

Tynedale Hospice at Home

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## Inspection summary

CQC carried out an inspection of this care service on 22 September 2016 and 29 September 2016. This is a summary of what we found.

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

This announced inspection took place on 22 and 29 September 2016. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

We last inspected the service in August 2014. At that inspection we found the service was not meeting Regulations 10, 13 and 20 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which correspond to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and relate to governance and management of medicines.

Following our inspection in August 2014, the provider sent us an action plan to show us how they would address our concerns. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Tynedale Hospice at Home is a service which supports people for free, who have life limiting illnesses in the Tynedale and West Northumberland area's and who wish to be cared for in their own homes. The service also provides family services which offers pre and post bereavement support to families (including children), where an individual has been diagnosed with a life limiting illness or has passed away. Free transport is also available for people with life limiting conditions to attend hospital appointments.

The service is registered as a charity. Staff supporting people, consist of nine registered nurses and 11 hospice support workers and over 200 volunteers. The team of staff work closely with local GP's, district nurse teams and also members of staff from a variety of organisations. At the time of the inspection there were 14 people receiving care and support from the service.

The service was supported via three charity shops selling a range of clothes, bric-a-brac and books and also has the aid of people (local and otherwise) to raise funds in other ways, for example, through sponsorships and donations. The service is backed by volunteers who help, for example, within the family support service, the transport service, in the shops, to raise money, and in many other ways across the service. Funding is also sourced through application to, for example, The Big Lottery Fund.

The service did not have a registered manager in post. The previous registered manager had left the service in July 2016, and a new manager had been appointed and was currently in the process of registering with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that changes had been made to the way medicines were managed and staff were now meeting the regulations and following safe management of medicines practices.

Audits had been put in place to check on the quality of the service and although the regulations were now being met, there were still some areas of improvement needed to be made within the well led section of the report.

Staff were able to describe what it meant to safeguard people and told us how they would report any suspected abuse and there were policies and procedures in place for staff to follow.

Staff followed risk assessments when providing care and support for people in order to maintain people's safety. Accidents and incidents were clearly recorded. Where any incidents occurred these were discussed and reflected upon in order to make improvements. There were procedures in place should an emergency situation arise, for example a protocol for lone working at night.

Safe staff recruitment processes were followed with the appropriate checks being carried out.

There were sufficient numbers of staff on duty to meet people's needs in a meaningful way and the service had a team of volunteers who provided additional support. The hospice had a bank of staff and volunteers who they could contact if they needed additional workers.

All staff received support individually or as a group and annual appraisals were undertaken. Staff and volunteers received an induction and regular training to ensure they had the knowledge and skills to deliver high quality care which they demonstrated throughout the inspection.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

People were supported to receive a nutritious diet and sufficient hydration, if this was part of their care and support plan.

When people needed specialist healthcare support the hospice made referrals to specialist services such as occupational therapy and we saw through people's records that staff liaised with other healthcare professionals to ensure that people received the correct level of care and support available to them.

The service was responsive and focused on providing a service which people helped plan and develop. There were appropriate systems in place to ensure flexibility to people so that their care needs could be met.

People told us that staff were caring and listened to them. Staff at the service followed local palliative care guidelines which ensured people's on-going integrated care.

People helped develop their care plans which were person centred. This is when any treatment or care takes into account people's individual needs and preferences. These were reviewed regularly.

People's hobbies and interests were encouraged. One person told us that staff played Scrabble with them and a relative told us, "The staff will read to [person] if they want, it's something they liked to do themselves, but it's difficult now."

People were confident expressing any concerns to staff at the service and knew who to approach if they were not satisfied with the response. There had been one complaint over the inspection period which had been dealt with appropriately.

Staff and volunteers shared similar values and worked closely with each other in a mutually respectful way. There were regular team meetings. There was also a newsletter for anyone involved with the hospice, including staff and volunteers. This gave details of events and stories of people and families involved with using the service.

We have made two recommendations regarding quality assurance checks and audits and communication.

**You can ask your care service for the full report, or find it on our website at [www.cqc.org.uk](http://www.cqc.org.uk) or by telephoning 03000 616161**