The Hospice of Our Lady and St John

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Inspection report

Milton Road, Willen Village
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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

The inspection took place on 24 March 2015 and was unannounced.

The Hospice of Our Lady and St John is known locally as Willen hospice. It provides up to 15 in-patient beds and out-patient care for adults who have complex needs and who are terminally ill.

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

People felt safe. They all had risk assessments in place, which were developed with input from the extended staff team.

Staff were aware of what they considered to be abuse and how to report this.

Summary of findings

There were enough staff on duty, supported by volunteers, to ensure people were able to receive personalised care and support.

Effective recruitment processes were in place.

New staff were not allowed to start to work until provider mandatory induction and training had been completed.

Staff and volunteers attended a variety of training to enable them to support people using best practice techniques.

Medication was managed safely and processes in place ensured the handling and administration of medication was suitable.

People were supported to make decisions about their life and treatment plans. Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Capacity assessments had been carried out when required.

All of the food was freshly prepared, including home-made cakes, biscuits and ice cream. People were supported to eat and drink when required. People could ask for what they wanted to eat at any time.

Staff were very kind and caring.

There were health care professionals on site, including physiotherapists, and doctors, to support people's health care needs.

We observed staff gaining consent to enter people's rooms, before undertaking their therapy sessions and to enable inspectors to access confidential information.

People had up to date care/treatment plans, which they had been involved in developing.

The service had developed a 24/7 advice line for people, relatives and other healthcare professionals.

The service had a 'wellbeing' centre for people to use with support of therapists and health practitioners.

People's privacy and dignity was respected at all times.

There was an effective complaints procedure in place, and lessons had been learned from past concerns.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the management had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

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 felt safe.

Staff knew how to protect people from harm and abuse.

There were enough staff to ensure people were able to receive personalised care and support.

Medication was stored and administered effectively.

Good

Is the service effective?
The service was effective.

Staff were supported with regular supervision and annual appraisals.

Staff understood the Mental Capacity Act 2005 (MCA) which enabled them to support people to make decisions.

People were involved in menu planning, and supported to eat and drink if required.

People had access to health care professionals on a regular basis as part of their treatment.

Good

Is the service caring?
The service was caring.

People were complimentary about the care and support provided.

People were involved in the planning and review of their care plan.

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

Visitors were welcomed at any time.

Good

Is the service responsive?
The service was responsive.

People had person centred care/treatment plans which they had been involved in writing.

The service had a 'wellbeing' centre, which included therapist and nurses, for people to access.

The service had a complaints system which was used effectively.

Good

Is the service well-led?
The service was well led.

The service had a registered manager who was supported by a staff team and a board of trustees.

There were internal quality audit systems in place.

A service user group had been set up to promote service user involvement.

Good

The Hospice of Our Lady and St John

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2015 and was unannounced.

The inspection was carried out by one inspector and an Expert by Experience. 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 we checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 23 June 2014.

During this inspection we observed how staff interacted with people and received care and treatment. We looked at how people were supported to join in therapy sessions of their choice and to have meals. We spent time in the Well-Being Centre.

We spoke with six people and the relatives of 3 people who used the service. We also spoke with the director of nursing, five care staff, one nurse, the chef, the chaplain, three volunteers and two housekeeping staff. We also spoke with a number of people using the 'wellbeing' centre.

We reviewed three care records, three medication records, eight staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, “I am really safe here, there are no worries about that.”

Staff told us they had received safeguarding training and were able to describe what could be classed as abuse, for example; incorrect medication, physical or mental abuse. They were also able to tell us what would alert them to the possibility that someone had been or were being abused, for example, change in personality, visual signs or they may disclose it to them. One staff member told us, “We have good training about safeguarding, including safeguarding children.” This was because they had children visit with families. Staff were able to explain their reporting policy if this occurred. There were safeguarding notices in the building giving information on how to report abuse.

Staff told us that everyone had risk assessments within their care records. These included; pressure areas, moving and handling and nutrition. We saw documentation within people’s care records which had been developed with input from the person themselves, the staff team and other health care professionals where appropriate. There were risk assessments in place at service level, these were seen.

The director of nursing explained the emergency evacuation procedures. We saw documentation for a major incident procedure and contingency plans in the event of complete evacuation.

Staff told us that accidents and incidents were reported and recorded and they were given feedback if necessary if anything could have been done to prevent them. Accidents/incidents and near misses were audited regularly, from this action plans had been developed if required. We saw documentation of correctly recorded accidents and incidents.

The provider had a whistle blowing policy. Staff we spoke with were able to describe this to us and told us they would use it if necessary. One staff member said, “I would report any colleague if they were doing something wrong.”

People told us there were enough staff on duty to provide the care they required. Staff also told us there were enough of them and they were supported by a large number of volunteers. Staffing rotas we looked at showed a good skills mix of staffing levels on all shifts. The director of nursing told us that staff could also be brought in from the Hospice at Home team and vice versa as staff were able to cover both services. Staff did not appear rushed and were able to spend quality time with people.

Staff told us that they had not been allowed to start working until their checks had been completed and they had done some training. The HR lead told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. There were ‘end of induction’ review forms which had been signed by a senior to show the new staff member had completed the induction programme. This was a requirement before being allowed to work on the rota. Records we saw confirmed these checks had taken place.

People told us that they got their medication on time, along with pain relief when required. Staff told us that the qualified nurses administered medication. We observed medication being administered to some people. This was carried out correctly following policy and procedure. The senior nurse on duty took us to the medication room which was securely locked. They were able to explain the various systems including ordering, administering and disposal of medicines and we saw records to confirm this. The temperature of the room and fridges were taken daily to ensure medication was kept at the correct temperature. We checked the medication records for three people. These had been completed correctly. We carried out a stock check of some medication which balanced correctly.

Good

Is the service effective?

Our findings

People told us that they felt the care they received was good and from well trained staff. One person said, "The staff know what they are doing." A relative said, "I do not worry as I know the staff are well trained."

Staff told us they received a variety of training including; health and safety, both basic and clinical infection control and safeguarding, also training more specific to their job role. For example; medication, IV procedure and security measures. One staff member said, "The training is very good." Another told us, "We get a lot of training, it is important we keep up to date." We saw the training matrix which was very comprehensive. This enabled the training lead to know exactly which training was required by whom. We were told that volunteers in the service received the same training as the staff. One volunteer we spoke with confirmed this to be the case, they said, "We are treated just the same as we are doing the same job." This ensured that people using the service were being cared for by staff and volunteers who were up to date with their knowledge and skills.

The director of nursing told us that new staff must follow the provider's induction programme. This is signed off by a senior member of staff and checked by the HR department before anyone can be put on the rota and work independently. Staff we spoke with and documentation we saw confirmed this.

Staff told us they got regular supervision and appraisals. One staff member said, "We get really good support." Another said, "We get regular supervisions or mentor meetings." One staff member told us, "We can speak to any of the senior or management staff at any time; everyone is available for us if we need them." The HR department told us that they were preparing for annual appraisals and were in the process of copying last years to give to everyone to help them prepare. We observed this taking place. There were copies of all supervision and appraisals in staff files.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff told us that the MCA is used to see if people 'are capable' of making their own decisions and to help and protect them if not. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. We spoke to the staff member responsible for DoLS. They told us that they had applied for assessments for some people. We saw documentation to support this.

People consented to their care being provided. One person told us, "Staff always ask for consent." We observed staff gain consent to enter peoples rooms and before any activity, for example; assisting with personal care, administration of medication and speaking with an inspector. Within care records we saw that people had signed for consent to care and support.

Staff told us that some people have Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. One staff member said, "The doctors discuss those with the person and their family." Another said, "We know who has them in place, there is a code we use on the patient board in the office." They told us they were discussed in handover to keep up to date. Documentation we saw confirmed they had been completed correctly.

People told us that the food they were getting was good and alternatives were always offered. One person said, "The food is very good, the choices are varied." Another said, "The portion sizes are just right." A relative said, "There is food available for them at any time they want it."

We spoke to the chef who told us they involved the people who used the service in menu planning. They met with them on a regular basis to ensure people were happy with the meals provided and to enable changes to be made. All of the food was freshly prepared, including home-made cakes, biscuits and ice cream. They explained this enabled them to fortify most foods to help with people's nutrition. Catering staff told us they knew if anyone required a specialist diet, the dietician would speak to them and they would devise a menu which was appropriate. We observed lunch being served, alternatives were available and offered. One person asked for something specific and it was prepared and served with no hesitation. People who required assistance were supported by staff in a dignified manner. Drinks and snacks were available at all times.

People were able to access a variety of healthcare services. The service had doctors and therapists on site to assist people immediately. The director of nursing told us they had recently recruited their own specialist physiotherapist. We spoke to the physiotherapist who told us that she was

Good

Is the service effective?

able to start to work with people when they needed the support. They worked closely with the community occupational therapist, and was able to access resources through them. A fully equipped therapy room had been set up to enable this. She said they were in the process of developing a pilot programme for a 'breathlessness' clinic. This could be used for people from the hospice at home service, in patients and those who attended the wellbeing centre. Within people's records we saw evidence of input from doctors/specialists, psychologist, dietician and the SALT (Speech and Language Therapy) team.

Staff told us that some people were admitted short term to have their medication reviewed and balanced, especially pain relief. Once this had been achieved, they were then able to return home but with access to the service should it be required. This enabled people to stay at home for longer periods.

Good

Is the service caring?

Our findings

People said that staff treated them with kindness and compassion. One person said, “The staff are superb, 10 out of 10.” Another said, “The nurses are very kind.” A relative told us they did not feel that they needed to be there as the staff were so good.

It was evident from our observations that staff knew people well and they were treated with kindness. For example; a nurse was attentive and listened to what one person wanted, she held their hand and was reassuring. When they left the person said, “See what I mean, so kind and caring.”

One person said, “This is such a wonderful service.” They told us they had had a panic during the night and a member of staff sat with them holding their hand and chatting for over an hour until they were settled. Another told us, “I only have to press my call bell and someone is here, nothing is too much trouble.”

We observed positive interactions between staff, people and their visitors throughout our inspection. One person became slightly agitated; staff attended immediately and comforted the person. After talking to the person and relative, a sensor was put under the mattress which recorded any movement if the person became agitated enabling the staff to attend without delay. Staff provided support to relatives and visitors of people. We observed them talking to and comforting a family of a person who had passed away, there was a quiet room where they were able to sit together.

The service had a chaplain on site. He told us that he felt that people were supported appropriately. The chaplaincy service was available for both the person receiving care and family/friends, and could be called on at any time. The chaplain explained that they had links to all faiths via a multi faith group. A nurse told us, “I feel confident that religious needs are represented.” She also said she was open to making any calls necessary when the chaplain was not available.

People told us that they had been involved in the planning and management of their care, along with their families or representative, and that this was on-going. One person said, “I was involved from day one.”

People who used the service and relatives spoke positively about privacy and dignity. One person said, “Staff always knock on my door, even though it is open, and check it is ok to come in.” The service had dignity curtains inside each room. This is so the door could be opened but the person is still protected from view when care is being provided.

We observed positive respectful behaviour between staff. One staff member said, “We are one big happy team, it does not matter what your title is, we all work together.”

People told us that they could have visitors at any time, whenever they wanted them. A relative told us they stay as long as they want when they visit and staff make sure they have meals and drinks. We observed staff supporting visitors and offering meals. There were areas in the hospice where visitors were able to go for a break and make drinks and snacks.

There was a twin room which was for people to use to stay at the hospice to be close to their relatives. This was self-contained and private.

Good

Is the service responsive?

Our findings

People told us they had been involved in the development of their care/treatment plan. One person said, "I have told them exactly what I want, it has been recorded and staff are doing just that." Another person had plans in place for discharge and they were able to tell us exactly what they were.

Staff told us that most people were known to them before admission, and care and support plans were already in place. One staff member said, "It is very important that we speak to the person themselves and the family as soon as they arrive to make sure we provide the correct care from the start." When people came in the care/treatment plans were discussed and expanded to ensure they were person centred and showed exactly how people wanted to be cared for. People told us, and documents confirmed, this had taken place.

Staff told us that care/treatment plan input was from a variety of sources including; the person's GP, consultants, physiotherapists, the person themselves, family or representatives, hospice at home service and the chaplain. They included goals for discharge to home or other types of care if appropriate. Within people's care plans were end of life plans if these were appropriate. They had been discussed with the person and family and were detailed to enable the person's wishes to be carried out.

Staff told us that they had 24 hour access to any extra support, which may be required if a person's condition changed rapidly. This support was also available to people receiving Hospice at Home care.

We were told of a 24/7 Specialist Palliative Care Telephone Advice Line which the hospice had set up. This is a specific telephone line which would be answered by a nurse at any time. It is used by local doctors, district nurses, people who have been discharged or using the Hospice at Home service or their relatives. This is to give support or specialist advice especially around palliative care. Documentation of all calls was kept and showed it was used effectively and had saved hospital admission.

Throughout our inspection, we observed that staff were not rushed and spent time with people and their relatives. For example, chatting or comforting people and relatives. Care offered was person centred and individual to each person.

The service also ran a 'wellbeing centre'. This is a day service for people with a goal to work towards, and usually attended for 12 weeks. Each person received holistic, person centred care setting achievable goals. People were able to access nurses, doctors and therapists including the lymphoedema service and the physiotherapist. The wellbeing centre was staffed by both staff and volunteers, who collected some people from their homes to enable them to access the service. On the day of our visit there was a visiting entertainer, people and their families were enjoying the relaxed atmosphere.

People were aware of how to make a complaint if needed. One person said, "Whatever is there to complain about? But I know what to do if I had to." There had been three complaints during the last year. We discussed them with the director of nursing who explained that they had taken them to the board and had used them to learn from and had made some changes to practice to stop them happening again. We saw all documentation which showed the provider policy had been followed. All complainants had been written to and invited to meet to discuss their issues. Each complainant was written to again at every step to keep them informed. The complaints policy was on the notice board.

There was a notice board with the feedback procedure on it. Blank feedback forms and a post box for them was available. The director of nursing told us that they are collated and reported on a quarterly basis, due to the turnover of people using the service. Results were seen. Some comments included, 'five star treatment throughout', 'very well cared for' and everyone has been totally caring, honest and dedicated. 100% of the surveys stated they would recommend the service to family and friends.

Good

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

Staff told us that they received support from the registered manager and senior staff. One staff member told us, “We can speak to anyone, everyone is open and helpful.” Another said, “I love working here, they do care about us.”

There was a registered manager in post. People told us various management staff were available to speak with at any time. During our inspection we observed the director of nursing chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between them and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The director of nursing was able to tell us which events needed to be notified, and copies of these records had been kept.

The director of nursing told us there were processes in place to monitor the quality of the service. Audits included; IV therapy, medicines, infection control, and clinical moving and handling. There was an annual calendar of when audits should be carried out and by whom. This also showed when policies needed to be reviewed. The maintenance staff carried out audits including; water temperatures, fire equipment and emergency lighting. The maintenance audits were contained in a computer based system which raised an alert when they were next due. These audits were evaluated and, if required, action plans had been put in place to drive improvements. This showed that a variety of audits had been carried out to ensure a quality service had been delivered.

The director of nursing told us that regular staff meetings had been held. Staff and documentation confirmed this. There was also a board of trustees which met on a regular basis.

A senior nurse told us of a service user group that had been set up, and met once a month. This was to enable the hospice to provide evidence of patient and public consultation on matters directly related to patient care. They explained that any leaflets or booklets produced were approved by the group to ensure information was relevant and correct. The group consisted of a mix of patients, carers, volunteers, members of the public and staff from all clinical areas.