

The North Northumberland Hospice

Castleside House

Inspection summary

CQC carried out an inspection of this care service on 28 November 2016 and 07 December 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?

Good ●

This announced inspection took place on 28 November and 7 December 2016. We last inspected the service in January 2015 and at that inspection we found the service was not meeting all the regulations that we inspected. We found one breach of regulation 17, good governance in relation to records and assessing and monitoring the quality of service provision.

Following our inspection in January 2015, the provider sent us an action plan to show us how they would address our concerns. We undertook this inspection to check the provider had followed their plan and to confirm they now met legal requirements.

Castleside House provides a range of services, which consist of hospice support within people's own homes, a lymphoedema clinic to people with life limiting conditions, bereavement services, holistic therapy drop in sessions and drop in support services for people who need a quiet space to reflect or receive additional comfort or assistance. Lymphoedema is a long-term (chronic) condition that causes swelling in the body's tissues. As the majority of this service is free, a charity shop (although not part of the registered element of the service) had recently been opened in Berwick which sold donated items to raise funding to further support the service. We also noted that the service was supported by a large number of local volunteers who were recognised by the trustees and the staff team as invaluable to the service as a whole. At the time of the inspection there were five people registered for the hospice at home service.

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

The registered manager had implemented a number of changes within the service since we last inspected and had taken into account the improvements that were required. There were further improvements to be made within good governance, however not sufficient to warrant a continued breach of this regulation.

People and their relatives that we spoke with were very positive about the service and felt safe when in the care of the staffing team. One person said, "They [staff] use the hoist and they are really gentle when putting the sling round me and they make sure I am completely safe. I have total confidence in them."

Records showed that staff had received training on safeguarding vulnerable adults and the Mental Capacity Act 2005. Staff were able to tell us what they would do if they had any concerns and talked about when people were not able to make decisions for themselves.

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 and their relatives generally managed their own medicines, however, when staff had cause to support people they followed safe working practices.

Risk had been assessed and we saw evidence in people's records that areas where risk could be reduced this had been taken to protect the people whom staff supported. No accidents or incidents were recorded but staff knew what to do and how to deal with them if something should occur of this nature.

There were enough staff and volunteers working at the service to support the people who used it. People reported that staff had never let them down and were always present when they should have been to provide them with care. Volunteers were used extensively throughout the hospice service, for example in the bereavement services. The various elements of the service provided substantial practical care and emotional support during people's illness and during bereavement.

The provider followed safe recruitment practices and supported the staff fully, with supervision and appraisal and training opportunities.

People were supported by staff that were kind and caring. Hospice staff were relaxed and the feeling when we visited the providers officers of helpfulness, tranquillity and calmness was what we were told from people it was like when staff supported them within their own homes.

People and their families had access to services which provided support and counselling with regards to their varying needs. Where the provider could not meet additional needs, other healthcare professionals were contacted for advice or support. The hospice service had quiet rooms at the provider's offices which could be used for reflection or one to one support.

People were communicated with effectively and provided with the information they needed. Staff involved people in all aspects of their care provision and ensured that families were also kept well informed.

People received care and support that was tailored to their individual needs and had choice in how this was delivered; they were also involved in making decisions about their current and future care and planning their end of life care.

The service was proactive in ensuring that feedback was regularly sought and used to develop the service. People and their relatives told us they would know how to complain but had never felt this was needed. No complaints had been received during the inspection period, however there were numerous compliments seen.

The registered manager attended a number of partnership meetings and the provider had worked with stakeholders to secure further funding and additional staff to work with people living with dementia at end of life and to promote this within the community.

Regular trustee meetings took place with the board and the registered manager had developed a strategy for the long term development of the service. Checks and monitoring procedures were in place and they continued to be developed to ensure that the service maintained quality care to the people it supported. We have made a recommendation regarding this.

The provider had complied with their responsibilities of registration to send notifications of any deaths to the Commission.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning 03000 616161