

Severn Hospice Limited

Severn Hospice Bicton Site

Inspection report

Severn Hospice
Bicton
Shrewsbury
SY3 8HS
Tel: 01743236565
www.severnhospice.org.uk

Date of inspection visit: 20 April 2021
Date of publication: 07/07/2021

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Inadequate



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Severn Hospice Bicton Site is operated by Severn Hospice Limited. The service provides end of life care and has 10 inpatient beds. This was the fifth time the service has been inspected since 2012.

The hospice was registered to provide the following regulated activities:

- Diagnostic and Screening Procedures.
- Personal Care.
- Treatment of disease, disorder or injury.

Following this inspection, we told the provider that it must take some actions to comply with regulations. We also issued the provider with two requirement notices and a S29 warning notice.

Summary of findings

Our judgements about each of the main services

Service

Hospice services for adults

Requires Improvement



Rating

Summary of each main service

Our rating of this location went down. We rated it as requires improvement because:

- Staff did not always receive the appropriate training for their role in line with the 'Adult Safeguarding: Roles and Competencies for Health Care Staff, intercollegiate document (August 2018)'.
- Not all staff were up to date with their mandatory training, including basic life support.
- The service did not always ensure they followed current guidance in relation to retesting of patients for COVID-19.
- The service did not always ensure patients' documentation was kept up to date and that all risk assessments were reassessed and recorded in a timely manner.
- Leaders did not always operate effective governance processes, throughout the service.
- We found the clinical risk register had the incorrect dates recorded in the date/number added columns.

However:

- Staff used infection prevention and control measures when caring for patients on wards.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed risk assessments for each patient and removed or minimised risks on admission/arrival using a recognised tool.
- The service used systems and processes to safely prescribe and administer, record and store medicines.
- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- The hospice had a clear leadership structure in place.
- Leaders and teams used systems to manage performance.

Summary of findings

Contents

Summary of this inspection

Background to Severn Hospice Bicton Site

Page

5

Information about Severn Hospice Bicton Site

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Severn Hospice Bicton Site

Severn Hospice Limited is an independent charity which provides care for people who are living with complex and progressive illness. They have two locations, one in Telford and one in Shrewsbury. The hospice primarily serves the communities of Shropshire, Telford, Wrekin and Mid Wales. It also accepts patient referrals from outside the area. We last inspected the service in May 2019. At the previous inspection the service was found to be good in safe, effective, caring, responsive and well led.

The hospice provided the following services:

Hospice at Home: The service provides care for patients with cancer and non-malignant progressive disease and their carers during the palliative care phase of their illness at home.

Community Outreach: A service review was undertaken in 2017 and the service now provides clinical support and specialist advice to GP's, district nurses and care homes in identified geographical areas.

The Lymphoedema Service: This service provides specialist lymphoedema care and advice in line with British Lymphoedema Association guidance and protocols. This includes treatment through the acute phase of a person's condition and periods of exacerbation with the goal being supporting self-management inpatient service: The service provides a 24-hours a day specialist care service which is not disease specific. Care is provided to patients with complex symptoms.

Complementary and Creative Therapy: The service provides a range of therapies offered by professionals known as Co-Co: This service has created over 20 volunteer networks across Shropshire, working with local people and GP surgeries to develop a dedicated befriending service.

Bereavement Service: The bereavement service offers individual support and group meetings. The 'Elephants Never Forget' service helps children and families. The team give practical advice about post death arrangements. Day Services: Consultant clinics are held weekly. From July 2017 the hospice has aimed to integrate the national vision of 'Living Well' by improving flexibility and choice. They have created three parts to the service including a coffee morning, and two 8-week programmes. However, day services did not form part of the regulated activities, so we did not inspect this part of the service

The hospice has a manager in post who has been registered with the CQC since November 2019.

During the inspection we spoke with 21 staff which included doctors, nursing staff, health care assistants, service leads and trustees.

We spent one day on site, alongside conducting additional interviews virtually.

How we carried out this inspection

We carried out an unannounced, focused inspection at this location in response to concerns we had around safeguarding, infection control, medicines management and governance.

Summary of this inspection

We looked at relevant areas within two of the key questions: is the service safe and well led.

The team that inspected the service included a CQC lead inspector and one specialist advisor with expertise in end of life care and governance.

The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with three legal requirements.

- The service must ensure that good governance systems and processes are established and operated effectively. Regulation 17(1): Good governance.
- The service must ensure that service users are protected from abuse and improper treatment. Regulation 13(1): Safeguarding service users from abuse and improper treatment.
- The service must ensure all staff are up to date with their mandatory training and effective governance systems are in place around the recording of this. Regulation 18(2)(a): Staffing.

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that they follow current guidance in relation to retesting of patients for COVID-19.
- The service should ensure that patients' documentation is kept up to date and that all risk assessments are reviewed and recorded in a timely manner.
- The service should consider completing and recording more frequent hand hygiene audits.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for adults	Inadequate	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement
Overall	Inadequate	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement

Hospice services for adults

Safe	Inadequate 
Well-led	Requires Improvement 

Are Hospice services for adults safe?

Inadequate 

Our rating of safe went down. We rated it as inadequate because:

Mandatory Training

The service provided mandatory training in key skills to all staff but did not ensure everyone had completed it.

Not all staff were not up to date with their mandatory training, including basic life support.

Following the inspection, leaders provided us with the latest manual handling training compliance figures for clinical staff. The hospice had a compliance target rate of 85%, despite e-learning being available to staff since November 2020 figures were still low. At the time of the inspection, training compliance for clinical staff was less than 50% for using a syringe driver (38%) and moving and handling level two theory (46%). Resuscitation level one was 50% and level two was 46%. For nursing assistants, resuscitation level one was 33% and level two was 28%.

Leaders told us earlier in the pandemic that Basic Life Support (BLS), face to face training had been booked with an external trainer. However, due to COVID -19 related reasons this had not taken place. Basic Life Support was now available via e-learning, but figures remained low.

Leaders provided us with information on some training sessions they had provided to staff in subjects such as nausea and vomiting, diabetes, end of life care and venous thrombosis in palliative care. The staff notice board contained details of some upcoming training including religious and spiritual care, syringe drivers for beginners and verification of death training.

Safeguarding

Safeguarding systems and processes did not provide assurance that patients were protected from abuse and improper treatment.

Staff did not always receive the appropriate training for their role in line with the 'Adult Safeguarding: Roles and Competencies for Health Care Staff, intercollegiate document (August 2018)'.

Clinical staff were not trained to the appropriate levels in safeguarding. None of the clinical staff employed by the hospice had a level three adults' safeguarding qualification. This was not in line with the 'Adult Safeguarding :Roles and

Hospice services for adults

Competencies for Health Care Staff, intercollegiate document (August 2018)' in that level three is applicable to registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns. There were no safeguarding supervision nurses in place. There was no named professional available at the hospice with a level four safeguarding qualification.

The hospice employed a team of full time and part time social workers from 9am to 5.30pm Monday to Friday. The hospice social work team leader was available during weekdays for safeguarding advice and support. Outside these hours we were told clinical staff were responsible for making any safeguarding referrals and they would ring the local authority safeguarding teams for advice.

We were unable to ascertain if the social workers current level three qualifications in safeguarding children and adults were still valid as we were not provided with the date of completion and expiry. Following the inspection on the 20 April 2021, we asked for details of which social workers had level three safeguarding training, if the level three qualification was for children or adults, the date they completed these and when they were due to expire. Leaders responded that as an organisation they deemed it appropriate for their safeguarding lead to have level three for both and as face to face training was disrupted last year, the lead had secured training this year through the online NHS portal which will be due for renewal in January 2023.

We were unable to ascertain safeguarding adult and children training compliance levels for trustees. We were told there was no requirement for trustees to complete their level one safeguarding training in adults or children. This is not in line with the intercollegiate document in that level one is the minimum level required for all staff working in health settings including board level executives and non-executives. Following the inspection, we asked for details of mandatory training compliance for trustees; we were not provided with this. We were told trustees had been given access to the NHS system and would be undertaking the elements of mandatory training relevant to them such as safeguarding and health and safety.

Safeguarding mandatory training figures at level one and two for social workers were low. Following the inspection we were provided with information on mandatory training compliance figures for all non-clinical staff as of the 5 May 2021. This showed only 50% of social workers at the Bicton site had completed their safeguarding children level one and only 50% of social workers had completed their safeguarding adults' level one and two training.

The chaplain at the hospice did not have a safeguarding qualification in safeguarding children or adults (0%).

At the time of the inspection leaders provided us with safeguarding training figures for registered nurses and nursing assistants. Compliance for registered nurses for safeguarding children level one was 88%, for safeguarding adults Deprivation of Liberty safeguards (DoLS) (includes completed safeguarding adults') level one and two was 88%, safeguarding adults Mental Capacity Act (includes completing safeguarding adults) level one and two was 92%. At the time of the inspection clinical staff were not trained to level three in safeguarding adults.

Safeguarding compliance figures for nursing assistants in safeguarding children level one was 83%, for safeguarding adults it was 83%.

Following the inspection leaders told us that the safeguarding level two training figures they provided at the time of the inspection were incorrect and that there was an overall compliance of 98%. However, a breakdown of individual staff groups and locations was not provided.

Hospice services for adults

We were not assured all incidents relating to safeguarding concerns were reported and reviewed appropriately. We asked for details of all the safeguarding referrals made to the local authority during the last 12 Months (April 2020 to April 2021). We were told staff had made one referral in November 2020. The CQC had previously requested this safeguarding concern was referred to the local authority as part of our on-going monitoring.

At the time of the inspection (20 April 2021) leaders were not aware of the correct documentation to submit safeguarding notifications to the CQC. We raised this at the time and were told this had now been rectified.

Following the inspection, leaders told us due to us concentrating heavily on safeguarding over the last year, it had been decided to enhance the current safeguarding process and invest in safeguarding link nurses on each ward and within the community services who will also be trained to level three in adult safeguarding and will report to the new link lead (quality and education department) who in turn will report to clinical governance. The aim was to have this in place by September 2021.

Staff could give examples of when they would make a safeguarding referral.

The four staff we spoke with about safeguarding were able to give examples of when they would raise a safeguarding referral, however they told us they had not raised a safeguarding referral for a long time.

As part of our ongoing monitoring, we had identified a potential safeguarding concern relating to pressure ulcers which had not been reported to the local authority. As a result of this, staff at the hospice had put an action plan into place.

During the inspection we saw a pressure ulcer risk tool had been implemented to determine if a safeguarding referral was required, we were provided with an updated action plan which showed five out of the eight actions had been closed. We observed safeguarding algorithms were on display at the nurse's station and in the staff room.

We reviewed seven sets of meeting minutes between October 2020 and March 2021 and found safeguarding adults was not a standard agenda item. Therefore, we were not assured that there was a consistent approach to discussing safeguarding concerns across the organisation and in accordance with the providers policy.

Cleanliness, Infection control and hygiene

Staff used infection control measures when visiting patients on wards.

Staff followed infection control principles including the use of personal protective equipment (PPE).

The hospice had not had any deaths due to nosocomial transmission of COVID-19 over the last year. Potential and positive patients had a yellow sticker placed on the door and the correct PPE supplies were readily available. All staff we spoke with felt they were provided with sufficient personal protective equipment (PPE).

The hospice provided a laundry service to wash patients clothing on site to prevent any cross contamination. They also offered a uniform washing service to staff.

Compliance levels for Infection prevention control training level one for clinical staff as of the 14 April 2021 was 73%. For nursing assistants, it was 56%.

Hospice services for adults

Compliance levels for mandatory infection prevention control training level two for clinical staff was 65% and for nursing assistants it was 56% for level one and two.

Compliance levels for mandatory infection prevention control training level one and level two for housekeeping staff as of the 5 May 2021 was 0%.

Leaders told us they followed the government guidance on Coronavirus (COVID-19) testing for hospices.

In relation to fit testing of respiratory masks for staff, leaders told us they had trained staff as trainers but unfortunately not all staff passed, and the hospice were unable to purchase the recommended hoods. As a result, the hospice was unable to admit patients requiring aerosol generating procedures.

There had been an outbreak of COVID-19 at the Apley hospice location in Telford. Staff we spoke with at the Bicton hospice could tell us learning from this including the use of fluid resistant masks. We saw leaders had sent out an email to all staff around their conclusions following a meeting with Public Health England.

We asked leaders about visiting rules and policy, we were told they have always said close friends and family could visit but told them not to come in if they were unwell. The process at the time of the inspection was that visiting hours were limited to certain times, these being from 2pm to 4pm and from 6pm to 8pm. The maximum number of visitors allowed in each session were two. Visitors were required to use the telephone in reception to inform staff they had arrived and who they were visiting.

The reception area of the hospice had facilities for visitors to use and provided alcohol gel, gloves, aprons and masks. All visitors were required to follow infection control processes.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

On the day of the inspection we reviewed the cleaning schedules and found these were in date. An audit was completed by the hospice cleaning specialist in April 2021. The audit looked at different zones, wards and offices; the overall score was 99%.

Leaders completed an Infection Prevention and Control audit dated March to April 2021. The audit found all staff had arms bare below the elbow, basins were in a good state of repair, soap dispensers were clean and in good repair and hand hygiene technique posters were displayed on wards in various areas.

At the time of the Infection Prevention and Control audit the link nurses for infection control were completing hand washing assessments on clinical staff. Areas for improvement included rusty bins and the need to ensure IPC link nurses were updating information boards and teams. There were no recent hand hygiene audits included in the audit.

Staff followed infection control principles including the use of personal protective equipment (PPE).

All staff were seen to be arms bare below the elbow, wore their PPE correctly and disposed of it correctly after use. We observed staff washing their hands prior to putting on PPE and using hand gel regularly.

Environment and Equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Hospice services for adults

Leaders arranged for safety checks of specialist equipment.

All equipment was serviced, and safety tested in line with current guidance.

Assessing and responding to patient risk

Staff completed risk assessments for each patient on admission/arrival using a recognised tool and removed or minimised risks. However, these were not always reassessed.

Staff completed risk assessments for each patient on admission using a recognised tool, however in one patients' record this had not been reassessed regularly.

All referrals were reviewed by a doctor, clinician to clinician. The patient was then discussed to ensure they were suitable for the hospice before accepting them for care at the hospice. Referrals come into the hospice via a variety of sources, such as via the GP, district nurses or the acute trusts. A daily meeting took place at 9.30 am to discuss all patients and included the multidisciplinary team.

Patients' falls risks were highlighted in a handover sheet, verbally handed over and documented in the patients' records; the falls risk was also included in the referral process and a post fall protocol.

We were told over the last twelve months (April 2020 to April 2021) there has not been any falls that met the hospice serious incident criteria. Leaders benchmarked falls via a variety of ways including Executive Clinical Leads in Hospice and Palliative Care (ECLiHP) and clinical governance. ECLiHP is a forum for all executive and aspiring clinical leaders engaged in the strategic planning and operational delivery of contemporary hospice care. The hospice also used sensor alarms and one to one care if needed. The hospice had a total of seven falls between October 2020 and February 2021. All these falls were graded as no harm or low harm.

The quality account 2020/21 shows from January to December 2020, there was 32 pressure ulcers which had developed in service. These being two at grade one, 29 at grade two and one which was ungradable. Pressure ulcers had been a recent topic of focus at the hospice and there were plans in place for additional training from a tissue viability nurse. Patients had advanced care plans in place, and patients brought them with them to the hospice.

Staff inputted patient risk assessments onto an electronic system. Examples of risk assessments completed were moving and handling, oral assessment, falls risk, bed rail safety and SSKIN assessment bundles.

Daily ward rounds took place and staff completed intentional rounding and documented this. Patients falls risks were highlighted on a handover sheet, verbally handed over and included in the referral process.

We reviewed one patient's electronic record and found risk assessments were completed around skin, moving and handling, oral assessment, falls assessment and bed safety rails. However, we also found the patients' ankles and heels were not seen on admission due to their compression bandages which were removed at night. We noted there was gaps in the reassessment section. For example, the patient had been assessed on admission, but this was not checked again until 11 days later and seven days later following this. This was despite the patient scoring as high risk on relation to skin integrity.

Medicines

Hospice services for adults

The service used systems and processes to safely prescribe and administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Supplies of medicines were provided by the local NHS Trust which included a medicine top up service every week. Although the top up service was suspended for six months during the COVID-19 pandemic, staff ensured there was no disruption to the availability of medicines.

Medicine guidelines and policies were available which had been approved by the Governance Committee. Medicines were prescribed by doctors and administered and recorded by nursing staff. Medicine records seen showed medicine administration was recorded following policy.

A pharmacist was available 15 hours a week to support the team on the safe and effective use of medicines.

Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.

The pharmacist routinely checked prescription charts for accuracy and safety as well as ensuring there was individual monitoring for each patient.

The pharmacist provided advice and answered queries relating to dose calculations for syringe drivers and the overall safe administration of medicines.

Patient information leaflets were available regarding the prescribing of 'off licence' medicines to provide reassurance and information to patients and their carer's.

Medicine information and transfer of care was shared with the patient's primary care teams to ensure up to date information was shared across the system, including GPs, community teams and the end of life group.

Staff stored and managed all medicines and prescribing documents in line with the provider's policy.

Medicines were stored in dedicated secure storage areas with access restricted to authorised staff. We checked storage arrangements and found medicines were stored safely and securely.

Controlled drugs (CD) were stored securely and safely following current national guidance for the safe storage of CDs. Record keeping and destruction was undertaken following policy. The pharmacist routinely checked CD records to ensure they were correct, however there had been no internal CD audits undertaken since 2019.

CD checks, calculations and preparations were all undertaken in a quiet and secure area with no interruptions or distractions to ensure medicine safety.

The pharmacist was responsible for ordering medicines and managing prescribing documents for the Non-Medical Prescribers.

Staff followed current national practice/guidance to check patients had the correct medicines.

Hospice services for adults

Medicines reconciliation to ensure patients medicines were up to date was undertaken by a doctor which followed policy approved by the governance committee. Medicine reconciliation was moving to an electronic recording system to ensure consistency and enable internal audits to be undertaken more easily.

The hospice had syringe drivers in place. All staff must complete the beginner's course and pass a competency assessment before clinical use.

We found staff were knowledgeable on the use of syringe drivers and were able to demonstrate their understanding. They were also able to demonstrate a good understanding of what to do if they came across any issues and could give examples of this such as if there was a red flashing light or an inflamed site.

Documentation in relation to syringe drivers was in line with the latest guidance. This included dosage, signatures, date, time and rate, four hourly checks and lists of medicines

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

The pharmacist reviewed any medicine incidents to ensure learning could be undertaken from an individual and corporate perspective. There had been no recent reported medicine safety incidents, however there had been a reduction in internal audits into prescribing due to the COVID-19 pandemic.

The pharmacist reviewed medicine alerts and alerted staff if any action needed to be taken. A medicine safety group was also in the process of being set up in order to consider alerts, highlight risks and support ongoing learning for medicine safety. These meetings would be shared with the governance group and nurse meetings.

The Controlled Drug Accountable Officer attended the controlled drug local intelligence networks in order to share any learning relating to CDs.

Incidents

Staff recognised and reported safety incidents.

Staff recognised and reported incidents, staff used a checklist to determine a root cause.

There was a Root Cause Analysis Checklist for the investigator in place. The purpose of the checklist was to identify the root causes and key learning from an incident and use this information to significantly reduce the likelihood of future harm to patients. We saw one had been completed for a patient where a grade two pressure ulcer had deteriorated to a grade three. Arrangements for shared learning included education around completing SSKIN and appropriate assessment.

Staff knew what incidents to report and how to report them.

All staff we spoke with were able to talk through incidents and were aware of the systems and processes in place to do this. Staff told us incidents were discussed in team meetings alongside any lessons learnt; however, we were not always able to corroborate this happened consistently at all staffing levels from the minutes we reviewed.

Hospice services for adults

We reviewed a sample of incidents and noted pressure ulcers and medicines were the most frequent theme. These were recorded on the hospice's electronic incident recording system. The incidents had an action taken section; one of the actions taken around pressure ulcers included patients being nursed on specialist mattresses.

We spoke to the quality and educational lead who was able to give an example of learning from an incident around a medicines error. As a result of the error a management tree had been developed.

Are Hospice services for adults well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement because:

Leadership

Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills. The hospice had a clear leadership structure in place.

There was a clear leadership structure in place. The leadership team included a chief executive and registered manager, director of care, medical director, director of finance and a director of income generation. The hospice quality and training lead had been in post since September 2020.

The hospice had a board of trustees. The board was made up of unpaid, volunteer trustees selected for their experience, knowledge and skills.

The board had various committees which included the fundraising committee, finance committee, nominations committee, clinical governance committee, corporate governance and human resources committee and the retail committee.

Senior management teams worked across the two locations with two being based at the Apley site and two at the Bicton site. The director of care tried to split their time equally but proportionately between the services.

Staff told us leaders were approachable, and their doors were always open. They felt they were part of a team, supported and listened too. Several staff had been employed by the hospice for many years. We were told when staff leave the hospice this was mainly due to retirement. We found staff were patient focused and recognised the importance of peer support and that staff morale was positive

Staff shared examples of how senior managers had been supportive during the COVID-19 pandemic; for example, in accommodating home working and any equipment to facilitate this, they also told us they were not pressured into coming back into the work environment.

Staff were given the opportunity to develop within their role. We heard of development opportunities such as health care assistants having the opportunity to develop to the nurse associate programme.

Hospice services for adults

Leaders were able to give examples of when staff had been able to partake in a debrief session with their line managers, this gave staff the opportunity to reflect and share any worries they had.

During the pandemic the chief executive officer (CEO) provided staff with regular updates via a newsletter. The newsletter included topics such as personal protective equipment, infection rates and social distancing. It also thanked staff for their continued support. Leaders utilised staff information boards in case staff did not have time to read their emails.

Vision and strategy

We reviewed the Severn Hospice quality account dated 2020/21 and found it detailed the main developments within the service these included extending the role of hospice outreach nurses, extension of the hospice at home service and embedding living well as a concept of care. Priorities noted for 2021 and 2022 included topics such as patient and relative experience, clinical effectiveness, services provided and participation in clinical and service audits.

Governance, Risk management and quality management.

Leaders did not always operate effective governance processes throughout the service. However, we recognised that the pandemic has created significant challenges to both leaders and staff.

Leaders told us how the COVID-19 pandemic had been the main challenge for them over recent months and how it was important to them to keep everyone safe. Leaders were proud that they were able to continue to offer the service to those patients who needed it.

Hospice policies and procedures did not always reflect up to date national standards and guidance and missed some key information.

Our review of the 'Severn Hospice Safeguarding Vulnerable Adults Policy' V8' found it did not accord with the detail within the Care Act 2014 statutory guidance. For example, it did not define safeguarding in line with the Care Act 2014.

The adult safeguarding policy did not direct staff in how they were safeguarding people from harm or understanding how the Mental Capacity Act 2005 applied to people and how consent was sought and agreed, a major component of safeguarding.

The safeguarding policy did not reflect up to date national guidance or standards used in developing the safeguarding adult's policy and procedures. It did not provide assurance of the level of understanding around consent or an up to date understanding of Deprivation of Liberty Safeguards.

The adult safeguarding policy referenced safeguarding leads as "*identified experienced professionals who had completed further training to provide advice and support to staff regardless of the safety issues*". The nominated person identified within the policy, to report safeguarding concerns was the matron, the director of care or senior managers on call who were only trained to level two safeguarding adults training. The policy was not clear on who the hospice social worker was. This was important as leaders told us they would go to the social workers for any safeguarding advice when they were on site. There were no clear timescales for reporting safeguarding concerns within the safeguarding policy.

Hospice services for adults

The hospice did not always have its own policies. For example, it did not have a children's safeguarding policy. The policy the hospice provided us with did not reflect that the service was a hospice, it was not specific to the provider or the capacity in which children would attend. The policy also referred to other trust documents such as the record management policy and staff duties and roles which were not the same.

We asked for a copy of the children's safeguarding policy and were directed to the policy of a local trust. Leaders told us they had directed us to this policy as the hospice care registration was for adults over the age of 17 years. However, having a children's safeguarding policy is important as staff may come into contact with children who are visiting relatives at the service. The hospice social workers also provided a service ('Elephants Never Forget') that worked with children, helping children and families who had a relative with an incurable illness or who have experienced the death of a relative.

The hospice did not have their own infection prevention and control arrangements and responsibilities policy; this variation was noted in the hospice-controlled documents policy V2.

Leaders told us they were assured the infection prevention policies were up to date as they were members of the associated infection prevention control group which meet quarterly and the silver infection prevention control task and finish group.

The policy on the management of 'Slips, Trips and Falls' did not cite any national falls guidance and the interventions mentioned did not refer to a medicines review. The policy did not reference how best to move a patient post fall, or detail what to do if a hip fracture was suspected. This was not in line with the hospice-controlled documents policy which stated that policies were reviewed and revised regularly responding to changes in legislation, standards and good practice. The policy provided did not have a version number or date.

We asked leaders how they were assured all staff have read and understood the policies. Leaders told us all staff had to acknowledge they have read and understood role-relevant updated policies and guidelines each time they log into the computer and it was also incorporated within individual contracts. The clinical governance committee was responsible for reviewing any new and revised clinical policies.

We reviewed seven sets of staff meeting minutes dated between October 2020 and March 2021 and found safeguarding and patient safety incidents were not routinely recorded as an agenda item in all of them. However, we did find incidents were discussed in the clinical governance group and the clinical leads meetings. The incident topics discussed in the clinical governance group included the number of incidents concerned with routine care and pressure ulcers in particular.

We reviewed the minutes of the clinical governance meeting dated November 2020. We found them to be comprehensive and detailed.

We found that the service did not have a written policy in place to monitor staff lateral flow tests to ensure that staff were compliant. However, the service used a capacity tracker and used a COVID -19 referral form, positive tests referred through local single point of referral to facilitate test and trace.

On the day of the inspection there was some confusion around the amount of people who should be in a room at any one time. One staff member told us due to COVID-19 a maximum of seven people were allowed in a room at one time; however, another staff member told us six.

Hospice services for adults

There was a COVID-19 risk assessment in place, but this did not detail the amount of people that should be in a room. Guidance from the Health and Safety Executive (HSE) what to include in services' COVID-19 risk assessment recommends limiting the number of people in rooms, for example staggering breaks.

Leaders told us they would retest patients who remained positive for COVID-19 after 14 days weekly until they received a negative result. This was not in line with government guidance on Coronavirus (COVID-19) testing for hospices which notes if anyone tests positive with a Polymerase Chain Reaction (PCR test), they should not be tested again for 90 days, unless they develop new symptoms.

In 2020 all face to face training at the hospice was suspended due to COVID-19 for both clinical and non-clinical staff. Following discussions with the senior management team the decision was made to sign up to e learning for health to provide the mandatory training staff required.

Leaders told us there was no specific risk assessment carried out on the lack of mandatory training during the pandemic. The annual mandatory training calendar was noted in the risk description assurance section of the clinical risk register that the hospice care remains safe; however, it did not sufficiently detail any mitigations. There was a mandatory training recovery action plan in place, dated January 2021. The recovery action plan had actions backdated to November 2020.

The training recovery action plan noted in November 2020, (seven months after the initial stay at home order in March 2020) all staff were provided with log in details for training. The date for full compliance was agreed as September 2021, this was ten months after staff received their log in details.

We asked leaders why e-learning had not been set up earlier in the pandemic. They told us it was because it had taken a few months to set up the e-learning and to gain individual access for staff. Prior to this they told us they had not known what the future held due to COVID-19.

We saw mandatory training was discussed in the nursing assistant ward meeting on the 13 January 2021. The minutes noted mandatory training should take staff six or seven hours to complete and staff could do this at home if they wished. However, at the time there was no access to computers to do this as the hospice were awaiting an IT suite. It also notes the IT suite was to be up and running at some point on 2021 and if staff wanted to wait until then they could change the date of their study day.

There was a training and development policy in place. The policy was reviewed in April 2021. We saw mandatory training figures were discussed at the meeting of human resource committee. It was difficult to obtain all of the training figures of all staff groups at the hospice. It was not clear if the training figures sent included staff working on the outreach service or at hospice at home as the training figures for registered nurses and medical staff were provided under ward names and locations. On the last inspection in May 2019, we told the hospice they should ensure there were workable systems in place to record staff training and all mandatory training was completed by all staff.

Leaders told us if staff did not complete their training a one to one would take place with individual staff members to offer them support and guidance. They also told us staff were offered a day and a half of protected time to complete any training; some staff completed their training at the hospice others completed it at home, however this was not effective.

Hospice services for adults

Leaders told us numbers were dropping in relation to clinical supervision. This had been reported to the director care, who we were told had escalated this to the governance team. We reviewed a copy of the latest clinical supervision audit dated 2019. The audit notes clinical support/peer support is available to both clinical and non-clinical staff and whilst it is not mandatory for all clinical staff to access supervision/support, they were very much encouraged to do so.

The 2019 audit concluded the past year had seen a reduction in individuals accessing clinical supervision/peer support with the main reasons being individuals shielding. A plan of action had been put in place which included staff education /information boards being implemented with facts around clinical supervising and peer support and to send out questionnaires to ascertain why accessing clinical supervision /peer support was not being taken up and to repeat the audit in December 2021. Due to COVID-19 this audit had been rescheduled for April/May 2021.

The hospice had suspended their audit programme due to COVID-19, however at the time of the inspection an audit timetable had been devised. The timetable included infection prevention control, documentation, medicines, tissue viability and clinical supervision. Following our inspection, the documentation audit was brought forward from October 2021 to May 2021. We reviewed the clinical risk register and found it noted COVID-19 disruption to the programmed audit schedule.

On the day of the inspection we saw little evidence audit findings were shared at ward level. We asked leaders to provide us with evidence of how any actions of audits completed between April 2019 to April 2021 were escalated and learnt from. Leaders responded that audits were presented through the clinical governance and all actions fed back through senior leads meetings to individual staff. We reviewed a copy of the minutes from the clinical governance group meetings dated 26 January 2021 and found it detailed an audit presentation that took place around the End of Life Care Plan.

Leaders and teams used systems to manage performance. However, we found the clinical risk register had incorrect dates recorded in the number/date added column.

There were clinical and corporate risk registers in place, however the clinical risk register (that contained seven risks) had incorrect dates recorded in the number/date added columns. For example, we reviewed the Severn Hospice Clinical Risk Register dated 2019 to 2021 and found in the column labelled number/date were the risks relating to COVID-19 disruption (September 2018). Following discussion with leaders it was confirmed this was not the date the risk was added to the risk register. Regardless of the risk rating the date for review was mainly recorded as either April 2021 or May 2021.

Leaders attended Executive Clinical leads in Hospice and Palliative Care (ECLiHP) meetings. ECLiHP is a forum for all executive and aspiring clinical leaders engaged in the strategic planning and operational delivery of contemporary hospice care.

The director of care was part of the silver commander team and attended a local NHS trust's silver command meeting.

There was a Risk Management Policy and Procedure in place. The policy was last reviewed in August 2019 with a next review date of August 2022.

The hospice clinical leads meetings included the director of care, the therapy lead, the social work lead, the clinical admin lead, the lead chaplain, the day services lead and the hospital at home lead.

Hospice services for adults

COVID-19 was discussed in the Corporate Governance and Human Resource Committee held in April 2021. Infection control was an agenda item in the clinical lead's meetings.

We reviewed the minutes of the Board of Directors from November 2020 and March 2021. Topics discussed included the hospice budget, an update on the strategy, reflections on working through the pandemic, committees and governance, trustee recruitment, reports of the management team.

We reviewed the minutes from the meeting of the Corporate Governance and Human Resources Committee, dated 20 April 2021. The meeting was held via Teams due to the pandemic and was chaired by one of the hospice's trustees. Attendees at the meeting included the director of care and the chief executive officer. With the exception of the chair, the job title of the attendees was not described in the minutes.

On the day of the inspection, we attended the corporate governance meeting which took place virtually. We observed appropriate discussion around the risk to staff health and wellbeing and the meeting looked at how things could be done better or differently. All risks were reviewed, and agreement reached around the scores. There was participation from all attendees on various risks and all attendees had the opportunity to contribute and challenge.

The corporate risk register was presented for review at the meeting of the Corporate Governance and Human Resources Committee. The chair went through each risk and updates required were discussed.

Leaders told us one of the main challenges faced by the hospice was the pandemic. However, it was felt the hospice had now moved forward, staff were happier, and they were looking at continuing to work on the community building and the first contact for referral service (first contact line where people could speak to someone at the hospice). The hospice had a recently built building to enhance visitor and communal spaces and to allow a larger therapy area.

The hospice had mental health first aiders at each site with 12 in total. Staff also had access to a clinical psychology service where they could access counselling.

Leaders were currently working on an oversight dashboard to aid further oversight of both hospice sites, with the intention that it would support the management of any themes, trends of audits and incidents as well as shared learning across sites. The hospice held board meetings and we saw these had taken place regularly. Other meetings included finance meetings, clinical governance, corporate governance, fund raising and promotion, retail, property and estates and communications and marketing. Each committee sent a summary report to the board.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service must ensure all staff are up to date with their mandatory training and effective governance systems are in place around the recording of this.

Regulation 18(2)(a): Staffing.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service must ensure that good governance systems and processes are established and operated effectively.

Regulation 17(1): Good governance.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	S29 Warning Notice The service must ensure that service users are protected from abuse and improper treatment. Regulation 13(1): Safeguarding service users from abuse and improper treatment.