

Severn Hospice Apley Site

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Severn Hospice Apley Site is operated by Severn Hospice Limited. The hospital has 10 beds. The service had seven open beds at the time of the inspection. Facilities include a day unit, spiritual room, indoor and outdoor relaxation spaces and a mortuary.

The service provides hospice care for adults. We inspected hospice services for adults during this inspection.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on Tuesday 22 October 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Our rating of this service improved. We rated it as **Outstanding** overall.

We found areas of outstanding practice in relation to hospice care for adults:

- Staff consistently treated patients and those close to them with compassion and kindness. There was a strong, visible person-centred culture. Staff were highly motivated to offer care that promoted people's dignity and respected patient's entire holistic needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff recognised the impact of small gestures in supporting patients and those close to them. Staff went above and beyond to ensure patients and those close to them had the emotional support throughout the hospice journey.
- Patients and those close to them were fully involved in their care. Staff consistently empowered people who used the service to have a voice and to realise their potential. Staff were fully committed to working in partnership with people and making this a reality for each patient.
- People's individual needs and preferences were central to the delivery of tailored services. The service had innovative ways to provide integrated person-centred pathways. Services were flexible to patient's needs.
- The service had a proactive approach to understanding and meeting the needs and preferences of different groups of people. Staff made reasonable adjustments to meet the needs of patients, including those with protected characteristics. Staff understood how to support people's sexuality and gender identity whilst receiving care. The service coordinated care across services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Leaders at all levels had the skills, experience and capacity to deliver excellent and sustainable care.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There was a strong culture of teamwork and support across all levels of the service. Staff shared a common goal to improve the quality and safety of care and people's experiences.

We found good practice in hospice care for adults:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, policies did not consistently support staff to safeguard patients.
- The service controlled infection risk well. Staff used control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service did not use the safety thermometer, but did monitor safety information to help improve patient safety.
- The hospice provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses, other healthcare professionals and non-healthcare staff worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were monitored.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Summary of findings

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve.

- The provider should review the complaints policy to ensure it is reflective of the full complaints process.
- The provider should review the use of friends and relatives to translate information to patients.

Heidi Smoult
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Hospice services for adults

Rating

Outstanding



Summary of each main service

Hospice care for adults was the main service offered at Severn Hospice Apley Site.

We rated the service outstanding overall because the service was outstanding in caring, responsive and well-led, and good in safe and effective.

Summary of findings

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Outstanding



Severn Hospice Apley Site

Services we looked at

Hospice services for adults

Summary of this inspection

Background to Severn Hospice Apley Site

Severn Hospice Apley Site is operated by Severn Hospice Limited. It is a private hospice in Telford, Shropshire. The hospice primarily serves the communities across Shropshire and the West Midlands. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since October 2010.

Our inspection team

Our inspection team consisted of one CQC inspector, one CQC inspection planner and a specialist advisor with experience of end of life care. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about Severn Hospice Apley Site

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

During the inspection, we visited the ward and other departments. We spoke with 14 staff including registered nurses, health care assistants, support staff, medical staff and senior managers. We spoke with three patients. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times, and the most recent inspection took place in March 2016, which found that the service was meeting all standards of quality and safety it was inspected against.

Severn Hospice Apley Site provided several services including:

Hospice at Home

The service provided care for patients with cancer and non-malignant progressive diseases and their carers during the palliative care phase of their illness at home. In February 2017, Severn Hospice became the preferred

provider for Fast Track clients in Shropshire for both day and night care. Currently, the service provides a night service for Telford and Wrekin between the hours of 6pm and 8am.

Community Outreach

A service review was undertaken in 2017. This service provides clinical support and specialist advice to GP's, district nurses and care homes in identified geographical areas and provides training and support to these groups.

The Lymphoedema Service

The lymphoedema service provided specialist care and advice to patients, including treatment through the acute phase of the condition and in periods of exacerbation. The service was based at the Severn Hospice Bicton location; however, provided care and treatment to Severn Hospice Apley Site patients.

Inpatient Service

The Severn Hospice had provision for seven patients to stay overnight. The inpatient facilities were available 24 hours a day, seven days a week. Staff provided care to patients with complex symptoms and support in the end of life and palliative stages of the disease process.

Day Services

Summary of this inspection

The service provided consultant clinics weekly. The service had created three programmes to the service, including coffee mornings and two eight-week programmes.

Complementary and Creative Therapy

Severn Hospice had a range of professionals that provided complementary and creative therapies including aromatherapy sessions, art and craft sessions, massage and reiki.

Co-Co

The service had set up Co-Co as a befriending service to those who were receiving palliative or end of life care, or to those caring for someone with a life limiting condition. The hospice worked with local people and their GP surgeries to provide the service to those who needed and wanted it.

Bereavement Service

The hospice offers this service to all loved ones before and after the death of a patient. The service offered practical advice and support about post death arrangements. The bereavement service was available to all ages, including children and young people. "Elephants Never Forget" was a part of the bereavement service which had been specifically designed for children and young people.

Activity

- In the reporting period April 2017 to March 2018, 1,188 people had been seen across the hospice's services.
- The inpatient service had seven inpatient beds. The hospice had a possible 3,005 available bed days between August 2018 and July 2019, and had used 2,596 of these. This equated to 86.3% bed occupancy.

Severn Hospice Apley Site employed 16 full time, 29 part time and 25 zero-hour contact healthcare professionals, including nurses and physiotherapists. The service employed two consultants and had junior doctors on a rotational basis as part of their training programme from local medical schools. The service had 118 volunteers.

Track record on safety (April 2018 to March 2019)

- The service reported zero never events
- The service reported no serious incidents
- The service reported 21 clinical incidents between March and August 2019.
- Zero serious injuries

Track record on infections (April 2018 to March 2019)

- One incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- One incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli

Track record on complaints (April 2018 to March 2019)

- Three complaints

Services provided at the hospice under service level agreement:

- Mortuary servicing
- Medical gas supply
- Medical equipment servicing

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of safe stayed the same. We rated it as **Good** because:

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, policies did not consistently support staff to safeguard patients.
- The service controlled infection risk well. Staff used control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix.
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- The service did not use the safety thermometer, but did monitor safety information to help improve patient safety.

Summary of this inspection

Are services effective?

Our rating of effective stayed the same. We rated it as **Good** because:

- The hospice provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses, other healthcare professionals and non-healthcare staff worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.

Good



Are services caring?

Our rating of caring improved. We rated it as **Outstanding** because:

- Staff consistently treated patients and those close to them with compassion and kindness. There was a strong, visible person-centred culture. Staff were highly motivated to offer care that promoted people's dignity and respected patient's entire holistic needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff recognised the impact of small gestures in supporting patients and those close to them. Staff went above and beyond to ensure patients and those close to them had the emotional support throughout the hospice journey.

Outstanding



Summary of this inspection

- Patients and those close to them were fully involved in their care. Staff consistently empowered people who used the service to have a voice and to realise their potential. Staff were fully committed to working in partnership with people and making this a reality for each patient.

Are services responsive?

Our rating of responsive improved. We rated it as **Outstanding** because:

- People's individual needs and preferences were central to the delivery of tailored services. The service had innovative ways to provide integrated person-centred pathways. Services were flexible to patient's needs.
- The service had a proactive approach to understanding and meeting the needs and preferences of different groups of people. Staff made reasonable adjustments to meet the needs of patients, including those with protected characteristics. Staff understood how to support people's sexuality and gender identity whilst receiving care. The service coordinated care across services.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were monitored.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Outstanding



Are services well-led?

Our rating of well-led improved. We rated it as **Outstanding** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Leaders at all levels had the skills, experience and capacity to deliver excellent and sustainable care.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There was a strong culture of teamwork and support across all levels of the service. Staff shared a common goal to improve the quality and safety of care and people's experiences.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant

Outstanding



Summary of this inspection









stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Good	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 
Overall	Good	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 

Hospice services for adults

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

Are hospice services for adults safe?

Good 

Our rating of safe stayed the same. We rated it as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- The service provided mandatory training to all staff in multiple subjects, including:
 - Equality and diversity
 - Safeguarding adults and children, both level two
 - Information governance
 - Mental capacity and Deprivation of Liberty Safeguards
 - Basic life support with defibrillation
- All staff undertook refresher training in the above subjects yearly.
- Medical staff undertook immediate life support training in addition to basic life support.
- Staff told us they were supported by leaders to complete and attend mandatory training sessions. Trainers held sessions at each hospice location managed by the provider throughout the year. Staff had the option to attend sessions held at a local NHS provider should they not be able to attend sessions held on site.
- We requested mandatory training compliance figures from the organisation, which showed on average between August 2018 and July 2019 the hospice achieved an overall compliance figure of 83.3%. The hospice had a target of 85%.

- The service told us compliance with each mandatory training module as of July 2019 was:
 - Safeguarding children 87%
 - Safeguarding adults 87%
 - Information governance 81%
 - Fire 81%
 - Equality and diversity 86%
 - Moving and handling 96%
 - Infection control 85%
 - Basic life support 84%
 - Food hygiene 65%
 - McKinley update 76%
- The service stated that they were reviewing who needed to complete food hygiene training; therefore, training for some staff had been put on hold contributing to the lower than target compliance rate. The service stated that seven nurses and one doctor were outstanding on the McKinley update; however, this was due to maternity leave and long-term sickness.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, policies did not consistently support staff to safeguard patients.**
- We spoke with staff about safeguarding practices. All staff asked could explain how to safeguard patients, and what they would do if they had concerns.
- We reviewed the hospice's safeguarding vulnerable adults policy and the child protection policy. The safeguarding vulnerable adults policy, last reviewed



Hospice services for adults

April 2019, was detailed and contained all relevant information. The policy contained information on the types of abuse, action if a patient was missing and who the safeguarding leads were within the organisation.

- The child protection policy, however, was limited in detail and did not contain information that would be required to support staff in safeguarding children and young people. The policy did not contain the different types of abuse, who to contact with concerns and no mention of child sexual exploitation, female genital mutilation or radicalisation prevention.
- The service provided CQC with information following the onsite inspection that showed 100% of hospice staff had complete safeguarding adults level two and safeguarding children level two. Safeguarding training was refreshed every year.
- The service had not trained any staff in adult safeguarding level three, as defined by the Adult Safeguarding: Roles and Competencies for Health Care Staff, published August 2018. At the time of the inspection, the Adult Safeguarding Intercollegiate Document was guidance and providers do not need to be fully compliant until August 2021.
- The service did not provide care and treatment to children and young people. Therefore, no members of staff required children's safeguarding level three training, as defined in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document, published January 2019. Children and young people did attend a social worker led session following the death of a family member. However, the social worker was level three children's safeguarding trained.
- The service had processes in place to undertake Disclosure and Barring Service (DBS) checks when staff began working for the organisation. This included paid staff and volunteers.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- Throughout the onsite inspection, we observed the hospice to be visibly clean and tidy. Staff kept all clinical and non-clinical areas, including staff only areas, visibly clean and tidy.

- We observed staff adhering to best practice hand hygiene practices. We observed staff using hand sanitiser and or washing their hands at appropriate times throughout the onsite inspection.
- We observed all staff adhering to the 'bare below the elbows' best practice when delivering care. This included nurses, doctors and therapy staff.
- Within the mortuary, we found wipe clean trolleys for the storage of cadavers. Staff had access to leak proof body bags for the storage of cadavers that had a known infection or were at risk of leaking bodily fluids.
- The service provided CQC with information following the onsite inspection regarding infection control and hand hygiene audits. We reviewed audits from January and March 2019 on infection control and March 2019 on hand hygiene. The infection control audits showed areas of non-compliance but with clear action plans for achieving improvements.
- The March 2019 hand hygiene audit found that of the 26 staff observed, 100% were compliant with the requirements of the audit. The audit looked at areas such as training, observation of practice, personal appearance for example having short nails, and the availability of soap and sanitising gel.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The hospice had committees that reviewed the environment and equipment used across the service, which included:
 - Clinical governance
 - Health and safety
 - Property and estates group
- The hospice had access to a team of staff who maintained the building, estate and responded to issues in relation to broken equipment.
- The hospice had a system to transport specimens, for example blood samples, to the local acute NHS trust hospital once taken. The service was provided by a team based at the hospital. Overnight and out of usual working hours, an on-call member of staff was available to undertake urgent sample delivery.
- The service had general and clinical waste bins for staff, patients and visitors to use. We observed staff using the



Hospice services for adults

correct disposal method for waste. Staff had access to sharps bins for the disposal of needles. Staff completed the labels on the sharps bins and closed them once the contents got to the maximum fill line.

- Staff removed full waste bags to an outside bin, which was within an area only accessible to staff and the bins remained locked when not being accessed.
- We observed equipment that required charging was left plugged in and charging when not in use. This meant equipment was ready for staff to use when required. Staff cleaned equipment regularly to reduce the risk of cross infection.
- Within the mortuary, an alarm system was fitted to ensure the cold room remained within safe temperature limits. An external company serviced the mortuary and associated alarm system six-monthly. The service had procedures in place to manage any faults where cadavers were within the mortuary.
- The location had appropriate fire equipment, including fire doors and fire extinguishers. Fire exits were clearly signposted throughout the building. We checked three fire extinguishers during the onsite inspection and found all had been serviced as required.
- All side rooms had extra wide doorways and several emergency exits had widened doorways, allowing those bedbound to be evacuated in the event of a fire or other emergency.
- One side room had two door handles, one at the top of the door and one in the middle, and this was used by patients who were confused or with dementia. The room was located opposite the nurse's station for added safety.
- The ward area was accessible using a key code to prevent unauthorised people entering, particularly out of hours for example overnight.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.**
- Staff completed risk assessment for patients comprehensively and reviewed these both routinely and as required where a patient's condition changed.
- Staff completed a number of risk assessments, as appropriate to the condition of the patient, including skin integrity, nutrition and tissue viability. In the three

records we reviewed, staff had completed risk assessments in full, including reassessments as required. Staff took prompt actions where a risk assessment highlighted a risk to the patient, for example using a pressure relieving mattress, when their risk for developing a pressure ulcer was high.

- Staff reported community acquired pressure ulcers (CAPU) to the local district nursing service who would attend, review and recommend treatment for the patient. However, hospice staff were not required to record on the electronic systems CAPU; therefore, we were unable to establish the timeliness of the referrals to district nursing teams. However, we found no evidence to show that patients were at risk through this practice, or patients had any delays in care.
- Nursing and medical staff understood their responsibilities around sepsis and sepsis care. The service had a risk assessment tool to identify sepsis, and this had been adapted from the Sepsis UK best practice tool. Within governance meeting minutes from March 2019, the sepsis screening tool had been reviewed and found not suitable at that time for use in the hospice. Therefore, it was adapted to reflect the specific needs of the patients within the hospice setting.
- Staff had access to antibiotics, including alternative antibiotics for patients allergic to the penicillin.

Nurse staffing

- **The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix.**
- We found planned nurse and support staffing was:
 - Morning shift: two registered nurses and two healthcare assistants
 - Afternoon shift: two registered nurses and one healthcare assistants
 - Night time: two registered nurses and one healthcare assistant
- Managers told us they were able to flex nurse staffing to meet the needs of patients. This including increasing healthcare assistants to two overnight, for example, where a particularly complex patient was admitted who required additional support.
- We reviewed nursing rotas from 21 July to 12 October 2019. We found that actual staffing reflected planned



Hospice services for adults

staffing in the majority of shifts. The service had three shifts that did not meet their planned staffing. However, following the onsite inspection visit, the service provided information to demonstrate this had been reviewed at the time and staffing remained safe for the number and acuity of patients.

- Of the three shifts where planned staffing was not met, the service told us:
 - On 4 August 2019, the service had four patients and the dependency was low. Therefore, the service deemed one registered nurse on duty for the late shift was enough.
 - On the 9 August 2019, the service had five patients and the dependency was low. The ward manager was also on the ward, but not included in staffing numbers. Therefore, the service deemed one registered nurse on duty for the early shift was enough.
 - On 11 September 2019, the service had five patients and the dependency was low. Therefore, the service deemed one registered nurse on duty for the early shift was enough.
- The service used a staffing tool to plan staffing levels based on the time needed to deliver care. This ensured the service could adjust staffing levels based on the needs and dependency of patients.
- We spoke with four nurses and two healthcare assistants who all told us they felt staffing was enough to maintain safety and provide care to patients.
- Staff undertook handovers at the beginning of each shift. Staff handed over information with regards patient's current condition, changes during the previous shift and jobs that needed to be undertaken.
- The service trained healthcare assistants to ensure they had the skills and competencies to support the registered nurses in clinical tasks, for example second-checking medication. This allowed for patients to access care and treatment in a safe and timely manner.
- The service ensured new staff had two weeks supernumerary to familiarise themselves with the ward and patients before being counted within planned numbers.
- The service employed a total of 70 registered professionals, including nursing and therapy staff. Of these, 16 were full time, 29 part time and 25 on zero-hour contracts.

- The service employed 30 health care assistants. Of these, three were full time, 13 part time and 14 on zero hour contracts.
- The service utilised staff on zero hour contracts to up staffing levels as required to meet the needs of the service.
- The service employed a total of 188 volunteers who worked a variety of hours across the week to support the hospice.
- The service told us following the onsite inspection that they had an average of 13% sickness rate amongst non-medical clinical staff between September 2018 and August 2019.
- The service told us following the onsite inspection that they had an average of 25% bank staff use between September 2018 and August 2019.

Medical staffing

- **The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- The service employed two consultants directly. All other medical staff were on rotational contracts from local medical schools or NHS hospitals.
- The service employed two staff grade doctors to work alongside the consultants to provide medical care.
- Medical staff sickness was covered by other medical staff based at Apley Site, and by medical staff from across the organisation, and those based at other Severn Hospice Limited locations.
- There was a consultant ward round twice a week to review patients. A junior doctor was available onsite seven days a week and remained on call overnight.
- Medical staff handed over at the end of their stint covering the hospice to the next medic.
- We observed a multidisciplinary (MDT) handover which was led by the medical staff. We found this was effective and contained all the information required for the MDT to decide on what action to take, and the medical teams to make a plan of care for patients.
- The service had no turn over of medical staff between September 2018 and August 2019.
- Out of hours, for example over night and at weekends, the service had a consultant on call who staff could contact for advice and support.

Records



Hospice services for adults

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**
 - We reviewed three patient records during the onsite inspection. Staff had completed all of these records fully with all relevant information, including risk assessments, updates on a shift by shift basis, multidisciplinary assessments and do not attempt resuscitation forms (where appropriate).
 - Records were a mixture of electronic and paper records at Severn Hospice.
 - All records reviewed had patient identifiable information on, including name, date of birth and unique identification number. This ensured staff could match records to individual patients and reduced the risk of information and documentation becoming misplaced from patients' records.
 - Staff had signed, timed and dated all entries with records, allowing the chronology of care to be followed. We found staff completed records at or as soon after events as possible. This was in line with the Nursing and Midwifery Council Code: Professional standards of practice for nurses, midwives and nursing associates, and the General Medical Council Good medical practice guidance.
 - We reviewed a records audit from January 2019 and found compliance was low, around 25% to 30% for most areas. Apley day service scored 79% compliance. The service implemented an action plan to make improvements. We reviewed a follow up records audit for August 2019 and saw significant improvements with compliance over 90% for all areas.
 - Staff kept records securely within the clinical area. Staff kept records behind a locked door in an office to restrict access to staff who should have access to them.
 - Staff kept mortuary records secure in a locked cupboard, restricting access to only those people that should have access.
 - We observed staff locking or logging off computers and electronic systems when not in use. This protected patient's privacy and was in line with the Data Protection Act 2018 and the General Data Protection Regulations 2018.
- ### Medicines
- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
 - We reviewed three prescription charts during the onsite inspection. Medical staff had clearly prescribed medication, with clear doses and intervals. Medical staff had also documented any allergies on medicine charts.
 - Staff used appropriate hand hygiene techniques before and after administering medication. We observed staff dispensing and administering medication to patients.
 - Staff ensured the safety of medication by confirming the patients name and date of birth before administering medication.
 - Two members of staff signed out controlled medication. At least one member of staff was a registered nurse, with the second member of staff a registered nurse or healthcare assistant with additional training.
 - The service provided training to some healthcare assistants in the second checking of medication. We found this training to be robust and met the needs of the staff undertaking it. This ensured less delay in the dispensing and administration of controlled medication, such as pain relief.
 - We checked three controlled drugs during the inspection, and found they matched the controlled drugs register held by the service. All controlled drugs checked were in date and stored tidily in a locked cupboard in the original packaging.
 - Staff undertook daily checks of stock levels and we found a clear controlled drugs register confirming this had been done.
 - We checked several non-controlled medicines during the onsite inspection. We found all medicines checked were in date, stored tidily and within the original packaging. All medication was stored in locked cupboards and in alphabetical order for ease of locating the required medicine.
 - The service had a medicines fridge within the medicines room. Staff checked the fridge temperatures daily and we saw records from August, September and October 2019 to confirm this had happened.
 - Staff knew what they would do should the temperature of the fridge go out of range; however, this had not happened before to the staff we spoke with during our inspection.
 - We reviewed a pharmacy audit from April 2019. We found good compliance across all areas looked at, with results showing the following levels of compliance:
 - Compliance with standard operating procedures 80%
 - Purchasing and supply of stock medicines 90%



Hospice services for adults

- Storage and destruction of medicines 100%
- Prescribing medicines 100%
- Administration of medicines 100%
- Patients' own medication 80%
- Following the audit, the service had implemented an action plan to improve the results where 100% had not been achieved.
- The pharmacy team had written and implemented guidelines to assist staff, including but not limited to:
 - Methadone for pain relief in palliative care patients;
 - Anticipatory prescribing guidance;
 - Opioid conversation guidance; and
 - Use of transdermal fentanyl patches.
- The use of transdermal fentanyl patches was clear and concise. It clearly explained contra-indications for the use of transdermal fentanyl. The guidance also clearly set out the conversation from oral morphine doses to transdermal doses.
- The methadone for pain relief in palliative care patients guidance was clear and concise. It clearly explained when methadone should be considered, but also the risk factors involved. It clearly set out other drug interactions, for example medication that would increase or decrease the effects of methadone. The guidance also set out when additional monitoring, for example heart monitoring, should be undertaken to ensure the safety of the patients whilst taking methadone.
- We reviewed the covert medication policy, reviewed July 2019. The policy was clear on when staff could and could not implement covert medication administration. The policy clearly referenced the Mental Capacity Act 2005 and associated best interest sections and guidance. The policy had clear reference to other national guidance including the Nursing and Midwifery Council The Code and the National Institute of Health and Care Excellence managing medicines in care homes good practice guidance.

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff**

apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- From April 2018 to March 2019, the service reported no serious incidents or never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.
- The service had an incident reporting policy which was in date and due for review in 2021. The policy clearly set out the roles and responsibilities of staff, and clear direction on how to risk rate incidents, including when duty of candour was applicable.
- Staff reported incidents using the Severn Hospice electronic reporting system.
- Senior nursing staff discussed incidents, duty of candour and lessons learnt at the senior nurse meetings. Information, including lessons learnt, were discussed at team meetings and information displayed in the staff office on the ward where appropriate and relevant.
- Following incidents, we found evidence of review, learning and changes made. For example, one of the medicine issues highlighted in May 2019 related to 50mls of a controlled medication that was unaccounted for. It was found human error in calculations of the remaining amount contributed to the incident. Leaders shared this with staff to highlight the importance of checking controlled medication carefully and recording accurately within the controlled medication register.
- Staff knew how to report incidents through an online system. Staff could explain the types of incidents they would report, for example if the medicine fridge went out of range or where safeguarding concerns were raised.
- Following the onsite inspection, the service sent us two root cause analysis (RCAs) undertaken following incidents. Both incidents related to pressure ulcers. Both RCAs contained a good level of detail, showed all aspects of the care had been considered, for example staffs delivery of care, patient input into care decisions and equipment used, and detailed any learning that had come out of the incidents.
- Both RCAs demonstrated that learning and recommendations had been shared with local teams, and recommendations had been made to improve care next time.



Hospice services for adults

- The clinical governance committee reviewed data collected to ensure staff were maintaining patient safety across the hospice. The clinical governance committee reported to the board, ensuring the senior leadership team had sight of patient safety concerns.

Safety Thermometer (or equivalent)

- **The service did not use the safety thermometer, but did monitor safety information to help improve patient safety.**
- The service monitored several safety areas including pressure ulcers, falls and medication incidents. The service provided information following our inspection to show the number of each incident between March and August 2019:
 - In March 2019, we found the service recorded 11 pressure sores (all acquired out of service), five falls and zero medicine incidents.
 - In April 2019, the service recorded eight pressure sores (six acquired out of service and two acquired in the service), zero falls and zero medicine incidents.
 - In May 2019, the service recorded six pressure sores (four acquired out of the service and two acquired in the service), two falls and two medication incidents.

Are hospice services for adults effective? (for example, treatment is effective)

Good 

Our rating of effective stayed the same. We rated it as **good**.

Evidence-based care and treatment

- **The hospice provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**
- The service had care plans to support staff to deliver care to patients in the last days and hours of life. The care plans demonstrated best practice in relation to end of life care planning, including a holistic approach to the needs of patients and their loved ones. This was in line with the 'Every Moment Matters' narrative from The National Council for Palliative Care, published March 2015.

- The approach to planning care was taken at a multidisciplinary level. We observed a multidisciplinary team (MDT) discussion, where the lead professional encouraged all those present to input into the care planning for patients.
- The service had an audit schedule to measure and drive improvements to the service. Audits included records, controlled medicines use and reviewing the effectiveness of specific care pathways.
- The service followed an amended evidence-based approach from Sepsis UK to identify and treat sepsis. The service had a clear approach to identifying those patients deteriorating and implementing treatment where sepsis was suspected, and treatment was in the best interests of the patient.
- The service had used the palliative care formulary guidance on oral methadone to inform the methadone for pain relief in palliative care patients' policy. We found the policy was in line with the recommendations of the palliative care formulary.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**
- Staff assessed patient's nutritional requirements and safety of taking nutrition orally upon admission. Staff discussed in a multidisciplinary way how to provide effective nutrition to patients at risk of aspiration due to poor swallow.
- Staff could access specialist dietetic advice from the local acute NHS Trust when this was required.
- Staff used the malnutrition universal screening tool (MUST) to assess patient's risk of malnutrition. We found these completed in three patient records and update in line with requirements.
- The service provided a range of foods and were able to meet individual requirements; for example, where patients were vegetarian or ate Halal meat. We were given an example of when a patient wanted fish and chips, and the staff went out and got takeaway fish and chips as the patient had not eaten for several days.



Hospice services for adults

- Patients had access to drinks and snacks throughout the day and night. Patients and loved ones were able to use the kitchen on the ward to make food and drinks. Staff supported those who were unable to do this for themselves.
- Staff were trained to deliver nutrition by different means, for example using a nasogastric tube or percutaneous endoscopic gastrostomy (PEG) tube.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**
- Staff routinely assessed patients' pain during routine observations, and as required. During the inspection, we spoke with three patients and none reported being in pain.
- The service used the West Midlands guidance and Palliative Care Formulary 6 for pain and symptom control. These guidelines are evidence-based approaches to managing pain in patients at the end of life.
- Medical staff prescribed anticipatory medicines for the relief of pain in patients approaching the end of life. Anticipatory medicines are prescribed before a patient requires them to ensure they are available once a patient does require them.
- Staff had access to syringe drivers to administer pain relief. Staff did not raise any concerns about accessing equipment, such as syringe drivers, to support patients in pain.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- The hospice had an effective approach to monitoring and recording patient outcomes, using a variety of auditing techniques.
- The hospice used generic patient feedback to establish when care had been good or had fallen below expectations. Alongside this anecdotal evidence, the service used patient reported outcome measures

(PROMS) and family reported outcome measures (FROMS) to support other feedback. The feedback was reviewed by relevant governance committees and fed back to the board through committee papers.

- The service had a clear audit programme running continuously throughout the year. Following the onsite inspection visit, the service provided us with information showing the frequency and type of auditing undertaken.
- Leaders told us how the hospice was involved in developing and undertaking research that impacted the wider health economy. Leaders gave an example of research undertaken into patients with neuromuscular conditions that has helped to shape guidance produced by the National Institute of Health and Care Excellence (NICE).
- The medical director led a registrar research group that worked across several hospices in the West Midlands. This group has helped research several areas of palliative and end of life care, contributing to improving the outcomes of patients. The group helped improve patient outcomes by ensuring that best practice was shared with medical colleagues, which helped to improve decision making and ultimately the experience and outcomes for patients. A registrar is a junior doctor who has specialised in an area of medicine and are working towards consultant level training.
- Leaders told us staff had undertaken work at the hospice that had been presented at international conferences, for example the World Congress of the European Association of Palliative Care.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**
- Staff received regular appraisals. The service provided data that showed the following number of staff had received an appraisal in the last year:
 - Consultants 100%
 - Nursing, allied health professionals and other registered staff 99%
 - Healthcare assistants 98%
 - Non-clinical staff 90%
- We found an effective approach to supporting new staff at the hospice. We spoke to a nurse who had recently



Hospice services for adults

started at the hospice. The nurse was supernumerary for a minimum of two weeks, shadowing experienced nurses, to ensure they were competent and confident to deliver care and treatment.

- The service had structured competency and training programmes for all levels of staff.
- Healthcare assistants could access medicine management training, which trained them to become 'second checkers' for medication. This provided healthcare assistants with development opportunities, but also made the delivery of care and treatment timelier and more effective.
- All registered nurses undertook palliative care training to give them the knowledge and skills to provide effective end of life and palliative care to patients and their loved ones. This training included Severn Hospice training and the opportunity to undertake university study in palliative and end of life care.
- The pharmacist team delivered training to both medical and nursing staff to provide additional skills and knowledge around the prescribing of palliative care medicines. This included a competency booklet for all new junior doctors starting at the service.

Multidisciplinary working

- **Doctors, nurses, other healthcare professionals and non-healthcare staff worked together as a team to benefit patients. They supported each other to provide good care.**
- The hospice had a cohesive and well-embedded approach to multidisciplinary working to ensure a holistic approach to the care delivery.
- The service undertook daily multidisciplinary team (MDT) meetings, which included doctors, nurses and therapy staff. We observed one of these daily MDT meetings during the onsite inspection. We observed this MDT meeting was well structured, and was coordinated to ensure that all professionals had equal opportunity to put their view across.
- We found a multidisciplinary approach to all aspects of care delivery. For example, pharmacy staff spent time with junior doctors to provide an overview of medication prescribing and ensure that patients received the correct medication as needed.

- We found nursing and support staff, including activity coordinators and chaplaincy staff, worked well together to meet the holistic needs of patients. This allowed patients to meet their own personal goals, particularly in the last weeks and days of life.
- All MDT decisions were clearly documented in patient records, ensuring all staff involved in the care of the patient understood the goals, plan and desired outcomes.

Seven-day services

- **Key services were available seven days a week to support timely patient care.**
- The inpatient unit was open 24 hours a day, seven-days a week to support patients who required inpatient care. Nursing and healthcare staff provided care to patients 24 hours a day.
- Consultants undertook ward rounds twice a week, with junior medical staff available for advice and support seven-days a week onsite. Consultants were available overnight and at weekends via telephone for escalation when a patient's condition changed.
- Pharmacy staff were onsite throughout the week as required, and reviewed patients medicines regimes routinely. Pharmacy input could be sought Monday to Friday daytimes.
- Pharmacy teams were available Monday to Friday 9am to 5pm. Outside of these times, staff could access a pharmacist for advice and support. The service told us pharmacy staff were flexible and would attend out of hours or at weekends where this was required.
- Therapy staff, including physiotherapists, were available Monday to Friday daytimes for patients to access.
- Support staff, including activities staff, volunteers and chaplaincy staff were available throughout the week. The chaplaincy team provided an on-call service for urgent referrals out of hours.
- The hospice had access to a team of support staff to escalate building and equipment failures to. The team were available onsite Monday to Friday. An on-call service was available overnight and at weekends. The team provided a routine and emergency specimen transport service to allow blood samples to be taken to the local NHS hospital for processing.

Health promotion

- **Staff gave patients practical support to help them live well until they died.**



Hospice services for adults

- The service supported patient's and loved ones attending the day service by maximising both their physical and mental health.
- The service provided support and guidance to the homeless community who would be less likely to access primary healthcare services. The support was tailored to the requirements of the individual, and included signposting to specialist services and providing service within the hospice directly related to their life limiting condition.
- We found the service provided mental health support to loved ones following the death of a patient. The service ensured ongoing support was provided through one to one discussions or group session, depending on the individual needs of the person. This helped loved ones to grieve in a way that was personal to them, whilst having support through the first year post the death of their relative.

Consent and Mental Capacity Act 2005

- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.**
- Staff understood their requirements in relation to the Mental Capacity Act 2005. Staff were able to describe how they would support someone who lacked capacity to consent to care and treatment.
- Staff gave an example of where a patient with dementia would require an assessment of their capacity to consent to care and treatment, including using restraint methods. Staff showed us a specially designed room to support patients who lacked the capacity to understand risk. The room had double door handles to ensure the patient remained safe in their room when staff were not immediately available to support them. Staff were aware of the limitations of this, and the need for a full assessment of the patient's capacity in line with requirements of the Mental Capacity Act 2005 before using this form of restraint.
- All clinical staff received training in the Mental Capacity Act 2005. The training was part of the safeguarding adults level two training. The service provided data following the inspection that confirmed 87% of staff had completed safeguarding adults level two training.
- The service had several policies in relation to consent and capacity. We reviewed the services safeguarding vulnerable adults policy and the covert medication for

dementia patient's policy. We found the services safeguarding vulnerable adults policy, guidance for covert medication administration and protection of patients policy, which covered the Mental Capacity Act 2005 principles, provided good guidance to staff to promote the capacity and liberty of patients.

- Staff understood how to take consent from patients. We found medical staff took written consent for specific procedures when the decision was complex and potentially life altering.
- Medical staff implementing 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders discussed this with the patient concerned and, where consent was given, with their loved ones. Medical staff fully involved patient's and their loved ones in DNACPR decision.
- The service used a Staffordshire wide DNACPR form. The service had been fundamental in designing and implementing the Staffordshire wide DNACPR form. This ensured that different care providers across the county did not need to discuss and rewrite a DNACPR form when the patient moved service, for example moving from the hospice to an acute hospital for treatment.
- We observed staff asking for consent during the onsite inspection for all interventions, for example taking physical observations. Staff explained the procedure to patients and ensured they felt safe to withhold consent.

Are hospice services for adults caring?

Outstanding



Our rating of caring improved. We rated it as **outstanding**.

Compassionate care

- **Staff consistently treated patients and those close to them with compassion and kindness. There was a strong, visible person-centred culture. Staff were highly motivated to offer care that promoted people's dignity and respected patient's entire holistic needs.**
- We observed staff providing care during the onsite inspection that went the extra mile to ensure that patients were treated with kindness, compassion and took account of their individual needs.



Hospice services for adults

- Staff spoke gently and with kindness to patients in distress and those in pain or requiring immediate care. We observed staff keeping promises, for example in relation to returning to patients in a set timeframe.
- We spoke with three patients during the onsite inspection. All three patients reported nothing but positive feedback. All patients spoke of kind and dignified care, with staff responding to their needs no matter the time of day or business of the ward.
- We found staff within the day service treated those attending, whether a patient or loved one, with kindness and respect, regardless of background or reason for attending. The day service had engaged with the homeless community to ensure that this group of patients had access to specialist care, and staff spoke with inspiration about the positive impact this had had on the community.
- Staff described numerous occasions when they had gone above and beyond to ensure that patients achieved their last wishes or goals in the last weeks and days of life.
- Staff told us about a patient who was so proud to ask for help, but was unable to wash themselves. Staff told us how they ensured the same small group of staff attended to the patient over a period of time to build trust. Staff supported the patient during this time to ensure his hygiene needs were met, but promoted the patient's right to privacy and personal dignity. The efforts and time spent by staff helped the patient to trust them and the patient did slowly let the staff provide more and more care for them.
- Staff told us of a patient who really enjoyed Christmas, but was likely to die during the summer. Staff went above and beyond for the patient and celebrated Christmas in the summer. Staff decorated the patient's room, organised for the kitchen to cook a Christmas lunch and ensured the patient could experience Christmas for one final time.
- Staff gave an example of when they supported a family to take their loved one fishing for one last time in the final days of life. Staff organised equipment and medicines to ensure that the patient was safe, and the family could have a final positive experience before the patient died. The patient came back to the hospice after catching more fish than ever before, and staff told us this was such a positive for the patient, they felt content in the last days of life.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff recognised the impact of small gestures in supporting patients and those close to them. Staff went above and beyond to ensure patients and those close to them had the emotional support throughout the hospice journey.**
- We observed staff throughout the onsite inspection providing emotional support to patients and those close to them.
- The service had a culture where all staff provided emotional support to patients and those close to them regardless of role or seniority. We observed staff embodying this ethos throughout the onsite inspection.
- Nursing staff provided ongoing day to day emotional support through talking with patients and families, recognising the need for families and loved ones to have their own space and time to talk, be emotional and grieve where a loved one was dying. Nursing staff recognised the importance of supporting this process, whilst giving time and space, and understanding individuals cope in different ways, with no one approach fitting all.
- The chaplaincy service could provide spiritual and religious support to patients and those close to them. The chaplaincy service supported families to bring in religious leaders from other faiths from outside the hospice and helped to coordinate their attendance.
- Within the day service, we found that service had been designed to ensure that both patients and their loved ones got the support they needed. The 'carers and cared for' group promoted both the support for those being cared for, but also the needs of carers. Staff ensured that carers could have time away to themselves, whilst providing care to those that needed it.
- The service had recognised that loved ones of patients who had died often wanted to return to volunteer. The service had recognised that doing this too soon after the death of a loved one could sometimes be emotional detrimental to the volunteer's mental health. Therefore, the service prevented loved ones from volunteering for a year. However, the service actively encouraged people to return for support and engagement over the first year.



Hospice services for adults

Understanding and involvement of patients and those close to them

- **Patients and those close to them were fully involved in their care. Staff consistently empowered people who used the service to have a voice and to realise their potential. Staff were fully committed to working in partnership with people and making this a reality for each patient.**
- We found a culture throughout the organisation promoting a patient centred approach, with the patient being the most important part of that. Staff involved patients and those close to them as much as possible, and wanted, in the care decisions made about them.
- The end of life pathway, used in the last weeks and days of life, encompassed all aspects of holistic care, including personal care needs, religious and spiritual needs and end of life wishes. Patients and those close to them were encouraged to be involved in the completion of the pathway.
- Staff discussed, where appropriate, patients preferred place of death and this was clearly documented within patients records.
- Staff discussed patients goals they wanted to achieve. Staff gave examples of patients having both small and large goals. For example, staff gave an example of a patient who wanted to have a bath, and that was their goal in the last days of life. Staff engaged with the multidisciplinary team to ensure it was safe, and ensured the patient had a bath.
- Patients and those close to them could speak with a consultant or doctor to discuss their care, and ensure that it was meeting their needs.

Are hospice services for adults responsive to people's needs? (for example, to feedback?)

Outstanding



Our rating of responsive improved. We rated it as **outstanding**.

Service delivery to meet the needs of local people

- **People's individual needs and preferences were central to the delivery of tailored services. The service had innovative ways to provide integrated person-centred pathways. Services were flexible to patient's needs.**
- The hospice's premises and facilities met the needs of patients and loved ones. The design of the premises promoted a sense of homeliness, whilst having smaller rooms where patients' could spend some quiet reflective time with their loved ones.
- All bedrooms had been designed with extra wide doors. This allowed patients in bariatric wheelchairs easy access to bedrooms. It also allowed staff to bring patient's out into the communal spaces, including the garden area, on their bed where they were unable to transfer to a chair.
- The day service had been designed with specific groups in mind. The day service gave multiple examples of where they had gone above and beyond to ensure service met the needs of those using them.
- Within the day service, staff had implemented a carers group. Following feedback, carers stated they did not feel it met their needs due to still needing to provide care to the cared for person. Staff changed the support group to become a 'carer and cared for' group. Nursing and support staff provided care to the person requiring it, allowing the carers to have time away to talk and relax. Specialist nursing staff were available to support the carers during this time with questions around ongoing care and support needs.
- The day service undertook outreach programmes to support those parts of the community unable to attend the hospice, or those that were afraid of what a hospice was and did not understand what it offered. Staff undertook coffee mornings in neutral environments for anyone to drop in to and provide advice and support to patients and their loved ones in an environment they felt comfortable with.
- Staff gave an example of undertaking work with the homeless community within the surrounding areas. Staff understood that the homeless community often do not access specialist service. The day service has started a specific support group for this group of patients to offer specialist advice and support. The service told us they would try wherever possible to support the homeless community in the last weeks and days of life with an inpatient bed.



Hospice services for adults

- The leadership team demonstrated a passion for offering equal access to service regardless of the patient's background. We found this ethos of providing high-quality care with equitability of access transcended through all levels of staff within the organisation.
- The service had designed a four-tiered programme called the 'living well programme' to support all those who required access to hospice service. The four approaches were:
 - This is me living well
 - Living well series
 - Living well collectively
 - Outpatients clinics
- Each area focussed on different elements of hospice care. The 'this is me living well' part was an eight-week programme supporting patients to assess and evaluate their individualised needs. The service told us the eight-week programme was individualised, personal, holistic care planning that was specific, measurable, achievable, realistic and timely. The service told us that the programme involved the patient and the multidisciplinary team.
- The living well series was an eight-week focussed rolling series of support activities that focussed on relaxation and fun. The programme was patient steered and scheduled and managed by the multidisciplinary team.
- The living well collectively strand of the programme focussed on providing support collectively and not looking at patients in isolation. The programme consisted of networking forums, informal drop in sessions, creative therapy workshops and clinical nurse specialist drop in clinics.
- The outpatient clinic section of the programme focussed more on the medical and care aspects hospice services. This included consultant led clinics, specialist palliative care assessments, complementary therapies and specialist clinics for long-term conditions such as renal, neurological and lymphoedema.
- The service had clearly planned out day by day the strands of the four-tier programme that will run and the staffing required to support this.

Meeting people's individual needs

- **The service had a proactive approach to understanding and meeting the needs and preferences of different groups of people. Staff made reasonable adjustments to meet the needs of patients, including those with protected**

characteristics. Staff understood how to support people's sexuality and gender identity whilst receiving care. The service coordinated care across services.

- Admission documentation involved a full holistic assessment of patient's individual needs. We reviewed three records during the onsite inspection and found this information had been documented, where required, in all records.
- The service gave examples of where it had met the needs of patients in specific circumstances, including those with protected characteristics. Staff gave an example of a Muslim family who wanted to stay with their loved one in the last days of life and wanted to respect their religious rituals. Staff allocated the patient a side room next to a bathroom and provided the family with equipment to undertake washing before prayers.
- The service had recognised the array of faiths and non-religions within the Staffordshire area. The chaplaincy service had renamed the prayer room to be a spiritual space. This allowed individuals to utilise the space regardless of religious beliefs.
- We asked staff how they would support same-sex couples and trans patients, including non-binary patients and patients of other gender identities. Staff told us the service did not have a specific policy around support same-sex and trans patients. Staff told us they would provide care to patients regardless of their sexual orientation, gender or sex, or relationship status. Staff told us they would ask patients, or those close to them, how they wanted to be referred to and ensure this was communicated to staff.
- Staff had access to translation services and staff knew how to access them. However, staff did tell us they used family members sometimes to translate for patients. This was not in line with best practice, where family members should not be used to translate medical information.
- Staff had access to pictogram cards for patients unable to verbally communicate. This promoted the independence of the patient and allowed the patient to still have a voice, despite not being able to verbally communicate.

Access and flow



Hospice services for adults

- **People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were monitored.**

- The service had referral criteria in place. Patients had to have an incurable, life limiting advanced and progressive disease where care had changed from curative to palliative. The service adhered to the referral criteria.
- The hospice, due to limited number of beds, took referrals from within its own catchment area; however, would consider referrals from outside the catchment area in specific circumstances. The service did not have a waiting list for admissions into inpatient beds at the time of the inspection.
- The inpatient unit would, wherever possible, admit and discharge during daytime hours. However, the service could organise for patients to be admitted out of hours where the referral was urgent. Urgent referrals would be discussed with a senior hospice doctor for agreement.
- The leadership team provided us with information about bed occupancy rates following the onsite inspection. The data provided showed the hospice had a possible 3,005 available bed days between August 2018 and July 2019, and had used 2596 of these. This equated to 86.3% bed occupancy.
- The leadership team told us across all services, including all hospice inpatient settings ran by the provider, had seen an increase of around 7.9% in bed day occupancy, equivalent to 1,188 bed days, compared to the previous 12 months.
- The service did not monitor preferred place of care or preferred place of death achievement. However, we found this had not had an impact on patients receiving care or dying in their preferred place. We found that staff undertook thorough and robust holistic assessments of patients needs throughout their hospice journey, ensuring that their PPC and PPD was highlighted early. This allowed staff to put steps in place early to ensure patients to get their PPC and PPD.
- The provider had access to its own community outreach team of nursing staff which were based at another Severn Hospice location. The outreach team supported in the rapid discharge of patient out into the community if their PPC or PPD was their own home.

- We observed during the inspection a patient who was admitted in a timely manner who had deteriorated at home and required inpatient care.

Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**
- The service had “your feedback” forms available throughout the hospice for patients and friends and loved ones to complete to provide feedback about services. We found the providers website had easy to find and clear instructions for patients and their loved ones to raise concern, complaints and compliments to the service. This could be done over the phone, via email or completing an online form.
- Between April 2018 and March 2019, the service received 111 compliments from patients and those close to them. The service told us compliments often relate to the quality of nursing and medical care received by patients. The service told us they have received compliments from patients and those close to them following specific events, such as delivering a wedding, birthday or other special celebration at Severn Hospice Aspley Site.
- Between April 2018 and March 2019, the service received three complaints. The service had a target to resolve all complaints within 21 days. We found the service resolved all three complaints within 21 days.
- The Director of Care was responsible for overseeing and responding to all complaints about Severn Hospice Telford.
- Staff understood how patients could make a complaint to the service.
- The service had a complaints policy. The policy had version control and had last been reviewed August 2019. We found the policy detailed the responsibilities of staff involved in the complaints process. It also contained an easy to follow process for how to respond to complaints and concerns. However, the policy was brief and did not contain information on how people could make a complaint, for example telephone, written or verbal, or what the process was if the complainant did not agree with the outcome of the investigation.



Hospice services for adults

Are hospice services for adults well-led?

Outstanding



Our rating of well-led improved. We rated it as **outstanding**.

Leadership

- **Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. Leaders at all levels had the skills, experience and capacity to deliver excellent and sustainable care.**

- We found an established, stable and well embedded leadership structure at the hospice.
- The inpatient area was overseen by a ward manager, who had a long and varied history within hospice, palliative and end of life care. This allowed the ward manager to provide managerial and clinical leadership and support to staff across the ward area. A matron oversaw clinical care in inpatient areas.
- All staff asked were positive about the local leadership, including the ward manager and matron. Staff found local leaders approachable and welcoming of comments and concerns.
- The senior leadership team was made up of the chief executive, medical director, director of care, director of finance and information, and director of income generation. The medical director and director of care primarily took the responsibility for overseeing clinical care delivery.
- We found that all the senior leadership team had been in position for a number of years, and the leadership team was stable. We spoke with some of the leadership team during the onsite inspection. We found the medical director and director of care both had extensive experience in palliative and end of life care and had the experience and knowledge to lead the organisation.
- The organisation had 12 trustees, who operated as a non-executive to provide additional scrutiny and oversight of the hospice. We found that trustees had the skills, knowledge and experience to undertake the role. For example, one trustee had a finance background and

chaired the fundraising committee. Another trustee was a GP and could provide impartial oversight with additional medical knowledge and input, and they participated in the clinical governance committee.

- We spoke with the chairperson during the onsite inspection. We found the chairperson had the knowledge, skills and experience to be the chair of Severn Hospice Limited. The chairperson's background ensured they brought skills and knowledge to the organisation to promote sustainability, whilst maintaining high standards of care.
- We spoke with three trustees, including the chairperson, during the inspection process. We found the trustees had a good overview of the challenges facing the organisation. Each committee and sub group was chaired by a trustee, or had one allocated to it. This ensured that as a group of trustees, they maintained oversight of governance and safety and could share this with the board in a structured and collective way.
- We found the relationship between the executive and trustees was effective, productive and transparent. Both the executive team and the trustees told us of an open culture that promoted information sharing, discussion and encouraged professional challenge.

Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The service had a clear mission which was to provide the best care and a better life for people living with an incurable illness, and for those important to them.
- The service had a clear vision which was a world where people are cared for at the end of their life as well as they were at its beginning.
- All staff asked, were able to articulate the mission and vision to us, including ward staff, support staff and the leadership team. Staff across the organisation embodied the mission and vision and spoke of their commitment to fulfil it, no matter the challenges. We found examples throughout the inspection of staff displaying the vision.



Hospice services for adults

- The provider had a six-point strategy to support the achievement of the vision and mission statements. The service strategy 2018 to 2022 was aligned to the CQC key questions within the reports, and included:
 - Establish living well as the future concept;
 - Establish partnerships that maximise influence;
 - Be the lead for palliative and end of life education.
- Throughout the onsite inspection we observed progress with the strategy. For example, the service had developed training programmes to be offered to other local providers in palliative and end of life care. We found the living well concept had been taken forward and had begun to be implemented across the organisation.

Culture

- **Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There was a strong culture of teamwork and support across all levels of the service. Staff shared a common goal to improve the quality and safety of care and people's experiences.**
- We found a culture of pride, passion and motivation across the organisation, including from ward staff, day centre staff, support and therapy staff and local and senior leadership teams.
- Staff spoke about the hospice and its mission as something they all embodied, and that it was more than “just a job”. We observed and were told by staff they were fully committed to the vision and mission of the organisation to support the best life possible for those with life limiting and incurable diseases.
- The senior leadership team displayed a cohesive shared purpose for achieving the mission of the organisation. This came across in the work ethic and commitment to the mission shown by both the executive team and the trustees. We found a genuine passion to inspire all staff, as the leadership team had recognised a motivated and inspired staff base delivered the best care possible.
- All staff spoken to across the organisation spoke of an ‘open door’ approach to leadership, and all staff regardless of role felt confident to approach the senior leadership team with concerns. We found an approach that saw the senior leadership team take a collective responsibility for issues, risks and concerns. The organisation had worked hard to embed a no blame culture across all levels, instead approaching issues and concerns with a view to learn and change.
- We found a culture that actively encouraged staff of all levels to raise concerns and suggest improvements. We found examples of a domestic who raised concerns about how the laundry service was operating. The leadership team offered them a chance to undertake a quality improvement project, which the member of staff did, and then presented back to the board. The leadership team adopted the recommendations by the member of staff and changes were made.
- The organisation had a culture that supported and actively encouraged staff development. The leadership team supported staff at all levels to undertake additional training and competencies, not only to support the work of the hospice, but to develop the individual. For example, the ability for healthcare assistants to undertake medication second checking training.
- A learning culture was at the heart of the organisation, with the medical director a professor at a local university and instrumental in coordinating changes within the local health economy around palliative and end of life care. The senior leadership team had supported the pharmacy team to develop and provide medicines training to nursing and junior medical staff to improve their knowledge and understanding of palliative and end of life medication prescribing.
- The senior leadership team promoted a culture focussed on staff welfare, recognising that staff build relationships with patients who attend over a long period of time, and the death of a patient can impact staff too. The senior leadership team recognised that working day-to-day in a hospice environment can be stressful and staff needed to look after themselves too.
- The provider had implemented a package of well-being opportunities for all staff to access, including:
 - Having mental health first aiders available for staff
 - Clinical debriefs after complex or difficult scenarios
 - Occupational health department
 - Staff counselling
 - Clinical supervision and peer support

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**



Hospice services for adults

- Severn Hospice Apley Site had an effective governance structure. The governance structure contained nine committees and advisory groups, which included but was not limited to:
 - Finance committee
 - Clinical governance committee
 - Health and safety sub-committee
 - Corporate governance and human resources committee
 - Property and estates strategy group (advisory committee)
- Each committee or advisory group had a quorum of attendees and a minimum number of members to ensure relevance and diversity within the discussions and decisions made. For example, the clinical governance committee was made up of a minimum of 10 members, with a quorum of two senior nurses, two senior doctors and a trustee at each meeting.
- We reviewed clinical governance meeting minutes from March, May and July 2019. The minutes were clear and concise, with clear actions allocated to individuals. The meetings had standard agenda items including:
 - Complaints
 - Clinical incident summary
 - Key performance indicators from the two months prior to the meeting
 - New and existing policy reviews as required
- We found a structure that ensured information was shared amongst the various committees and advisory groups. For example, the health and safety sub-committee reported to the corporate governance and human resources committee. In turn, the corporate governance committee reported to the board of directors.
- Locally, we found a good structure amongst senior nurses, with matron meetings taking place monthly. These included matrons that oversaw all hospices within the Severn Hospice group, ensuring that learning could be shared amongst all services.
- We reviewed the corporate risk register as submitted by Severn Hospice during the pre-inspection information request. The risk register contained 10 risks, which related to several areas including staffing, reputational risks, finances and service delivery.
- The corporate risk register clearly set out the risk and control measures to mitigate the risk. All risks had a red amber green (RAG) rating before and following mitigation. It was clear from the risk register who led each risk and had responsibility to progress the risk.
- The corporate risk register also made links back to the clinical risk register. This showed integration between clinical and corporate management and oversight.
- We reviewed the clinical risk register as submitted by Severn Hospice during the pre-inspection information request. The clinical risk register contained five risks, which related to staffing, infection control and the delivery of high-quality care. We found the same positive areas as identified above with the corporate risk register.
- We reviewed Board meeting minutes from March, May and August 2019. The minutes were detailed and reviewed areas including:
 - Accounts
 - Risk
 - Updates from management team
- Risk registers were formally reviewed once a year at Board. Local committees reviewed applicable risk registers more frequently and escalated urgent changes or new risks to Board to discuss.
- We reviewed the finance, corporate and clinical risk registers. All three risk registers were clear and easy to follow. The provider had set out each risk, undertaken a RAG (red amber green) rating assessment on each risk before and then following mitigation, and each risk had been allocated to an individual for oversight. We found the risk registers were reflective of the risks we identified during the inspection process.
- We discussed the risk register with the senior leadership team during the inspection, including executive staff and trustees. The executive staff asked had a good knowledge of the risks associated with the service, including clinical, non-clinical and financial risks.
- The executive team ask could articulate the risks well, knew the steps that had been taken to mitigate risks and the work still required and planned for the future.
- We found that two out of the three trustees asked were unable to articulate the risks within the organisation.

Managing risks, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**



Hospice services for adults

The two trustees who were unable to articulate the risks at the hospice could explain two risks, which were reputational risk around closing two beds recently and financial risk around a reduction in funding. The third trustee did understand the risks associated with the organisation and the hospice, including clinical and non-clinical risks.

- Although two of the three trustees asked were unable to articulate all risks associated with the service, we felt this was mitigated by a strong understanding from the executive team. The governance arrangements ensured that the executive management had a clear and robust understanding of the risk associated with their particular areas, for example clinic, corporate or financial risks.

Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- The service managed information well and kept patient records safe. We observed the service had confidential waste bins and observed staffing using these to dispose of confidential information.
- The provider had a confidentiality and data protection policy. The policy covered all aspects of record and information management including accessing information, sharing of information and when and how staff should report breaches of confidentiality.
- The provider responds well to CQC, and submits statutory notifications as required for specific incidents such as the death of a patient or serious injury notification.
- The service gathered patient feedback and outcome measures, and we found relevant committees and groups reviewed this and used the information to implement learning and improvement. We found the clinical governance committee reviewed patient outcome measures (POMS) and family outcome measures (FOMS) and highlighted where improvements could be made from the feedback.
- We found all of the senior leadership team asked, including executive and trustees, understood and had

shared information on the financial position of the organisation, and the reasons for taking decisions designed to secure the financial position of the hospice for the future.

Engagement

- **Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The leadership team were enthusiastic and proud of the engagement work that the service undertook, both internally, with external organisation and with service users.
- The service used patient feedback, including formal and informal complaints, concerns and complements, to shape the services moving forward. For example, carers fed back that they did not have time to relax at carer events as they still had to provide care. Therefore, the service changed the approach to ensure care staff were available to allow carers time to themselves.
- The leadership team told us about a cross-organisation approach to creating and implementing a joint local strategy for palliative and end of life care across Staffordshire, called Staffordshire End of Life Group. The group was led by the medical director at Severn Hospice and influenced decisions about palliative and end of life care across Staffordshire.
- The service had recognised specific groups of people, such as the homeless and eastern European communities, that did not interact with specialist services. The service tailored sessions and workshops to ensure these communities felt safe to attend, including undertaking outreach work into the communities.
- The provider held staff award ceremonies throughout the year to recognise staffs input into providing care and treatment to patients.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**



Hospice services for adults

- Hospice staff had contributed to local, national and international conferences, events and projects to improve the lives of those with life limiting conditions and those at the end of life.
- The medical director had undertaken research at a local university into palliative care and had been awarded an Honorary Professorship. This role involves him using the hospice as a stepping stone to deliver training to other organisations, including district nurses, care homes and other healthcare professionals, to improve care across Staffordshire for patients at the end of life.
- Staff had presented at international events regarding their work and research into improving the lives of patients at the end of life. Staff presented their work back at the hospice to share learning and develop local services.

Outstanding practice and areas for improvement

Outstanding practice

- The service had an outstanding approach to planning the care pathway for patients and their loved ones, from the first interaction with the service, through to post-death. We found a proactive approach that considered sections of society that were challenging to access and broke down the barriers to engagement to ensure equal access to services.
- We found a culture that had the patient and their loved ones at the centre of it. Staff displayed a genuine and enthusiastic want to make the patients journey, whether supportive, palliative or end of life, as fulfilled as possible.
- Staff focused on providing the best care possible, which enabled patients to achieve their own personal goals, no matter how big or small. Staff understood the value of small gestures of kindness and compassionate care on patients, and the need to get the detail right for all those involved.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should review the complaints policy to ensure it is reflective of the full complaints process.
- The provider should review the use of friends and relatives to translate information to patients.