

St Helena Hospice Limited

St Helena Hospice, Tendring Centre

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 

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 pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other

Summary of findings

service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection was unannounced, which meant the provider did not know that we were coming.

At the last inspection of the service there was a breach of Regulation 15 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2010. This was judged to have a minor impact on people and the provider took measures to put the issue right.

St Helena Hospice Limited provides a range of palliative care services to patients at home, through two day centres and an inpatient unit. The service is available to anyone over the age of 16. A pre- and post-bereavement support service is also provided to family members. St Helena Hospice Limited covers North East Essex and the Colne Valley area of Mid Essex. St Helena Hospice, Tendring Centre is one of the day centres and operates five days a week.

There is a registered manager at the service. 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.

People told us they felt safe when they used the service. One person said, "You get a lovely service and there are

so many carers and volunteers you could not be safer." There were sufficient members of staff and volunteers with the skills and understanding to provide people with the care and support they needed.

Staff were supported to develop their skills so that they could provide people who used the service with the care and support they needed. Staff said they felt well supported by colleagues and manager. People were complimentary about the way staff cared for them. One person said, "If I have any problems they want to know and do everything in their power to make it better and if they cannot, then they call the doctor."

When they came to the hospice people received care and support that met their individual health, emotional and social needs. They said that staff did, "everything in their power" to support them or to get them specialist help.

People were treated with dignity and respect by staff and volunteers who were caring and compassionate.

Staff responded to people's changing needs; they involved people in assessing their needs and took their views into account. Care and support was tailored to the individual's needs at any particular time. People were supported to take part in therapies and treatments to help with their physical and emotional well-being.

There was an open culture and people were kept informed of changes that would affect the service. Staff and managers gave people opportunities to express their views and concerns and did what they were able to reduce people's anxiety.

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. Staff understood how to keep people safe and there were sufficient staff with the appropriate skills and understanding to provide a service that was safe.

People were supported with their medicines by staff who understood and followed the policies and procedures around the safe handling of medicines.

People received care and support in an environment that was safe, clean and well maintained so that risks such as the risk of infection were minimised.

Good



Is the service effective?

The service was effective.

Staff knew people well and understood their individual care and support needs.

People's individual needs were met around their health, emotional and social well-being.

Good



Is the service caring?

The service was caring.

People told us they were treated with dignity and respect and that staff understood their needs. Staff treated people well, listened to them and were attentive to their needs.

People were consulted about their needs and encouraged to discuss their wishes and preferences. They were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their views were taken into account so that care and support could be planned to meet each person's individual circumstances.

People said their concerns were listened to and staff supported them when there were any issues that worried them.

Good



Is the service well-led?

The service was well led.

There was a positive, open culture and people were included in plans to develop the service. Links with the local community were strong and both staff and the management of the hospice valued these community links.

Staff and volunteers were motivated and valued the support they received from colleagues and management.

Good



St Helena Hospice, Tendring Centre

Detailed findings

Background to this inspection

We carried out a visit to the service on 15 August 2014. The inspection team consisted of an inspector, an Expert by Experience and a specialist advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked at all the information we had available about the service. This included the findings from our last inspection. We used this information to plan what areas we were going to focus on during our inspection.

At our last inspection of the service on 18 November 2013 we looked at a range of standards which included care and welfare of people, safety and suitability of the premises, how staff were supported and how the provider monitored the quality of the service. There was one minor area of concern raised at that inspection that related to improving access in one area and the provider rectified the issue.

During our inspection we carried out observations of how people who used the service on that day received care and support. We spoke with eight people who used the service on the day of our inspection as well as three members of nursing and ancillary staff and three volunteers.

We examined records which included four people's care plans and risk assessments as well as records that related to the management of the service such as policies, procedures and records of medication processes.

Is the service safe?

Our findings

On the day of our inspection we asked people who were attending the day centre if they felt safe when they used the service. Everyone we spoke with made positive comments about how they felt safe when they came to sessions at the hospice. One person told us, "I feel 100% safe here." Another person said, "I get a feeling of well-being and I feel safe when I come here."

One person told us that they had previously had a number of falls and when they arrived at the hospice for a session they explained how they were supported to keep safe and prevent a fall. They said, "When I get here the driver comes and gets a walker from inside so that I can walk steadily on my own. I can go to the bathroom on my own with the walker and I can manage on my own."

People told us there were always staff or volunteers available to help them when they needed it. One person said, "I like the people. You get a lovely service and there are so many carers and volunteers you could not be safer." There were eight people in the hospice on the day of our inspection and there were a total of seven staff and volunteers providing care and support. When people needed support we saw that it was provided promptly and staff were not rushed. People were able to take as much time as they needed, whether it was receiving practical support to deal with a particular issue or being given emotional support and time to discuss any concerns.

The three members of staff we spoke with understood what they should do if they saw or suspected abuse or poor practice. They also told us they had not had any concerns. Staff also had access to guidance about whistle blowing

policies and bullying and harassment and they said they were confident that if they ever needed to raise any issues that they would be dealt with to make sure people were kept safe.

We saw that there was medicines policy for St Helena Hospice and a management of drugs policy for day and outpatient services. We noted that nursing staff were following their policy and the procedures it contained, which included the safe custody of the keys and carrying out audits. Stock levels for emergency medicines were checked monthly and people who used the service kept their medicines themselves. There was no medication administered in the day hospice and there was a clear self-administration policy. People who used the service had consented to this policy and agreed to bring in their own medicine. If someone forgot or needed medication urgently this was arranged via the doctor. Some 'standby' medicines were stored in the treatment room. These medicines included mouthwash, nebulisers, suppositories, eye drops and indigestion remedies. One person explained that they managed their own medicines but told us, "One of the nurses seemed aware that I could pass out at any time and they got medicines from my surgery to keep here just in case it happens."

During our inspection we saw that the hospice was clean and well maintained. Alcohol gel was readily available for people to use, which was important for people who were susceptible to infection because of their health condition. We saw that equipment used to support people, such as hoists and wheelchairs, was well maintained and had been serviced so that people could be assured that any equipment they needed to use was well maintained.

Is the service effective?

Our findings

People told us that staff were supportive and knew how to give them the help and support they needed. One person told us, "It is fantastic here. The staff are so helpful and if you have any problems with your treatment they will sort it out." Another person said, "If I have any problems they want to know and do everything in their power to make it better and if they cannot, then they call the doctor."

We asked people about the support they received with their health needs. One person said, "The nurses come and talk, they take note of how you are feeling, ask about appointments at hospital, talk about medicines you are taking, sometimes you can see a doctor. I have good service here." Another person told us about how staff made an appointment for an ultrasound procedure which came through within a week and they also made other appointments. They told us, "They gave me a full examination which was very thorough."

During the course of our inspection we saw that nurses spoke with people about how they were feeling and gave advice on issues relating to their health or medicines. We spoke with people who used the service and they gave us specific examples of how they had access to health care professionals via the nurses and the doctor at the hospice.

People told us they were able to discuss their health needs with staff. One person said, "The nurses come and talk, they take note of how you are feeling, ask about appointments at hospital, talk about medicines you are taking, sometime you can see a doctor I have good service here."

We saw from people's care plans that people were supported with their changing health needs by a

multidisciplinary team of staff that included nursing staff at the hospice, community nursing services, speech and language therapy, haematology and occupational therapists.

We examined four sets of care records and saw that these were clear and concise records. There were wound assessments, pain observations and nutritional risk assessments which explained how care was progressing, any issues that may have been raised and what actions were taken to support people with their health needs. We saw that people's care plans looked at the person as a whole and took into account not only their health condition but their social and psychological needs as well. We saw that people were involved in their care. This was clearly recorded in the care plans. People's symptoms and the management of pain were reviewed and documented on every visit. People were referred on to health professionals relevant to their needs, such as physiotherapists or dieticians. When someone who used the service needed nursing support such as having dressings changed, the nursing staff would do this for the person and then they would inform district nursing services and, if necessary, arrange a visit for the person.

Staff and volunteers told us they were provided with the training they needed to meet the needs of people who used the hospice day centre. One person told us, "It is a great comfort to come here and somewhere where you are will be looked after by the nurses and volunteers and get any help that you need." When we spoke with members of staff they also told us they felt well supported. One staff member explained that they had formal face-to-face supervisions about every eight weeks and said, "But we also support each other. We have monthly team meetings where we can discuss anything and we have ongoing training."

Is the service caring?

Our findings

People told us that they were treated with dignity and respect. One person said, “When I have my massage they definitely treat me with respect.”

Sometimes people were supported to have a bath and they told us how staff preserved their dignity. One person told us, “Privacy and dignity definitely was observed”, another said “Two nurses help me undress and make sure I am covered as soon as they have done what they need to do.”

If people needed to undress to receive treatment, this was carried out discreetly. One person told us, “If you have to expose yourself they take you to a room with a bed and they cover you with a sheet.” Another person explained about a specific procedure they required and said, “I am covered with a towel to preserve my dignity” and “they pull the curtains across to (carry out the procedure).”

A person attending the day centre told staff that when they were at home they kept the radio on at night so as not to feel alone. The nurse suggested that they could ring ‘single point’ at any time to talk to someone. Single point is the hospice’s 24-hour contact service that is staffed by nurses who are available for advice, support or just to be there to listen to people’s concerns. Staff told us that they were not just there to care and support people when they were at the hospice, but at any time.

Throughout the course of our inspection visit we saw that staff spoke kindly to people. Staff knew people well and responded to their needs in a caring way, listening patiently to people and giving them time to talk about their concerns. We also saw kind and caring conversations between people who used the service and volunteers. One person who was unable to speak was having a manicure carried out by a member of staff. We saw that the member of staff spoke kindly to the person and tried to involve them in the process. The person responded by nodding and smiling.

One person told us, “I have a massage on my back and each week a nurse comes and asks how you are feeling and asks about pain and they listen to any problems.”

When people were given support they were given as much time as they needed. One person said, “The time we have with the nurses has been very good and I’ve not really ever felt rushed.” and another said, “The nurses speak to me and they are never rushed.”

The hospice also offered support sessions for relatives to enable them to meet other carers. These sessions were facilitated by a counsellor and a nurse. We saw from care records that staff supported people with an end of life care plan when and if they were ready to do so.

Is the service responsive?

Our findings

We spoke with people about whether the hospice provided care that responded to their needs. One person told us, “I happened to mention to a nurse I was not feeling too well and they made me an appointment to see the hospice doctor and I saw the doctor a week later and I had over an hour with the doctor.”

Staff were able to explain how they assessed people’s needs and involved them in planning the care and support they wanted to meet those needs. We saw that staff gave both emotional and medical support to the people who used the service and spent as much time with people as they wanted. One person told us, “This is a lifeline for me because if I did not come I would be at home in my bedroom and my carers would not get a break.”

The hospice day centre offered a range of therapies, treatments and social activities according to the needs of the people who used the centre. One person told us that they appreciated coming to the hospice to be supported to have a bath. Staff explained that, although it was becoming more common for people to have accessible baths or wet rooms in their own homes, sometimes people needed the support of staff to assist them. The member of staff said that a relaxing bath could be therapeutic and that was all part of the personalised service that they provided.

When people first came to the hospice staff carried out an assessment of the person’s needs and discussed their interests, needs and preferences so that they could identify which therapies and social activity sessions would be suitable for the person. There were facilities for music therapy, an art room, individual counselling sessions and group relaxation sessions.

During our inspection we observed a group relaxation and meditation session that six people took part in. We saw that the member of staff leading the session explained how relaxation could help with pain and people looked relaxed and calm. After the meditation the member of staff encouraged the group to discuss how they felt, how calming music could help not only with pain but with anxiety as well. We saw that people opened up during the discussion. People said that it had helped.

One person told us, “I was not able to go to the other hospice day centre as the waiting list is so long. There I could have had reflexology, hypnotherapy, reiki,

physiotherapy, nail painting, music activities, hand massage, arts and crafts but I came here and the only thing that they offered was head and shoulder massage. So it was very disappointing.”

The area manager explained that they were currently examining the service provided by St Helena Hospice Limited at all of their centres. They explained that the Tendring Centre used a traditional day services model with people coming in for a full day. On the day of our inspection we saw that there were eight people who used the service. The area manager explained that the facilities at the Tendring Centre were not being used to their full potential but there was a waiting list at the Colchester Centre. They planned make changes that would enable more people to access the hospice’s services and more people would benefit from the support; this included offering more one-to-one and small group sessions.

The area manager said that they understood people’s anxieties around the changes and they were doing everything they could to give people the opportunity to discuss their concerns and to reassure that the service was not going to close. They had held meetings for people who used the service and their relatives to explain why the changes were necessary and to try to reassure people that the changes would mean there would be a wider range of services and more people would be able to access them. One of the nursing staff told us, “The patients are anxious about change and if they will still get support. They are worried and have had feedback forms. The Chief Executive came and talked to the Wednesday group as they were particularly concerned. It is not just patients that are worried but relatives too.”

Some people who used the centre told us about their concerns. One person said, “We call these groups our family, you can still come in and have your nails clipped, have a bath but in the future you will have to go home straight after. There will be no lunch, no chatting with the volunteers.” One of the nursing staff explained, “The centre is under-utilised at present and a review was done and now we are in transition. There will be self-management, therapies and well-being, nursing but more rehabilitation. Groups will still happen plus a menu of services with respite.”

Is the service responsive?

A volunteer told us they had been kept up to date with the plans for changes. They described various rooms that were not used and left empty and said they thought the hospice was underused and, "Could reach out to more people."

Is the service well-led?

Our findings

People told us that they were aware of plans that were proposed to the services offered at the St Helena Hospice, Tendring Centre. They said that the staff and management were open about the proposals and there had been meetings to enable them find out about what was going to happen. One person told us that they were really concerned so the chief executive had come down to talk about the proposed changes. People told us that there were plenty of opportunities to have their say. Even though they would have preferred to keep the service as it was, they understood the reason for the proposals.

We saw that the hospice had strong links with the local community, through fundraising and social events. There was a range of information for the public which was available in the reception area as well as other local facilities such as the St Helena Hospice charity shops.

A member of the nursing staff explained how they had involved people in a project to link people who had a life limiting condition with children from a local primary school. The project was an art and music project based on the 'circle of life'. Pupils from the school visited the hospice over a four week period and found out about the work that

went on there. They worked with people who used the service to write and record a song at the end of the four weeks. We saw from the display of pictures and letters that people had enjoyed the experience. Staff said that projects such as this helped to break down barriers and to take some of the fear out of talking about life limiting conditions.

Staff that we spoke with during our inspection were motivated and passionate about their work. Staff understood their roles and responsibilities and there was a calm atmosphere in the centre. Staff spoke about the proposed changes and said that they recognised it was a challenging and unsettling time but their focus continued to be the care and support they provided for people who used the service.

We spoke with the volunteers who were working at the hospice on the day of our inspection. They all told us how much they enjoyed being part of the hospice team. One volunteer told us the hospice was well managed and they felt well supported by the other staff. The volunteer said, "Everyone's really lovely, staff and patients." They told us that volunteers were taken out for lunch as a thank you and to show appreciation for their help.