

## The North Northumberland Hospice

# HOSPICECARE

### Inspection report

Unit 3  
Greensfield Industrial Estate, Willowburn Avenue  
Alnwick  
NE66 2DG  
Tel: 01655606515  
[www.hospicecare-nn.org.uk/](http://www.hospicecare-nn.org.uk/)

Date of inspection visit: 25 October 2023  
Date of publication: 16/11/2023

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

This service had never been inspected and rated by CQC (Care Quality Commission). Following this inspection, we rated it as good because:

- The service had robust governance process in place to support the delivery of a safe effective service.
- The service maintained comprehensive high quality staff files.
- Robust systems to monitor staff training were in place, which ensured high levels of training compliance.
- Patient risk assessments were recorded and reviewed.
- Patient records were comprehensive, and all staff could access them easily.
- Multidisciplinary meetings held across several areas within Northumberland had representation from HOSPICECARE nursing staff.
- The service had a clear vision for the future with a strategy to deliver it.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Community end of life care

### Rating

Good



### Summary of each main service

This service had never been inspected and rated by CQC. Following this inspection, we rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good quality care records.
- Staff provided good care and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of patients, supported them to make decisions about their care.
- Staff had access to good information including the patients' medical history, where to seek advice and the wishes of the patients and families regarding their preferred place of death.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- Leaders ran services well using reliable information systems and they supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

# Summary of findings

## Contents

### Summary of this inspection

Background to HOSPICECARE

Page

5

Information about HOSPICECARE

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to HOSPICECARE

This service has never been inspected by the Care Quality Commission.

The service is a community-based provider. The staff provides additional nursing caring for end-of-life NHS (National Health Service) patients in their own homes.

The service has with an administrative office base in Alnwick, Northumberland.

The hospice receives notifications from a broker on behalf of a local NHS hospital trust and other health care organisations including, general practitioners, district nurses, health care professionals, palliative care service and social services of patients requiring palliative care at home. The notifications are assessed to decide if the service would take the patient into their care or not based upon the services' patient eligibility criteria.

At the time of the inspection the service was caring for one patient.

The catchment area for patients covered Northumberland and parts of Tyne and Wear.

At the time of the inspection there was an application process underway for the interim registered manager to be registered with the Care Quality Commission. They are also the registered manager for another hospice.

Both the nominated individual/ Chief Executive Officer (NI) and interim Registered Manager (RM) worked for another hospice. The NI worked 3 days at that hospice and 2 days at The North Northumberland Hospice. The RM worked 2 days at each. Both had flexibility to operate between organisations as and when required.

The service used bank staff. The service had 7 Registered General Nurses (RGN) nurses, 6 were bank staff and 1 who was also bank staff had a 26.5hr contract weekly contract.

Also, the service has 16 Home Care Support workers, 15 were bank staff, and 1 who was also bank staff had a 22.5hr contract.

## How we carried out this inspection

During the inspection we spoke with the following, Chair of Trustees, Deputy Chair of Trustees, who was also chair of the Clinical Governance Committee, nominated individual/ Chief Executive Officer, interim registered manager, clinical coordinator and 4 nurses. We spoke with 1 patient and their family as well as family members of 4 patients who had been cared for by HOSPICECARE prior to their death.

We reviewed 1 set of minutes from the HOSPICECARE board of trustees meeting, 3 sets of minutes from the Clinical Governance Committee meeting, and 7 sets of HOSPICECARE Senior Management meeting minutes.

We reviewed 10 patient records, 10 staff files, reviewed 18 policies, and checked 49 consumable items of equipment.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- The service conducted home visits to provide care which were not time limited.
- The service provided highly personalised care.
- The service maintained comprehensive high quality staff files.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community end of life care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Community end of life care

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

## Is the service safe?

Good 

This service had never been inspected and rated by CQC. Following this inspection, we rated Safe as good.

### Cleanliness, infection control and hygiene

**The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. Staff kept equipment and their work area visibly clean.**

Staff were observed following infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact.

### Staffing

**The service had enough 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 regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency, and locum staff a full induction.**

### Nurse staffing

The service had enough nursing and support staff to keep patients safe.

The service had 24 Clinical staff, which included 17 Hospice Support Workers, 7 Registered Nurses and a Deputy Head of Care.

Managers accurately calculated and reviewed the number of hospice support workers and nurses on bank or contracted hours to meet the needs of the patients under the services' care.

The number of nurses and healthcare assistants on duty on the day of the inspection matched the planned numbers.



# Community end of life care

The service used bank nurses due to the low numbers of patients in the care of the service.

Managers made sure all bank and agency staff had a full induction and understood the service. We saw evidence of this in the 10 staff files we checked.

## Mandatory Training

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

The service had a mandatory training policy which was in date and version controlled.

The service had a computer-based system to record staff mandatory training which managers monitored and alerted staff when they needed to update their training.

We checked the computer based mandatory training records which showed all nursing staff and administrative staff were up to date with their mandatory training.

In addition to maintaining computer-based records, we saw in the 10 staff files that we checked, a record of which mandatory training the member of staff had completed accompanied by the training certificates.

The mandatory training was comprehensive and met the needs of patients and staff.

Nursing staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Staff we spoke with told us they were given time to complete their mandatory training and it supported them to carry out their role.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

We saw evidence in the end-of-life patient policy of how staff should respond to patient risk.

The service had a strict patient eligibility criterion based on risk as to which patients they would care for.

They used the traffic light criteria from the Gold Standard Framework for Palliative and End of Life Care, within the NHS palliative and end of life care ambitions strategy. The service accepted red referrals and those patients who were moving from amber into red at the time of this inspection. 'Red' referrals included 6 criteria which the service had to meet before accepting the patient into their care. The criteria were, end of life care and support including symptom control and management, patient comfort, holistic support for patient and family, verification of death by a registered nurse, after care and bereavement support and to initiate the first visit within 24 hours of referral.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff told us if a patient in their care appeared to be deteriorating, they would contact the NHS District Nurse.

# Community end of life care

Patients being carried for by the service had risk assessments completed by the local NHS hospital Trust which had referred them.

In the 10 patient records we reviewed we saw evidence the service's staff had completed their own risk assessments and they were reviewed regularly.

The risk assessments included use of bed rails and manual handling.

Staff we spoke with knew about and dealt with any specific risk issues. Staff shared key information when handing over their care to others to keep patients safe.

## 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.**

The service had an adult's safeguarding policy and a children's safeguarding policy. Both were in date, version controlled and followed intercollegiate guidance.

Nursing staff received training specific for their role on how to recognise and report abuse.

Although the service had not made any safeguarding referrals staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns.

## Medicines

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

The service did not prescribe, administer, record or store medicines. All patient medication was prescribed by the local NHS hospital Trust who had overall care of the patient, and this was kept at the patient's home.

The service's nursing staff were able to administer some medicines in accordance with their training and nursing qualification.

We saw evidence in the patient records we checked that staff had completed medicines records accurately and kept them up to date when they had administered medicines.

In the 10 patient records we checked we saw evidence that drug allergies were recorded where they existed.

## Incidents

## Community end of life care

**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 had an incident reporting policy which was in date and version controlled.

Staff we spoke with knew which incidents to report and how to report them.

The service had no never-events reported.

The service had a duty of candour policy which was in date and version controlled.

Although the service had never had to apply the principles of duty of candour, staff we spoke with understood what the duty of candour meant.

The service had reported 1 incident which a manager had investigated thoroughly. There was evidence that managers had debriefed and supported staff after the incident and shared the learning from it.

### Is the service effective?

This service had never been inspected and rated by CQC. Following this inspection, we rated Effective as good.

#### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

During the inspection we checked 18 policies all were up to date and incorporated best practice. The policies covered, clinical treatment and guidance, privacy, dignity and human rights, protection of liberty protected standards and the Mental Capacity Act.

We saw evidence that each policy had a list of staff who had signed and dated to say when they had read the policy and if they needed additional training in relation to the area the policy covered. None indicated they needed any additional training.

#### Nutrition and hydration

## Community end of life care

**Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.**

There was evidence in the patient records we checked that staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' fluid and nutrition records where needed.

Staff used the malnutrition screening tool (MUST), in the 10 patient records we checked we saw this had been completed. Each patient record we checked had a nutrition care plan.

### 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 as appropriate to ease pain.**

Pain relief medication was prescribed by the local NHS hospital Trust who had overall responsibility for the care of the patient. Any adjustments to the patient's prescription were done by the district nurse. Both the district nurse and hospice staff administered pain relief medication.

Staff told us if they identified a patient's pain was not being managed, they would contact a District Nurse. The District Nurse would attend and ensure the patient received pain relief soon after it was requested.

We saw in the patient records we checked staff administered and recorded pain levels and pain relief accurately.

In each of the 10 patient records we checked there was evidence a pain assessment tool had been used and completed.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service did not participate in relevant national clinical audits.

We saw evidence of an internal audit regime covering 16 key areas of service delivery. The findings of the audits were discussed at management meetings and shared with staff which contributed toward providing effective care.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Improvement was checked and monitored.

### Competent staff

## Community end of life care

### **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.**

We checked 10 staff files. All the documentation complied with Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 set out in Schedule 3.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

### **Multidisciplinary working**

#### **Doctors, nurses, and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Nursing staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

The multidisciplinary meetings were held across several areas within Northumberland which had representation from HOSPICECARE nursing staff.

Staff also attended weekly palliative care meetings with Macmillan Nurses and District Nurses.

Staff worked across health care disciplines and with other agencies when required to care for patients.

Patients had their care pathway reviewed by relevant local NHS hospital Trust consultants.

### **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

#### **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 or were experiencing mental ill health.**

## Community end of life care

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

We saw evidence in the 10 patient records we checked that a Mental Capacity Act review had been completed.

Local NHS hospital Trust staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff clearly recorded consent in the patients' records.

Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

## Is the service caring?

This service had never been inspected and rated by CQC. Following this inspection, we rated Caring as good.

### Compassionate care

#### **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

We spoke with family members of 4 patients who had been carried for by HOSPICECARE prior to their death and a family member of a patient who was being cared for.

They all told us staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff followed the service's policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

## Community end of life care

Some of the comments from people we spoke with included, the professionalism shown was second to none and everyone was so respectful.

### Emotional support

**Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs.**

The family members we spoke with told us staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed and helped them maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Some of the comments from people we spoke with included, the staff were compassionate beyond belief, they went out of their way to support both of us, and very holistic care given.

### Understanding and involvement of patients and those close to them

**Staff supported and involved patients, families, and carers to understand their condition and make decisions about their care and treatment.**

The family members we spoke with told us staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave positive feedback about the service.

Some of the comments from people we spoke with included, the staff always had the time not just for who they were caring for but the extended family also, and the service was flexible and sometimes staff changed their shifts to accommodate a change in the family carers needs.

## Is the service responsive?

This service had never been inspected and rated by CQC. Following this inspection, we rated Responsive as good.

# Community end of life care

## **Service planning and delivery to meet the needs of the local people.**

### **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers had identified a need in the local population, particularly in the rural areas, for NHS patients to choose to die at home.

The service did have a service level agreement (SLA) in place with a local NHS trust, dated 1 October 2023 to 31 March 2024. The service provision was to provide palliative end of life (PEOL) services for patients at home. There were no targets within the SLA as to how many patients the service would care for.

Managers planned and organised their service to meet the needs of the local population.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

Staff we spoke with could explain what systems were in place to help care for patients in need of additional support or specialist intervention.

## **Meeting people's individual needs**

### **The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

We saw evidence in the patient records we checked that care plans were designed around the patients' individual needs.

The nursing visits to patients were not time limited. Staff we spoke with could give examples of when they had stayed for extended periods of time with patients and families to deal with issues that had arisen.

All the staff told us they would not leave until the issues were resolved.

## **Access and flow**

### **People could access the service when they needed it and received the right care in a timely way.**

Patients could access the service if the service's eligibility criteria were met.

## **Learning from complaints and concerns**

### **It was easy for people to give feedback and raise concerns about care received.**

The service had a complaints policy which was in date and version controlled.



## Community end of life care

Although the service had not received any complaints managers and staff, we spoke with could explain the complaints process.

Staff understood the policy on complaints and knew how to handle them.

Managers we spoke with knew how to investigate complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

### Is the service well-led?

Good 

This service had never been inspected and rated by CQC. Following this inspection, we rated well-led as good.

#### 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 staff. They supported staff to develop their skills and take on more senior roles.**

The service was overseen by a board of trustees which consisted of a chair, deputy chair and 7 trustees.

The NI/Chief Executive Officer was supported by an operations manager who was responsible for finance and supporter care, a head of income generation and head of care.

We saw evidence the leaders had identified issues and challenges in the service and had developed a strategy to make improvements transitioning the service from a home based personal care service to a home based nursing care service for palliative and end of life care (PEOLC) patients.

Managers we spoke with told us over the previous 12 months they had reviewed every policy, procedure, and guidance document. The aim was to ensure there was accurate up to date, supportive information for staff to enable them to deliver a home-based nursing service.

Trustees we spoke with told us they had confidence that the service's leadership team had the skills and abilities to run the service, in addition to delivering on the vision and strategy to bring about changes to the service.

We saw evidence trustees were able to challenge the leadership team at regular meetings.

Staff we spoke with told us the leaders were visible and approachable. Staff told us they felt supported in their role.

Staff told us they felt connected to others within their service and to the organisation. All the staff we spoke with explained what the strategy the organisation was aiming to achieve.

# Community end of life care

We saw evidence fit and proper persons checks had been carried out for trustee board members.

## 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.**

We saw evidence of a clear vision and a set of values, with quality and sustainability as the top priorities.

We saw evidence in the meeting minutes of the senior management team meeting that the strategy to deliver the vision was discussed.

Managers and staff could explain the vision was to move from a patient home care organisation to a patient home nursing organisation.

There was evidence the vision, values and strategy been developed using a structured planning process in collaboration with staff.

The strategy was aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population.

At the time of the inspection the service had a strategy meeting planned where the senior leadership team and board of trustees would meet to discuss the strategy development for 2024-2027 including strategic goals.

## Culture

**Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All the staff we spoke with felt supported, respected, and valued. They spoke of a positive culture where they were consulted about changes to working practices.

We saw evidence in the staff files we checked all staff at every level had an appraisal and career development conversations.

We saw evidence of cooperative, supportive, and appreciative relationships among staff both internally and externally.

The interim registered manager gave an example of a staff member who was not upholding the services values and was subsequently subject to discipline procedures.

The service has a lone workers policy which was in date and version controlled.

# Community end of life care

Staff we spoke with could explain the measures which were taken to protect that safety of staff who work alone. There was an on-call system for managers to receive calls from staff working out of hours and alone. When they entered someone's home they rang the on-call manager, rang again when they left and when they got home. All the staff we spoke with were happy with this system and felt safe.

We saw evidence of staff who had developed their careers while working at the hospice, which included changing roles and improving their existing skills.

The service had a lone worker policy, a Duty of Candour policy and a whistle blowing policy. All were in date and were version controlled.

## 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.**

We saw evidence of effective structures, processes, and systems of accountability to support the delivery of the strategy and good quality, sustainable services which was achieved by the various meetings including, Senior Leadership meeting, Clinical Governance meeting and the Board of Trustees meeting.

We reviewed 1 set of minutes from the HOSPICECARE board of trustees meeting, 3 sets of minutes from the Clinical Governance Committee meeting, and 7 sets of HOSPICECARE Senior Management meeting minutes.

The minutes of each meeting evidenced there was a set agenda for each meeting, there were actions recorded with evidence these were followed up and the meetings were attended by managers.

There were clear lines of accountability including clear responsibility for cascading information upwards to the senior management team and downwards to the nursing and other staff on the front line.

All staff we spoke with were clear about their roles and they understood what they were accountable for, and to whom.

We saw evidence of an audit regime covering 16 key areas of service delivery. The findings of the audits were discussed at management meetings and shared with staff.

## Management of risk, 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.**

The service had a risk register with 6 risks identified. All were rated and had progress/actions recorded against them. The risks were discussed at management meetings.

Managers we spoke with could explain what these risks were.

# Community end of life care

The service had a business continuity plan which was in date and version controlled. The plan outlined what actions the service would take to maintain nursing care if various events effected service delivery.

We did see evidence of a programme of clinical and internal audit used to monitor quality, operational and financial processes, and systems to identify where action should be taken.

The service had conducted a Patient Referral Response Rate audit. The compliance audit was performed to determine if HOSPICECARE was operating in accordance with its in-house standards which were devised to ensure adherence to relevant laws, policies, regulations, and standards.

The audit covered the period from July 2023 to August 2023 inclusive. A maximum of 6, then, current patient records were checked manually to check service response times.

The audit confirmed the services referral criteria was fulfilled that all patients were in the red phase of illness. Two areas of improvement were identified which were, response rates were skewed if a referral was received after 12 midday on a Friday and a response rate was delayed as 1 of the patients was discharged home from hospital late afternoon. Action had been taken to improve these areas.

There were no examples of where financial pressures had compromised care.

## Information Management

**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 had an information management policy which was in date and version controlled.

At the time of the inspection the processes to manage current and future performance was under review. It had been identified there were no nationally agreed key performance indicators for home-based hospice care. The interim registered manager was working on a suite of measures to capture performance and risk information.

We saw evidence quality and risk information about the service, including feedback from people who used services and/or their carers, was regularly reviewed at senior leadership and Board level.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

We saw evidence the service sought and acted upon feedback from people who used the service.

We reviewed the most recent family and friends feedback report covering 1 July 2023- 30 September 2023. The four areas to feedback showed high levels of responders being either very satisfied or satisfied.

## Community end of life care

Staff were active participants in multi-disciplinary team meetings helping to improve services for patients.

The last staff survey was conducted before the current NI and interim RM were in post.

The interim RM told us the service was planning for a revised staff survey as well as interim pulse surveys in between annual staff surveys before the end of this year.