looked at menus which provided three choices at lunchtime and two at teatime and one of which was a vegetarian option. At each meal time there was a choice of a hot or cold pudding. We saw that people were nutritionally assessed.

Within the hospice there was also a coffee shop which was accessible to people who used the service, relatives and staff.

We found the hospice employed a range of staff. This included nurses, healthcare assistants; doctors, a social worker, a physiotherapist, a palliative care consultant, bereavement counsellors, and occupational therapy assistant and complimentary therapists to help to ensure people's needs were met. After the inspection we contacted numerous external professionals to seek their views on the care and service provided.

The hospice had a service level agreement with James Cook University hospital who provided an occupational therapist to work within the day care/ outpatient services and the Inpatient unit from Monday to Friday. There was also a service level agreement in which a dietician visited one day a week to support people and staff with nutrition.

We spoke with one person who had been an inpatient but also used the day hospice. They said, "I had to get my GP out last week but they don't have the time the doctors here have for you. If I have a problem now, I wait until a Wednesday and see the doctors at the day hospice as they always make time and listen to you." A relative said, "They [doctors and nurses] are looking at [person] medically but they also give that extra care and quality that matters."

A health professional we contacted told us, "My impression is certainly that the services are effective, caring and responsive. The medical leadership appears strong." Another professional said, "The hospice team provide a prompt response to our patient needs whenever they can with the bed availability that they have and they provide an extremely high level of specialist care which is truly multi professional. I am aware of this as they present the cases of every inpatient each week at the locality MDT [Multidisciplinary Team Meeting, which is a meeting of professionals from a clinical background who make recommended treatment decisions for people]recommend treatment thus are open to input from peers. I frequently receive positive feedback from patients/carers about the support and care received from the hospice inpatient unit and day care. I am greatly supported in my outpatient work by the access to day care for my patients."

People and relatives who used the service spoke highly of the nursing staff and doctors who worked at the hospice, one person said, "The staff are fabulous. Every one of them are truly professional and nothing is too much trouble. If you have any worries or concerns there is always someone you can turn to." A relative we spoke with said, "This is my first experience of hospice care and it is truly amazing."

Weekly multi-disciplinary team meetings were held where a full review of the persons care was undertaken. These meetings helped ensure that people's care was individual and person centred.

In one area of the hospice there was a rack full of information leaflets. These provided information on areas such as Macmillan support, managing breathlessness, cancer, radiotherapy, lymphedema and sexuality and cancer. This meant that useful information was available for people who used the service and relatives should they wish to read it.

We joined a handover staff meeting where people and their relatives' care and support was discussed. The staff team discussed discharge planning when it was time for the person to go home. This included a discussion on what support the family would need when the person returned home, equipment issues, and liaising with other agencies such as the local authority, the NHS and Palliative Care Nurse Specialists. There was also evidence of support for bereavement care for relatives when required.

Good

Is the service caring?

Our findings

People told us they were very happy with the care and treatment received and that staff were truly caring. One person said, "You ask for something and what you get is better than expected, for example you ask for a bath and get a Jacuzzi bath. On a morning you don't just get a jug of water but you get a jug of water with ice." Another person said, "Everything they [staff] do they do with care and empathy and you know that they genuinely care." A relative said, "The nurses here are definitely in the right profession as they look at [person] as an actual person." Another relative said, "They [staff] care about the little things like rubbing [person's] back. [Person] is always itchy and they rub and scratch it for [person].

People told us they were treated people with dignity and respect. One person said, "They respect my decisions. I have an agreement with reception. If a visitor comes in to see me they ring through first to make sure I am up to visitors. Sometimes there are too many relatives and friends visiting and will turn them away for me if I don't feel well enough." Another person said, "We [person and relative] are so happy, this place exceeds expectation, dignity and compassion amongst all staff and volunteers." We spent time observing staff interacting with people who used the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner. They chose words of reassurance and comfort and took time to listen to people. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

People told us they were given choice and involved in decisions about their care and treatment. One person said, "Everything is explained so clearly. There has been changes to my medication but I have been involved in those discussions every time." Another person told us how they only had an appetite for sweet foods and as they were a diabetic the doctors had made changes to their medicines to facilitate this choice to ensure the quality of life for the person was paramount. A relative told us they and the extended family were always made to feel extremely welcome and that they could use the day room facilities in which there was a kitchen where they could make tea and coffee. They said, "This is my first time in a hospice and I was expecting it to be good but this exceeds my expectations. I was surprised about how light, bright and friendly it is."

Staff spoke affectionately 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. One person said, "They just know me. They know I like weak tea and that is what I get. They know I don't like chocolate so when I ask for a biscuit or cake it's never chocolate." All staff 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 absolutely love this job as you always have time to spend with the patient. When people are frightened we have time to sit and hold their hand and we are able to sit and chat with patients and their family."

The service recognised the significance of family during this difficult time. People's family members and friends were able to visit at any time. In addition facilities were available for relatives to stay overnight. One relative said, "They [staff] are always asking how I am. They care about everyone."

The service had a beautiful multi- faith room which had an atmosphere of peace and calm. People of all faith backgrounds and also those people who do not hold any religious beliefs could use this room to have quiet time on their own or with their family and friends. Within this area there was a book designated to memories of those that had died. Staff told us told that many relatives chose to come back to the hospice as volunteers. We spoke with one volunteer who told us they had made the decision to do some voluntary work following the death of their spouse. They said, "This is a lovely place, strangely quite happy and full of kindness, I enjoy helping very much, it is about looking after each other."

A chaplaincy service was available for 15 hours a week and these hours were split over four days. There was also access to chaplaincy on call at all other times if this was needed. Chaplains of different faith groups spent time on the inpatient unit speaking with people and their relatives.

Good

Is the service responsive?

Our findings

People told us they felt the service was very responsive to their needs and wishes. One person said, "It's like a hotel here, the quality of doctors and nurses is first class. Diagnosis was a shock but they handled it well for me, care plan was discussed with me and my daughter. I have my say and am not afraid to speak out, am happy here." Another person said, "They respond to your individual needs. They have gone out of their way to get my pain under control and if doesn't work they will try something new." A relative we spoke with said, "[Person] is to come home in the next few days. I have taken delivery today of a hoist and sling, commode on wheels and I already have a handling belt and sling. We [person and family] could not be more prepared for discharge."

During the inspection we observed that staff at the service provided person-centred care, responding to people's needs, giving them the time and support they required, and supporting the practical and emotional needs of families.

Teesside Hospice has a website which provided information about the hospice, the facilities and different types of support offered.

People were referred to the hospice by a range of professionals, including GP's, members of the palliative care team, and hospital and community teams. The decision to admit was based on a multi-disciplinary assessment which defined the need, urgency and reason for the referral. Staff at the service carried out their own multi-disciplinary assessment of needs on admission. The management team told us the average length of stay at the hospice for symptom management was two to three weeks and then people would return home. The inpatient unit also provided end of life care.

We reviewed the assessment and care planning documentation for four people who used the hospice. People and relatives told us they had been fully involved in drawing up the plan of care and making decisions. We noted the system of planning people's care included the use of 'core care plans'. These are pre-printed care plans into which the person's name was added. There was scope for individualising these care plans, by the addition of extra information unique to the person, but most of the care plans we looked at had not been adapted to the individual person. The core care plan included general care to be provided to people. For example, we looked at the bowel care plan for one person who had an ileostomy. This care plan did not detail if the person was independent with managing this or if any assistance was required from staff. We discussed care plans with the management team who told us they would ensure time was taken with care planning to ensure it was person centred and reflected the high level of quality care and support that was provided.

People praised the complimentary therapies provided by trained therapists which were free of charge. The management team told us that massage, aromatherapy, relaxation, acupuncture, reflexology amongst other treatments were provided. People told us how these therapies had provided them with relief and relaxation. One person said, "I have regular massages which really help with the pain and relaxation. Complimentary therapies were also extended to relatives. One relative said, "I have been treated very well. I

have been pampered with a massage."

Other activities such as crafts, flower arranging, card making, jigsaws and DVD's were available should people want them. One person told us they the hospice had hosted a party for them and their family for a special birthday and on another occasion they had enjoyed a DVD night with their child.

Teesside hospice offers support and counselling to people who used the service and families anticipating death and through bereavement. This support was also extended to adults, children, young people and families who were not connected to the hospice but who have experienced the death of a significant person in their life. We spoke with the head of bereavement counselling who told us "I absolutely love it here, best of the three hospices I have worked in, the skills of counsellors are valued and there is a culture of learning, I am designing training on coping strategies for families including children."

There was also a Forget Me Not children's and young person's counselling service. The team of trained staff and volunteers helped children, young people and families from five to 18 years of age to understand their experiences and feelings around grief. This service was provided within the hospice in a child friendly area. One person who used the service and their spouse told us how this service had been invaluable for their child. They said, "It is a weight off my shoulders now that our [child] is getting counselling. We cannot express our gratitude enough."

One relative told us they had been part of the carers group. This group provided an opportunity for carers of sick people who used the hospice to come together and meet with others who have similar responsibilities. The group runs twice a year for six weeks. The aim of the group was to provide practical information and advice such as information on finance and support available, to help carers cope emotionally and how to look after themselves, advice on nutrition and the opportunity to try complimentary therapies. This relative said, "I thought the group was excellent as I got to meet other people and chat.

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. People and relatives told us they were aware of how to make a complaint and they would have no hesitation in making a complaint to staff or the registered manager. We saw the hospice's complaints leaflet. This provided people with information on who they should contact and timescales for action. The leaflet also provided people with information on other organisations they could contact such as The Patients Association and Citizens Advice. The leaflet also mentioned that people could share information with the Care Quality Commission and provided information on how to do this. This meant people and relatives were provided with the information they needed should they wish to make a complaint.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at complaints investigation records which informed that complaints were thoroughly investigated and people and relatives received a response.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

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 they were approachable and had a visible 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. One of the doctors we spoke with said, "I have been working here for three years and find it to be an excellent place. I did not intend to stay but it combines a great environment, high staffing levels with compassionate staff. We have time to deliver optimum care which is not the case in other care environments." A staff member we spoke with said, "Our manager is brilliant, what we need we get." Another staff member said, "We [staff] work very well together." They also told us the registered manager regularly spent time on the inpatient unit and was part of the staff handover meeting.

During the inspection the management team were very visible in the hospice and we saw they related well to staff. Staff said the management team were approachable and they felt comfortable and confident to question practice or to raise any matters with them. Senior management was available out of hours and at weekends to support staff and come in if necessary.

Health professionals told us that leadership at the hospice was very good, one professional told us, "Teesside Hospice provide an excellent service and are well run. My only observation; they should be helped to expand." Another professional told us, "The hospice is well governed in my view with strong internal clinical governance, audit and education programmes. I can say this because I have appraised the consultant there, on several occasions over the last few years. I think [consultant] and [the registered manager] provide good leadership."

Our observations confirmed that staff were highly motivated, enthusiastic, kind, supportive and involved. Team work and communication between staff was good, as was communication with people and their visitors.

Team meetings were held every month and were well attended and we saw records to confirm this. Staff told us this was an opportunity to share information and put their views forward. Staff told us they felt listened to. Staff confirmed the service demonstrated transparency and openness in its workings in which there was a reporting culture with no blame

Records reviewed showed the service had a range of quality assurance and clinical governance systems in place. Health and safety audits had been conducted and where actions had been identified these were quickly rectified. Infection control audits were performed and showed continual assessment of any risks. Audits were evaluated and where required, action plans were in place to drive improvements. This meant there were systems in place to regularly review and improve the service.

The hospice had an annual business plan which clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the registered provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

Patient satisfaction questionnaires were sent out to people who used the service to seek their views on the care and service received. The results of the survey for 2015 were displayed in a large format on walls for everyone to read. We looked at the results for 2015 in which people expressed satisfaction with the care and treatment received in the inpatient unit.