

## St Clare West Essex Hospice Care Trust

# St Clare Hospice

### Inspection report

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Date of inspection visit:  
17 October 2016  
18 October 2016  
20 October 2016

Date of publication:  
28 November 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection for the in-patient unit took place on 17 October 2016 and was unannounced. Feedback about hospice at home and day services was obtained from people and their relatives on 18 and 20 October 2016.

St Clare Hospice is registered to provide specialist palliative care, advice and clinical support for adults with life limiting illness and their families. The service delivers physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists. The service provides care for people through an In-Patient Unit, Day Service, Out- Patient Care and Hospice at Home.

At the time of the inspection there were four people using the inpatient service and 230 people using hospice at home and day services. The day services offered a range of services to people recently diagnosed with life limiting conditions, their carers and families. The service provided specialist advice, courses, complementary therapy sessions and outpatient clinics. It aimed to empower people to be in control of their condition and achieve what was important to them.

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

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risks to people`s well-being were assessed by staff daily and there were measures in place to mitigate risks and keep people safe. Risk assessments were reflective of people`s changing abilities and needs and measures to ensure people were as safe as possible were implemented accordingly.

People were at the heart of the service and were fully involved in the planning and review of their care, treatment and support. People told us they were fully involved in setting their priorities for care. Care plans in regard to all aspects of people`s medical, emotional and spiritual needs were personalised and written in partnership with people. Staff delivered support to people respecting their wishes and preferences.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Staff reported any concerns so that these could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of recurrence.

Recruitment procedures were robust and ensured that staff working at the service were qualified and skilled to meet people`s complex needs. Staff told us they worked and trained towards their personal development plans and were happy with the support from their managers. There were sufficient numbers of staff to ensure people received support when they needed it.

The service operated a 24 hour service and on-call system for the hospice at home service to ensure people received the same support and advice during the day as during the night. If there was a need for it, staff provided a night sitting service to people in their own homes to give their family carer time to rest. People using the inpatient service had their medical needs met by a team of doctors employed by the hospice.

People who used the day service told us that this service enabled them to meet people with similar conditions and helped them prepare for the future. People told us that staff understood their individual care needs and were compassionate and understanding. Staff told us they undertook training which enabled them to provide good quality care to people in the inpatient unit and in people`s own homes.

People's medicines were administered by trained and qualified staff who had their competency assessed regularly by their manager. Any changes in people`s medication were discussed by the medical team, nurses and pharmacist to manage and support people's symptoms and pain management. Medicines were regularly reviewed and audited to ensure they met people's needs.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care.

People and relatives were very positive about the caring and compassionate attitude of the staff delivering the service. They told us they were completely satisfied with their care and thought highly about staff and management. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way. People's wishes for their final days were respected; staff went beyond their duty of care to ensure people could have their last wishes fulfilled.

The registered manager was committed to improve and broaden the services the hospice offered. There were plans to develop bereavement services for children and young people. The hospice offered the chance for young people interested in pursuing a career in medicine, healthcare or charity fundraising to gain a first-hand insight into the hospice sector by working alongside an experienced team through `Young Ambassadors` programmes. The medical team from the hospice was involved in several projects where they concentrated on improving the quality of care that people diagnosed with life limiting conditions received during the time they used the hospice services.

The service actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the quality management team. Action plans were comprehensive in detailing actions taken, time frames and the person responsible for the actions.

## 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.

Staff had been trained to recognise and respond to any actual or potential abuse. The service had developed systems for reporting and monitoring allegations of abuse.

Potential risks to people were assessed, constantly reviewed and measures put in place to reduce risks.

Accidents and incidents were analysed and learning was shared amongst staff in case-study meetings to prevent recurrence.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people`s needs at all times.

People received their medicines from staff who were trained and qualified in safe administration of medicines and the use of specialist equipment to ensure people received their medicines in time and safely.

Good 

### Is the service effective?

The service was effective.

People received support and care from a staff team who were trained to meet their needs. Training was well managed by a dedicated team within the service.

Staff were encouraged to develop their knowledge and skills and work towards a personal development plan.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making decisions about all aspects of their treatment and care.

People were supported to eat and drink and maintain a balanced diet.

People's health needs were carefully monitored by medical and nursing staff and if people`s health needs could not be met by the hospice teams appropriate referrals were made to other

Good 

professionals.

### **Is the service caring?**

**Good** ●

The service was very caring.

People's and their relative's feedback about the caring approach of the service and staff was overwhelmingly positive.

Staff showed kindness and knew how to show empathy when people faced challenging situations. People valued their relationship with the staff team who often performed beyond the scope of their duties and helped people achieve their last wishes.

The service was very flexible and responded quickly to people's changing needs or wishes. Staff communicated effectively with people and treated them with kindness, compassion and respect.

People were consulted about and fully involved in their care and treatment. The service provided effective end of life care and people were enabled to experience a comfortable, dignified and pain-free death.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their families were fully involved in assessing and reviewing their needs and planning how their care should be provided. This included their wishes and priorities regarding their end of life care and preferred place of death.

The service provided person-centred care based on best practice and focussed on continuous improvement. The quality of the care people received was enhanced by staff who understood and anticipated people's needs and met these effectively.

The service encouraged people with life limiting conditions and their family's involvement in the hospice by offering a range of services and complimentary therapies in the day service centre.

People's families were offered bereavement support and counselling for as long as they needed it.

The service had a positive approach to using complaints and concerns to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service promoted a positive and open culture. It provided a range of opportunities for people who used the service, their relatives and people from the wider community to comment on and influence the quality of service provided.

The Board of Trustees, the Chief Executive and the Registered Manager were meeting regularly to discuss the services offered to people and their families and ways to improve and diversify these.

The service worked in partnership with other organisations to ensure they followed best practice and provided a high quality service.

There were robust auditing systems in place to ensure the quality of the service was constantly monitored and actions were in place to constantly drive improvement.

# St Clare Hospice

## Detailed findings

### Background to this inspection

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

We inspected the inpatient unit on 17 October 2016 and was unannounced. On 18 and 20 October we contacted people who used the hospice at home and day services and their relatives to get feedback about the service they received.

The inspection was carried out by one inspector, a pharmacy inspector, a specialist advisor and an expert by experience. The specialist advisor had the experience of working as a nurse within the community and within the field of palliative care. The expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with six people who used the inpatient service and hospice at home service, 10 relatives, three volunteers and 10 staff (nurses, occupational health therapists and care assistants). In addition we talked to a pharmacist and managers of the inpatient and hospice at home service. We spoke with the chef, the medical director, a consultant and the managers of quality, training and human resources. We also spoke with the director of patient care who was the registered manager for St Clare Hospice.

We reviewed four people's care plans to see how their support was planned and delivered. We looked at a selection of medication records to check medicines were managed safely. We also looked at a range of policies and procedures, quality assurance and clinical audits and meeting minutes for different departments.

## Is the service safe?

### Our findings

People who used the inpatient unit and hospice at home service and their relatives were pleased with the service they received. They told us they felt safe and well looked after by staff who were knowledgeable and met their needs. One person told us, "I feel very safe. I am confident in the care and staff here." Another person told us, "They [staff] are lovely. I feel reassured and safe because of them." One family carer told us, "[Person`s name] said that they felt really secure and comfortable and that there were always nurses and doctors available. That was really good because it put our minds at rest. I was able to go home and feel comfortable knowing that [person] was safe."

Staff were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse. Staff told us and we saw that they had safeguarding training and regular updates to ensure they were knowledgeable in how to keep people safe. One staff member told us, "We [staff] are very vigilant and know who the safeguarding lead is in case we have any concerns. I would not hesitate to report or discuss my worries." They described how they would refer people to the appropriate organisation if they had concerns, to ensure people were protected from potential abuse. Information about safeguarding people from abuse was available and displayed in the hospice. It gave people and visitors the contact details from local safeguarding authorities if they had any concerns to report. This demonstrated that there was a strong commitment shown by staff and the management team to safeguard people from any harm or potential abuse.

People had individual risk assessments which were reviewed every time they received support from the service. We found that an initial `holistic assessment` was done for each person when they started using the service. This assessment looked at people`s care needs, their wishes as well as the risks to every person`s well-being. This was reviewed and developed further by nurses and other professionals depending on the needs of the person. For example when we reviewed a person`s care plan we found that their mobility assessment was reviewed regularly reflecting accurately how the person`s mobility changed whilst they were an inpatient in the hospice. The assessment also detailed what measures were agreed with the person to mitigate the risks for them when they were mobilising.

Staff knew people well and were familiar with their needs and how to manage risks in a positive way to make it possible for people to achieve things that were important for them. People and their family carers told us staff always suggested things and discussed options, however they let people decide and take control of their life. One person told us, "I feel that I have been supported to put into place what I wanted in respect of end of life care. It means that I feel I have some element of control." One relative told us, "In St Clare's they really help and support [person] to make decisions in relation to care needs. For example, they suggested and helped us secure an electric wheelchair which has really helped. They have also told us what further equipment will be available going forward as [person's] condition deteriorates. This helps take some of the worry away and helps improve quality of life for [person] and me." This meant that staff understood what was important for people and they offered support centred on the needs of the person and their family. This enabled the person to positively manage the risks involved in their decisions and helped them achieve their wishes.

Incidents and accidents were monitored by the registered manager who collated the information and this was then analysed and discussed in regular clinical governance meetings. Staff told us they were encouraged to report any incidents or near misses which occurred. These were categorised by the management team to ensure relevant actions could be taken to prevent re-occurrence. For example there were safeguarding incidents, incidents involving medicines administration and incidents regarding record keeping. Each type of incident had different actions and learning points which were shared with the relevant staff in meetings and handovers so lessons could be learned. For example there was an incident where the dose of a person's medication was not changed on the day when it was discussed with the person and the doctor. The dose administered was within suitable range, and the person was comfortable, however staff from the hospice had a reflection meeting to discuss communication and what went wrong. This reflective practice improved the communication between staff and the quality of care people received and aimed to ensure people received care which was safe and met their needs.

People who used the hospice at home service and their relatives told us staff were always on time and spent as much time with the person as needed. One person told us, "It is so comforting to know they are coming. It is a lifeline."

People in the inpatient unit told us their needs were met by staff at all times and staff had time to spend with them as much as they needed. On the day of the inspection we saw there were plenty of staff assisting people in an unhurried way, call bells were answered promptly and staff were seen talking to people and their relatives as often or as long as there was a need for it. One person told us, "There are always plenty of staff. They never ever rush you or make you feel that you are a nuisance." One family carer told us, "St Clare's is definitely well staffed. [Person] stayed there as an inpatient for two week's respite care. The support is there all the time [after person returned home], we only have to make a phone call and there is someone there to support us."

Staff told us they had enough time to spend with people and they felt there were enough staff around to meet people's needs. They told us they valued the help of the volunteers working at the service. One staff member said, "Staffing is based on the needs of the people we have in the in-patient unit. We assess their needs daily and we have more staff in if needed." Another staff member said, "We are more than enough staff. Today we are one staff to one person because the beds are not full, but even when we are full we have our volunteers who help and increased staffing if required."

Staff rotas were planned in advance and ensured there was a good skill mix within the teams. For example there were nurses with different levels of qualifications and experience, an experienced consultant, trainee doctors and care assistants on duty all the time. Staff leave and absence was managed and covered by regular staff. This meant that there were enough staff with the right skills and experience to deliver safe and effective care to people who used the service.

Safe recruitment processes were followed. Criminal record checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the hospice until it had been established that they were suitable to work with people who used the service. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and were obtained from their most recent employer.

People told us they had their medicines when they needed them, and the records we looked at showed that medicines were given as prescribed. People and their relatives had regular review meetings with nurses and doctors who discussed and agreed medicine management plans with them. People were involved in

choices about their treatment including when medicines were used outside their licence (the use of medicines outside their license is widespread within pain and palliative care for example mixing medicines together in a syringe pump). One person told us, "They give quite detailed answers to our questions on drugs and the reasons for changing drugs and what they're intended to do." One family carer said, "They're looking after both [persons] pain control and wound and they've been able to control his pain since coming in."

There was a medicines management working group which involved doctors and pharmacists. This group was responsible for medicine policy review and audit and for reviewing medicines incidents.

Staff involved in medicines administration had regular training and their competency was assessed regularly to ensure they were knowledgeable and up to date with best practice. One staff member told us, "We are trained and we are observed when we administer medicines. We have a very supportive team of doctors and pharmacist to ask advice from if we need." Additional support and supervision was provided to help staff improve their performance if they made errors. Medicines, including controlled drugs which require extra checks and special storage arrangements because of their potential for misuse, were stored safely and records were appropriately kept. There was a system in place to check that all medicines were within date and the medicines used in an emergency were checked regularly to ensure these were available when needed.

A pharmacist visited the hospice once a week to review prescription charts and participate in the multidisciplinary team meeting where people`s medicines were reviewed. Staff could also contact the pharmacist by telephone for advice including out of hours. A pharmacy technician visited weekly to make sure there were adequate supplies of medicines, and nursing staff told us that when they ordered medicines at other times the pharmacy delivered them promptly.

At the time of our inspection none of the people in the in-patient unit were administering their own medicines but there was a system in place for them to do so if they requested it. When people left the hospice they were given a list of their medicines which explained what they were for and how to use them.

## Is the service effective?

### Our findings

People and relatives we spoke with said that they thought that all the staff were well trained and they delivered an excellent service which was effective and met their needs. One person said, "Staff really know what and how I need support. The doctors are very knowledgeable as well." Another person said, "I don't have to worry about anything, they all know what to do." One relative told us, "They [staff] look after the whole person not just the illness. It is such a comfort because we know there are health professionals properly checking on [person] each week. They have made referrals to the GP for additional health concerns other than their main diagnosis." Another relative said, "They [staff] understand what your needs are before we even know we need it."

People were cared for by staff who were appropriately trained to meet their needs. Staff were trained in the areas relevant to their role and to the specific care needs of individuals. One staff member told us, "We do have a lot of training which helps us care for people. Recently we had dementia training and it was very good." Staff told us they received all the training that was required to work effectively and to provide the best quality of care. One staff member told us, "There is always some kind of training going on. We can ask to do training or we will get reminded [by line manager] and we all know how important the training is for us to be able to keep up to date with everything."

Staff had access to training that was essential for their role and they were supported to maintain and progress in their profession. Staff, depending on their job roles, were offered an opportunity to achieve a palliative care degree, mentorship and Health and Safety assessor qualifications. There was specific clinical practice training such as advanced pain and symptom management and syringe pump driver updates.

Staff told us they had regular supervision meetings and appraisals with their manager where they discussed their training needs and performance. Staff said they met their manager often, usually monthly, and felt managers listened to their views. One staff member told us, "We have regular supervisions and yearly appraisals. We are supported by the nurses, the managers and the doctors who are all very approachable." Another staff member said, "We have clinical supervisions regularly. These are very useful for us. We are all here for the patients and their families and to give 100% and we [staff] are helped and supported and trained to do this." A third member of staff told us, "We have supervisions and appraisals, however we also attend weekly group reflection meetings and these give us the opportunity to discuss and reflect on our practices." This support helped to ensure the care people received was provided by staff who were emotionally supported and valued and had the opportunity to reflect on their work and practices to drive improvement.

Staff were developed and trained to take up leading roles in their areas of interest and help mentor and guide other staff in best practice. For example there were dementia, nutrition, infection control and tissue viability (skin and wound care) links amongst staff working at the hospice. The staff taking on these roles were offered more specialist training and they were able to support staff working at the hospice daily with their expertise. Link staff were also involved in auditing in their area of expertise to ensure people received consistent care which followed best practice.

New staff completed a comprehensive induction programme which included topics related to health and safety and infection control, incident reporting and communications skills and also training on how to sensitively handle subjects surrounding death. We found that the same induction training was offered to volunteers who worked at the hospice. At the end of the induction process staff achieved the `Care Certificate` qualification. This practice helped to ensure that the care people received was consistent and staff were competent and skilled to meet people`s needs effectively.

People told us and we saw that they were asked for their consent to the care and the services they received from the hospice. One person told us, "They [staff] definitely listen to me, it is their biggest skill. I wouldn't accept my diagnosis and the staff helped and supported me to come to terms with it." Another person said, "They [staff] say `shall we try this` or `do you agree to this` and they're very open to suggestions from me about the care." One relative said, "The staff really listen, they make the time to properly listen. They also listen to me which is great because as a carer we often get left behind."

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. We saw examples when people were supported and involved in decisions if they wanted to be resuscitated in case of a cardiac arrest. Do Not Attempt Cardio Respiratory Resuscitation forms were signed by the person or their rightful representative only after it was explained what were the implications of having this in place. This meant that people were enabled to make informed choices and decisions regarding their life and treatment.

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 hospices 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 inspection people using the service had capacity and did not require any DoLS authorisations. However, staff understood the role of the MCA and the need to act in a person's best interests if the person they cared for had difficulty making a decision, for example about their treatment or their wishes as they approached the end of life. Staff described how medical staff assessed the person's mental capacity and they would discuss whether the service needed to make decisions in the person's best interest. Best interest decisions were taken following a process which involved a meeting with nursing staff, a consultant and the person was present or their rightful representative. The registered manager submitted applications to the relevant authorities if there was a need for it.

People and relatives we spoke with were very complimentary about the choice and quality of food available and on the steps taken by staff to ensure that people had food they preferred to eat. One person told us, "The food is good; I can choose what I like and they puree it so I can eat it." Another person said, "Chef is amazing, all the food there is amazing." One relative told us, "[Person] has a swallow issue and they even make sure there is food specially prepared each week so that they can enjoy lunch with others." Another relative said, "[Person] is eating much better since coming in here."

There was an `open menu` for people using the in-patient unit. This meant that people could have whatever they wanted to eat every day. The chef told us, "It is very important for people to have what they fancy so we will do it for them. We have a menu for people who use our day services, however people in the in-patient unit can ask for whatever they want and we will make it possible."

Staff liaised with the community nurses and GP surgeries regarding the health of people who used the hospice at home service. People in the inpatient unit had on-going medical support. Various complimentary therapy sessions were available at the hospice where people had on-going support from a physiotherapist, specialist nurses and other complementary therapy specialists. The aim of these clinics was to provide support to people with regards to symptoms and managing their life limiting condition. It was an important aspect of supporting people to maintain their health and receive on-going support. People told us attending these clinics and the day service was an opportunity for them to meet with others who had similar symptoms and it helped them learn about their condition and how to effectively manage it. One person told us, "We were both [person and carer] offered complementary therapies, for both of us. We attended a six week course of reflexology, which helped a lot." One relative told us, "[Person] attends the day care facility once a week and they really benefit from it. At first they were reluctant to go but now they absolutely love it. They get to spend time with other people with life threatening conditions and are able to talk and support each other."

People had medical support over weekends as well. The medical team worked on an on-call rota and they covered weekends and out of hours, providing people and staff with medical advice if they needed it. This helped ensure that continuity of care was maintained out of hours as well. Staff from the hospice at home service told us they kept people`s own GPs and community nurses involved in people`s care. This ensured people`s medical needs were met by all the professionals involved in their care. One relative told us, "They [staff] are able to assess if [person] needed a doctor and they called one. They are more capable than me in seeing if [person] needed one. This took the pressure off me."

Staff provided people with help and advice day and night which people and carers appreciated. One relative told us, "They [staff] have told me that I can call them for support or advice at any time night or day. It makes such a difference because you don't feel so alone when you know you have people to talk to who really understand." Another relative told us, "They [staff] helped in the middle of the night. Had a problem with [person`s] catheter and they talked me through what I could do and I was able to relieve the pain."

## Is the service caring?

### Our findings

People and relatives were overwhelmingly positive about the care provided by the hospice staff. They told us staff were approachable and showed empathy towards people. People and relatives told us staff were exceptionally friendly, kind and caring. One person told us, "You can talk to the staff and they'll go out of their way to help you. They are brilliant; caring and kind." Another person said, "The staff are all exceptionally caring, I have not met a single member of staff that hasn't been kind, caring and absolutely marvellous." One relative said, "The staff are so wonderful and so supportive." Another relative said, "They're excellent; I can't fault them. They do everything to please and are respectful of the patient and family."

People told us and we observed that staff respected their privacy and dignity. We saw staff knocking on bedroom doors and closing them if they were caring for the person. Discussions regarding people's care and needs were held in private and in an empathic way. One person told us, "The staff take the time and patience to explain all the long words in laymen's terms which has really helped me to understand what it all means for me. They have helped me to sort my life and put things in order whilst I still have a clear mind." One staff member told us, "I feel I'm helping people at a very special and sensitive time. It is a privilege to help people and their families. They are all different and have different needs, wishes and to be able to give the support they need is so inspiring. We [staff] are all mindful of people's dignity and privacy and we respect it." This meant that people were treated as individuals and staff were knowledgeable and understood how to promote privacy and dignity for people who were in a very vulnerable position.

Staff developed very positive working relationships with people. We observed staff attending to and approaching people using the service. From the discussions they had with people it was obvious they were knowledgeable about their needs and how to support them. All staff we observed had a gentle and calm approach. They created a sense of peace and comfort for people. One relative said, "[Person] is calmer since they came here; it's calm and comfortable which is what people here need." Another relative told us, "When you're in this situation you need to be restful in your mind and they give you that peace of mind. They're so good." This meant that people were supported in a caring way by staff who recognised their individuality and the support staff gave to people was personalised to meet not just their needs but offered comfort to family carers as well.

People we spoke with told us that they had made decisions about their care, which included advanced decisions with regards to future treatment. People told us that each week they had a care review where the team from the hospice, doctor, nurse, social worker, the person and their family reviewed the care the person received and agreed changes if any. One person told us, "The staff team are wonderful. Often you find that medical staff [in hospitals] don't have time to spare but at St Clare staff will always make time to talk to you, reassure you even though they are busy." Another person said, "I am totally involved with care and decisions about my treatment pathway." One relative said, "We are kept involved and updated with the care needs. Staff are very good in discussing and telling us what to expect." This meant that people were involved and informed about the care they received. Staff had discussions with people about the future when they started using the service. This enabled people to prepare and make informed decisions about what was important for them and make the most of their remaining time.

We talked to the social worker employed by the hospice who told us about this distinctive skill, "We help people to feel at peace with themselves and their illness. We help them establish what is important to them and prioritise." They told us about a person who they were working with to build up a "Legacy of happy moments" to leave behind for their family to remember them after death. During the inspection we saw the social worker meeting with the family and the person to talk about the priorities and how to achieve those. They told us, "First we work closely with the medical team to build the person`s strength up. Then we will start on building the memories they want."

All staff and volunteers we talked to were proud working at the hospice and told us they felt they were making a difference to people nearing the end of their life. They gave us numerous examples of compassion, when they helped people accomplish their last wishes which then gave people a sense of achievement, happiness and peace before death. Staff organised family picnics, tea parties, weddings and other events which helped people and their family to share special moments and create happy memories. One family member wrote, "Without St Clare we wouldn't have been able to do this, they [staff] made it possible for [person] to be at my wedding. We can't thank them enough." Another family member wrote, "St Clare made it possible for us to create special family memories that I never thought were possible." This meant that people were supported in a caring way by staff who went over and beyond their duty of care to help people achieve their last wishes before they died.

People had access to information about the services provided by St Clare hospice, which was given to them when they started using the service. The information leaflets provided covered a range of topics, which included practical support, information about advocacy services, and information about other organisations that provided support. Information booklets about specific health related conditions were used by staff in the hospice and given to people to help them understand their health needs and how to manage them. This meant people were supported to have access to information relevant to them to help them make decisions about their care.

## Is the service responsive?

### Our findings

People told us the service staff delivered was very responsive to their needs. People and relatives from the inpatient unit and hospice at home service appreciated that staff involved them in regular reviews of their care. One person told us, "Staff keep me informed and talks to my GP if there is a need for it." Another person said, "We are definitely fully consulted about planning care and what happens next."

The staff from the hospice provided a range of rehabilitation, wellbeing, counselling and bereavement services through the hospice's day services. A wide range of therapies that were additional to medical and nursing care were available to respond to people's needs in regard to relaxation and general wellbeing. Complementary therapies included aromatherapy, massage, reflexology, music therapy, occupational therapy and physiotherapy. People were able to try and then choose the therapies they preferred and when they wished to have them.

People told us that they appreciated and valued the services and in particular the social interaction and support which these enabled. One person said, "A hospice sounds a frightening place but St Clare's is so peaceful and so lovely that you feel immediately at home. We [person and family carer] don't feel so isolated. Since we have been involved with St Clare's we feel that a weight has been lifted from our shoulders." One relative told us, "It is so good to see [person] come home from the day centre with a smile on their face, it has greatly improved their quality of life as well as allowing me some time where I don't need to worry."

The hospice staff provided counselling and bereavement support for people and their families. The team of the bereavement counselling service consisted of specialist staff, volunteer counsellors and bereavement volunteer visitors who provided a less formal bereavement face to face listening service to bereaved families. The bereavement and counselling services helped family members face the loss of their loved ones. The `Spiritual Room` within the hospice had resources appropriate to the spiritual needs of all main faiths and those with no named faith. It was often used by people and families in search of peace and quiet.

People's families were encouraged to remain involved with the service for as long as they wished after their loved ones had reached the end of their life. There was a 'memory tree' onto which relatives placed remembrance messages. They were encouraged to attend support groups and socialise in the support groups at the hospice in a comforting setting to ease their grief. A relative told us, "I went to carers' meetings which I actually looked forward to. I could talk with people there openly, and staff, I made new friends, I could cry without needing to apologise." Therefore the service provided emotional support for families that continued beyond the provision of care for people.

People's care and support was planned in partnership with them. Staff anticipated how people felt when planning their care and support. Upon admission to the inpatient unit, and when people received support from the hospice at home service, staff spent time with people. Staff enabled people to spend as much time as they needed and encouraged them to ask questions discuss their options and reflect upon them. As people and staff worked as a team to ensure each support plan was unique and responded to specific

needs, people felt valued and understood. People were encouraged and helped to complete advance care plans to record their wishes regarding how and where they wanted their end of life care to be managed.

People's wishes were at the centre of their care planning. Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. People`s constantly changing needs were assessed and discussed by staff on a daily basis or more frequently in order to address them appropriately. Staff attended thorough handover meetings at the beginning of their shift. Each person was discussed in depth including care needs, changes to treatment and care plans and medication requirements.

People, relatives and staff were encouraged to comment on the way care was provided. There was a robust complaints procedure in place. Staff, people and their relatives told us they would be comfortable to complain and would do so if necessary, however they had no complaints about the hospice, only praise. One person said, "I don't have anything to complain about. I cannot praise the service enough." Another person said, "They provide us both with a life line that I can't praise enough. I am so grateful for all that they do, I can't fault a thing."

# Is the service well-led?

## Our findings

People and their families were all very positive about the care provided and the management of the hospice services. One person told us, "Very well led, very well set up, love the way things are done." One relative told us, "The place seems very well managed and organised. The staff team each know what they need to do and the whole place oozes warmth and welcome."

Every person we spoke with told us that all staff, regardless of their role were friendly, kind and supportive and gave them comfort and a `sense of calmness`. Our observations and discussions we had with staff demonstrated that across all areas within the service they were motivated, enthusiastic and committed to providing a high quality service to people and their families. One staff member told us, "I love being here, great supportive team, working with community nurses together. Being able to support, facilitate care at home is a great honour. I learn so much from families. Palliative care has always been my passion in nursing. I'm in the best job." Another staff member said, "I love working here –working with experts, supportive team, great team working. I'm passionate about palliative holistic care and the patients teach me so much."

Staff told us they felt well supported and were encouraged to learn and improve their skills and knowledge. They felt part of a team and valued by the senior staff, managers and doctors. Staff felt that having lead roles where they developed training skills, improved their knowledge and took ownership of areas such as tissue viability, infection control, and dementia was an excellent method of maintaining high standards of care. They also acted as a resource for others.

Staff talked to us with passion about the hospice and the people in their care. They told us they enjoyed their job despite the challenges and the nature of the work and they valued the support they received from their peers and senior managers. One staff member told us, "The doctors are helpful and will always make time to listen. The management teams are visible and helpful and supportive. This is the best place I've worked in." Another staff member said, "I love how we can give holistic care not just to the patient but all the family and not feel rushed. It is a great team spirit, really nice atmosphere and we are working as a team. The doctors and managers treat us with respect and acknowledge our experience."

There was a management structure with senior staff allocated to lead roles; this included a registered manager for the service, clinical audit lead, head of education and a manager of each of the services offered by the hospice. The management team demonstrated a strong commitment to providing people and those closest to them with a safe, high quality and caring service. The team promoted high standards. The registered manager was involved in national organisations representative of hospice services and they were dedicated to constantly improving the service. They worked to develop new services and meet the needs of the community. For example they were developing a Child Bereavement Service to support children and young adults to prepare for bereavement of a close relative and support children and young adults through bereavement. This meant that the management was responsive to the needs of the people in their community and services offered by the hospice were shaped to meet these needs.

The medical team from the hospice were involved in different studies in partnership with local universities.

The team aimed to improve the quality of the care people with life limiting illnesses received from the hospice and increase the retention of staff and volunteers working at the hospice. For example, multi-centre studies relating to the effects of hydration at the end of life; episodic breathlessness in cancer patients attending day therapy; and the psychological involvement of hospice volunteers to aid recruitment retention and job satisfaction were in the process at the time of the inspection. This demonstrated strong commitment from the medical team to develop best practice and improve the quality of life and death for people living with life limiting illnesses.

Volunteers were an important part of the service and provided support in a variety of ways. Volunteers who were trained provided support to people who used the hospice at home and to their families. Others helped with daily tasks in the day service, serving tea and coffee to people and visitors and greeting visitors at reception. The hospice had 530 volunteers. Volunteers spoken with said they attended reflection sessions every six weeks where they could talk about any issues. Their contribution to the quality of the service was recognised in an annual volunteer award event organised by the management team from the hospice. One volunteer told us, "I feel valued by the hospice staff and managers and feel part of the team."

The registered manager worked with other organisations which provided a similar service and health and social care providers to promote good practice through training and learning events. This enabled the management team to continually review the quality of the service provided and drive improvement. The provider also promoted learning and development within the wider medical community; they offered placements for trainee nurses and doctors.

The registered manager had implemented systems to ensure they shared information with external organisations in a timely way; accidents and incidents were reported to relevant outside agencies including the CQC. This demonstrated that the management team promoted an open and transparent culture.

The registered manager explained to us the role of the Board of Trustees, whose members had specific areas of responsibility, which they oversaw and were responsible for. The Board of Trustees had an active role in the leadership of the service and met every eight weeks, providing clear directives to enable the service to work well. Senior management at the hospice had the responsibility for running the service, under the direction of The Board of Trustees. The Chief Executive and the Director of Care Services [registered manager] attended board meetings and gave regular updates on all aspects of the service provided. We saw comprehensive reports on different aspects of the service provision and a long term service development programme which was discussed at these meetings. This meant there was a good, effective and transparent governance system in place which ensured that the service people received was at a high standard.

There was a comprehensive auditing programme for all the services the hospice provided. The quality manager was passionate about their role and told us about the different auditing they had done and how they developed actions to improve the services. They told us, "We have a very comprehensive auditing system. We have a very in-depth yearly audit which picks up the `weaker` areas and then we develop special audits for those areas to be able to monitor closely the improvements we make." We found that a live action plan was kept with all the actions needed to improve the areas identified. These were signed off when completed, however regularly re-visited to ensure standards were maintained. For example we saw that an audit established that the quality of the mental capacity assessments carried out for people who may have lacked the capacity to make certain decisions was not comprehensive enough. Actions were in progress and there was close monitoring of the quality of the assessments. Staff were involved in auditing their own work and set objectives to achieve for themselves to improve the quality of the service. For example an occupational therapist was auditing monthly the manual handling assessments done for people who required it. The audit aimed to establish if these were completed correctly and gave staff enough

information to carry out the manual handling procedures correctly and safely. This was an effective way to empower staff and enable them to directly contribute to the improvement of the service.

There were regular surveys done by the management of the hospice to evaluate and improve the services they provided to people and their family carers. People were asked to use comment cards and share their views about the service and areas in need of improvement. There was a `You said, we did` board displayed in the hospice which contained people`s comments. Comments from people included: "Please don't change anything it`s just perfect" and "Your care and compassion meant so much to all of us." We found that when people suggested any improvements these were done promptly. For example one person commented that the lid of the bin in the inpatient unit was too loud when it closed. This was replaced promptly to ensure people were not disturbed by the noise. This meant that staff actively listened and valued people`s voices and improved the quality of the service provided.