Hospice in Rossendale

Rossendale Hospice Integrated Health Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 28 and 29 September 2016. We gave the service 48 hours' notice of the inspection because we needed to make sure that the registered manager was present.

Rossendale Hospice Integrated Health Care Centre provides care for people living with cancer and other life-limiting conditions in their own homes. They also have a day therapy service where people have access to a wide range of therapies and support. These included nurse assessment, reviews, complementary therapies, psychological support and access to a consultant clinic each week.

The service had 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. At the last inspection on 23 March 2014, we found the service was meeting the regulations that were applicable at the time.

During this inspection we found the service was meeting the requirements of the current legislation.

People who used the service told us they felt safe and raised no concerns about the care that they received. Staff had been given training in recognising the signs of abuse and how to report any possible concerns. Staff we spoke with told us the appropriate measures they would take when dealing with any allegations of abuse.

Effective recruitment systems were in place. This helped ensure the provider recruited staff appropriate for the position with which they were employed. Appropriate checks such as references, disclosure baring services checks, proof of identity and professional qualification's had been completed. Duty rotas and staff we spoke with confirmed there was appropriate amount of suitably qualified staff to meet people's individual needs. The rotas included assessments that identified if more staff were required and if it was the case then additional was provided.

There were systems in place to assess and manage risks. One example was supporting staff in the event of a person bleeding. The provider demonstrated their commitment to ensuring risks in the service were identified and measures had been put into place to mitigate these risks.

People who used the service and relatives were positive and complimentary about the knowledge and skills of the staff team. All staff we spoke with confirmed that there was a robust training programme in place. The clinical services manager told us online training had been introduced. We observed a staff member completing online training during our inspection. The training matrix confirmed relevant training had been undertaken by the staff team.

Staff told us the management team were approachable and supportive and operated an 'open door policy.'

Clinical supervision was available and accessed by staff. Staff we spoke with confirmed regular appraisals of their roles took place.

It was clear the involvement of the multi-disciplinary team was an integral part of the care provided by the service. Staff and professionals who worked with the service confirmed systems were in place to ensure a seamless service. The care delivered clearly met people's individual needs. .

There was an established befriending service that received very positive feedback about the support it offered to people who may be socially isolated.

They also offered a range of complimentary therapies and a counselling service to people who used the service and families. Complimentary therapies, aim to treat the whole person, not just the symptoms of disease. People told us they enjoyed the therapies and a relative of one person told us this was also offered to them after their loved one had died.

Relatives and people who used the service were involved in the development and planning of their care. A range of health professionals took an active role in planning and reviewing peoples care. There was evidence of regular Multi-disciplinary team meetings where people's conditions would be discussed. People had access to a well-supported day therapy service. We received positive comments from people about the positive impact this service had on their reviews and social interactions.

Systems were in place for responding to concerns and complaints. People who used the service and relatives told us they had no concerns. There was a complaints policy and procedure in place to guide staff about the appropriate procedure to take.

Feedback in thank you cards and completed surveys demonstrated how positive people were about the service.

We received positive feedback about the leadership and management of the service. Staff told us that the registered manager was approachable and supportive. Systems were in place to ensure the quality of the service was maintained. Audits were completed regularly and the outcomes were monitored and reviewed.

The registered manager told us they regularly submitted evidence of audits to the local Clinical Commissioning Group. The service valued and encouraged feedback from people about their experiences of care. This approach placed the voices and preferences of the people using the service at its centre.

Evidence of close partnership working was taking place with a variety of professionals. A range of accreditation schemes were noted. These included the dementia initiative and the Lancashire well-being service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people from the risk of abuse. Staff were aware of the correct procedure to take when dealing with any allegations. Procedures were in place to guide staff.

Safe recruitments procedures were in place. This helped to ensure appropriate staff were recruited to protect people who used the service.

Risks were managed effectively and measures were in place to mitigate any risks to protect people.

Is the service effective?

Good

The service was effective.

Staff employed by the service had received training relevant to their role. We saw online training taking place in the service during our inspection.

People had access to a wide range of health professionals to ensure they received appropriate and timely care.

Meals provided to people in the day therapy centre looked appetising and nutritious. People we spoke with told us they enjoyed the meals they were provided with.

Is the service caring?

Good

The service was caring.

People who used the service received care and support that met their individual needs. People, families and professional's told us they were extremely happy with the care delivered.

People and their families had access to complimentary therapies and counselling services.

People told us their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People who used the service and their family confirmed they had been involved in the development of their care plans. People had access to a range of professionals if their condition changed or a review was required.

The service worked closely with health professionals which promoted the continuity of care for people.

People were happy with the service and raised no complaints. There was an effective system in place to deal with complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality of the service.

Feedback about the leadership and management of the service was positive. Staff told us the registered manager was approachable.

Feedback about the service was actively encouraged by the management team. Comments received were complimentary about the support people received.

Rossendale Hospice Integrated Health Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 September 2016. We gave the service 48 hours' notice of the inspection because we needed to be sure the registered manager would be available. The inspection was carried out by one adult social care inspector.

Before our inspection we looked at the information we held about the service. This included notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We also checked if any information had been received about any concerns relating to the care and welfare of people who used the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not received and we took this into account when we inspected the service. We received a copy of this during our inspection and made the judgements in this report.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We spent time observing the care and support that was being delivered in the day centre and how staff interacted with people who used the service. To understand people's experiences of

care we spoke with four people who used the service and two relatives. We also spoke to the registered manager who was in day to day control of the service, the clinical services manager, two long term conditions nurses and seven members of staff from different departments in the service.

We looked at the care records of five people who used the service and four staff files. We also checked documentation that related to the operation and management of the service. These included duty rota, feedback about and audits relating to the delivery of care.

Good

Is the service safe?

Our findings

We asked people who used the service whether they felt safe and they told us they had no concerns. One person said, "I love it, it is absolutely fantastic" another told us, "They are really good, they help me." We spoke with a health professional who worked closely with the service. They told us, "The service has developed over the last year. I have no concerns with the service. Any concerns raised would be dealt with."

All of the staff involved in the organisation and delivery of care we spoke with understood their responsibilities to keep people safe. One staff member told us, "I would immediately report any concerns to [lead nurse]." Staff we spoke with were able to tell us the procedures they would follow if they suspected any form of abuse had taken place and the relevant agencies the concerns would need to be reported to. The clinical services manager said, "All of the staff have a responsibility when it comes to protecting people and not to turn a blind eye." There were policies and procedures in place for dealing with allegation of abuse and training records confirmed that staff had received training on safeguarding vulnerable adults.

We saw records to confirm appropriate measures had been taken to report and record any allegations of abuse that had been raised. Investigations had been completed in full and contained details of the actions taken to protect people from any future risks. The clinical services manager told us and records further confirmed, all safeguarding investigations were reported to the local Clinical Commissioning Group (CCG). CCGs are clinically led statutory National Health Service bodies responsible for the planning and commissioning of health care services for their local area.

The registered manager had effective measures in place to manage risks in both people's homes as well as at the day therapy centre. Records included comprehensive details of each risk along with the control measures in place to mitigate these. Individual care files contained details of people's risks that had been identified. For example, one person had a risk assessment in place to guide staff on how to manage bleeding. Staff we spoke with understood the need to be aware of any risks in the home environment as well as in the day therapy centre. The PIR submitted to the Commission demonstrated the provider's commitment to protect people from unnecessary risks. It stated, "Risk assessments are conducted regarding aspects of patients (People who used the service) care as part of the initial assessment for both day care and hospice at home patients. Care plans are reviewed on a weekly basis to identify any changes or potential risk and care, resources and services are adjusted accordingly."

There was a system in place for learning from adverse incidents, accidents and monitoring safety. Records included details of the incident and the investigation that had taken place. There were comprehensive records that provided an action plan and recommendations going forward to protect people from future risks.

The service had appropriate recruitment procedures in place. This helped to make sure staff were suitable for the post in which they were employed. Staff files we looked at had evidence of completed application forms and included records relating to the interview process and references included the person's previous employer. Checks had been made to ensure that nurses working with people who used the service were

registered with their professional body and demonstrated their fitness to practice. All staff had records to show that Disclosure and Barring Service (DBS) checks had been conducted. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Pre-employment checks had been completed and included proof of identification and health screening.

The service demonstrated enough staff were in place to meet people's individual needs and keep them safe. Duty rotas had been developed in both the day therapy centre and the hospice at home. Records identified the use of dependency assessments to ensure appropriate numbers of staff were in place to meet people's individual needs. The clinical services manager told us that if an increase in staffing numbers was required these would be approved. Records for the hospice at home had been completed over a four week rota. Staff had been allocated to individual people to ensure a consistent staff team for people who used the service. Where changes in duty rotas had been required we saw evidence of appropriate arrangements to ensure all shifts were covered.

People who used the service and relatives we spoke with were positive about the support they received from the service. They said, I can't praise it enough. There was always enough staff it is wonderful." Another told us, "[staff member] is wonderful I wish she could come every day. They are all nice girls." A relative of a person who recently used the hospice at home service told us, "The carers [staff] were absolutely brilliant. It never felt like they were rushed."

We discussed with the registered manager and the clinical service manager what support they offered to people who used the service with their medicines. They told us and staff confirmed all people who used the service were responsible for their own medicines. Any concerns relating to peoples medicines were referred to either the General Practitioner (GP), the Palliative Care consultant or discussed as part of a Multi-disciplinary Team (MDT) meeting with relevant professionals. Palliative Care consultants provide holistic, quality-of-life care of patients with serious, advanced progressive illnesses and for whom curative treatment is no longer possible. A staff member of the day therapy centre told us, "With peoples permission we lock their medicines in a secure cupboard when they come to the day centre. When people require their medicines they ask for them and we give them back so that they can take them."

Good

Is the service effective?

Our findings

People who used the service and family members had only positive things to say about the knowledge and skills of the staff in the day therapy centre and the hospice at home. One person told us, "It is wonderful I am able to talk about my condition." Another person said, "They are really good and they help." A family member told us, "They are absolutely unbelievable all of them. They pick up on anything and will call a GP for example if there was a problem." Another relative said, "The staff were kind and compassionate, they did a lovely job. They were there when we needed them,"

Feedback received by the service in thank you cards highlighted people's confidence in the knowledge and skills of the staff in both the day therapy centre and the hospice at home. Comments included, "To thank you all very much for the kindness and care you have given to me", "[Staff name] is a credit to your hospice. Thank you for the service it is really invaluable" and, "Thank you so much to all the staff who attended to [my relative] and all the kind and caring support given to the family." A senior member of staff told us, "If I were poorly I would want my team looking after me."

The PIR stated: "The training programme has been reviewed to ensure the content is current in terms of legislation and national guidance." Staff told us they received regular training that gave them the skills to undertake their role safely and effectively. One staff member said, "I am up to date with my training. I have just done my mandatory training." Training records were stored electronically. Evidence confirmed training was regular and ongoing and measures were in place to identify when staff required updates. This enabled staff to access the training promptly to maintain their knowledge and skills. There was a dedicated member of the team who held responsibility for updating the training records on the computer once staff had completed training. They told us, "Training is a rolling programme and the information is regularly fedback to the manager." We saw staff undertaking on line training during our inspection.

It was clear the service worked in partnership with other professionals to ensure people who used the service received the appropriate levels of skills and support. Staff demonstrated close working relationships with district nurses, the local in patient hospice as well as McMillian support nurses. Where other support was required evidence was seen to confirm staff had made the appropriate referrals. This helped to make sure there was appropriate multi-agency working to provide the right care to meet people's different physical, psychological and emotional needs.

Staff records confirmed all had received comprehensive induction on commencing employment. This would ensure people received training in an environment that supported new staff.

Staff confirmed they had access to clinical supervision to enable them to reflect on their practice, their knowledge and skills. A senior staff member told us that clinical supervision facilitated by them and other senior staff member's was recorded and the contents remain confidential. Staff we spoke with confirmed they received regular annual appraisals.

All staff we spoke with were complimentary about the support they received from the management at the

service. They said, "[The registered manager] is approachable you can go to her with any issues. I wouldn't be frightened to knock on her door", "[The registered manager] is friendly she is very approachable and supportive. She is always there for you." Another said, "[The clinical service manager] has made a massive difference. She is there for anything, you can run things by her. [The registered manager] is supportive and is always approachable."

The day therapy services staff were not involved in the preparation or cooking of meals for people who used the service as meals were ordered from the local hospital and delivered hot and ready to be served. Staff and people we spoke with confirmed people were offered choices of meal. We saw a sample of the meals provided to people on the second day of our inspection. These were nutritious and appetising. People we spoke with all told us they enjoyed the meals they were served. It was clear from the chatter and smiles between people who used the service and staff that they enjoyed the dining experience. One person said, "The meals are lovely and it is a lovely environment." Snacks and hot drinks were readily available throughout the day and people had access to chilled water or cold drinks when they required them.

The PIR submitted to the Commission and records we looked at demonstrated the services commitment to ensure people received meals of their choice and met their individual needs. It stated, "Adaptions to lunchtime menus are made accordingly for example, blending foods. Patients are regularly offered beverages throughout the day to maintain hydration levels. Concerns regarding food or drink consumption during day therapy sessions or within the wider community are raised with the family, carer or wider MDT where applicable."

The service worked in partnership with other healthcare professionals and providers of care for people with terminal or life limiting conditions. This ensured care and support for people who used the service was effective and seamless. The registered manager told us about an MDT meeting that took place each week through a video conferencing format. They said this was an opportunity for all professionals to discuss people's individual needs and the support that was required by them. We observed one of these sessions taking place during our inspection. Input from a wide range of professionals was seen. These included representatives of the hospice staff, two Palliative Care consultants, Macmillan nurses, social worker and district nurses. The PIR submitted to the Commission stated, "We have access to professionals from the wider MDT including specialist physiotherapy, occupational therapy and dieticians."

Staff we spoke with told us about the support they received from the wider team in the delivery of care to people who used the service. One staff member stated "We work closely with the district nurses and we get referrals from the McMillan support team", and another staff member further stated, "We have a daily handover about people and If people need extra support for example a social worker, this will be organised."

A member of the long term conditions team demonstrated effective partnership working with the wider team. They said, "We visit people in their homes to reduce hospital admissions or GP visits. If anyone requires hospice at home support we will ask the team to see them." The staff told us that the appropriate on call service would be involved for people nearing the end of their life. Examples of professionals were the district nursing team, GP or McMillan team. This joint approach ensured that people received the appropriate support they required to meet their individual needs at a time when it was necessary for them.

People who used the service told us staff had discussed with them the care being offered. Furthermore, staff told us and records confirmed systems were in place to ensure people who used the service had consented to their care.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make decisions about their care. The Act requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We spoke with staff about their understanding of the MCA. Staff demonstrated a clear awareness of the principles of the MCA and the appropriate actions they would take if concerns were raised about a person's ability to make decisions. Staff were aware of the importance of supporting people to decide for themselves about their care and treatment.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with were complimentary about the care they received. Relatives told us the staff made time for them and the care they delivered to people was never rushed.

Examples of comments were, "I love it [staff] is fantastic. I wish all nurses were like her. I can access therapies if I want to, it is a lovely environment," "I am able to talk about my condition. I have made friends outside of day therapy." Another told us, "I love it. The staff are lovely and support is offered, I have time for me" and, "They help me with anything I want including a bath. They talk to me a lot that is what I want. They are all nice girls. I wish they could come every day. I would recommend them to anyone." A relative told us, "We receive the care that has been discussed with us. They [staff] ask me if I am okay too." Another said, "The carers were absolutely brilliant. We were always involved in decisions about the care. I was able to get some me time."

The feedback the service held in thank you cards about the care people received was exceptional. Examples of comments seen were, "Thank you so much to all the staff who attended to [my relative] and all the kindness and caring support you gave to the family" and, "We as a family would like to say thank you so much to everyone who came to our home and cared for [my relative] over the last few weeks of his life. The lovely ladies who came to give him a wash and the night sitter who watched him whilst we slept. We could not have done it without all of you."

Professionals were also complimentary about the care the service delivered to people. One professional said, "The hospice at home is really good. I receive really positive feedback from families even after people have died. We work closely together." Another professional told us, "We have a lot of joint hospice working. They are flexible around people's needs. They are doing more support visits now which is better."

Staff were aware of their responsibilities to ensure people received excellent care. One staff member told us, "We provide daily care packages for people at home. We will support them if people want to die at home. We help with people's hygiene needs for example and try to maintain people's level of independence. We always offer support to the family. When the patient dies we will still offer support." Another staff member said, "Care planning is pertinent to that person and their individual needs."

Staff we spoke with were motivated and committed to providing quality end of life care in a compassionate way. Staff told us it was important that the care they delivered was flexible and responsive to people's needs. One staff member commented that the best thing about the hospice at home service was people were provided the quality time they needed, especially if there was a crisis or people were approaching the end of their life. They said, "In challenging situations [staff member] is wonderful. There is no rushing at all I am given all the time in the world to deliver the care. If I go over the time I call the office and they tell me there is no rush."

The PIR submitted to the Commission demonstrated their commitment to providing excellent care and support for people who used the service and their families. It stated, "Patients are at the very centre of our

being and care is also extended to the patient's family and carers. This approach nurtures openness and honesty and allows for discussions around the patient care empowering them to take control of the here and now."

We observed interactions between staff and people attending the day therapy services. Staff were seen listening to people and responding positively in a warm an attentive manner. It was clear from the smiles and chatter that people who used the service were happy in the day therapy service. People confirmed they were happy with the care and support they received as part of the day therapy service. Examples of comments were, "I am able to talk about my symptoms and the staff will give advice," "The staff are wonderful I am able to talk about my condition."

We discussed with the registered manager the ranges of therapy service available to people as part of day therapy. There was a range of complimentary therapies available for example, massage, reflexology and hypnotherapy. Complimentary therapies are therapies that aim to treat the whole person, not just the symptoms of disease. We were shown the facilities that were available for therapies to be undertaken. These were tailored to support the therapies and included private rooms to allow people to talk in confidence. The feedback about the therapies was exceptional. A relative of one person who had recently died told us about the ongoing support the service offered. They told us, "They contacted me after [my relative] died and offered therapy for me. I have attended the centre for three sessions of reflexology."

Bereavement support and counselling was available to people using the service, their carers and their families. There was a dedicated team who had the required knowledge and skills to offer appropriate support. We were told counselling was delivered either in the day therapy centre or in people's homes. The staff member responsible for this service told us, "We have developed an introduction to mindfulness session. This is to help people to cope with what is going on in their lives and is available to people and their families. It is such valuable work we can make a difference to people."

There was an established and successful befriending service. This had been developed to reduce social isolation and GP visits for people over 75 years of age. People were matched to volunteers to facilitate a successful service. The staff member responsible for this service told us they had received very positive feedback about the service about the positive impacts on people's lives.

We spoke with people who had used the service. They said it promoted dignity and respect. People said staff was respectful and maintained people's privacy and dignity at all times. We observed staff speaking quietly to people and maintaining privacy when offering personal care and support. The PIR demonstrated the provider's commitment to providing privacy and dignity for people who used the service, stating, "The hospice premises are very conductive to the privacy and dignity of patients allowing patients the best opportunity and environment to discuss their preferred priorities of care."

Good

Is the service responsive?

Our findings

People who used the service and relatives told us both the service was responsive to their needs. One person who used the service said, "They [the staff] discuss my needs, the staff know all about me." Another person told us, "The staff talk about my symptoms and will give me advice." A relative of one person receiving support at home told us, "The service is absolutely unbelievable. [Name of person's] face lights up every time she sees them. She receives the care that has been discussed with us. We are also able to discuss our feelings."

Staff and the clinical services manager told us they received referrals from a variety of sources and worked very closely with all members of the wider professional team. These included the palliative care team, the GP, the long term conditions nurses and district nurses. We observed a MDT meeting and were also told that as part of a weekly MDT if anyone required support from the hospice then arrangements would be made to assess and offer the relevant services to them. Opportunity was given to discuss people's specific needs and wishes. Staff we spoke with told us care was delivered as part of the MDT, however district nurses remained the 'key workers' for people. Multidisciplinary team meetings meant that a full discussion took place with all the relevant professionals to ensure people's needs were met in a timely manner.

People receiving care from the service had detailed individualised assessments. This ensured a consistent approach in meeting people's specific needs. As part of the hospice at home service nurses visited people's homes to undertake an initial assessment of their needs. Care plans were developed with the involvement of people who used the service and their families. The PIR noted the importance of the involvement of health professionals in people's health assessments. It stated, "Regular reviews of care plans with the named nurse enables the patients' needs and wishes to be assessed without the need to repeat information. We write care plans together with patients."

Records were detailed and included care plans and risk assessments tailored around people's individual needs and wishes. Peoples health needs were discussed; this included pain management, personal care and peoples choices when nearing the end of their lives. Evidence of involvement through the MDT in assessing and planning peoples care was seen. This ensured that staff making decisions about people's care and treatment had all the relevant information about them so that the person received timely and effective care and support. Staff told us about their commitment to ensure people received care they agreed to and met their needs. One staff member said, "We provide support visits to people in the last 12 months of their life. Assessments are undertaken to establish what type of support they would like and when. It is important to build up continuity of the service."

Where the hospice at home service was provided, visits were tailored around people's individual needs. Delivery of care was provided during the day and people told us a night sitting service could be arranged. Up to 15 people each day were able to attend the day therapy service but staff told us this would depend on people's individual needs. Staff told us people had access to weekly sessions which usually lasted for up to 12 weeks but this would be extended if more support was required.

The registered manager discussed with us about a service that had been developed to provide expert advice and support to people with long term conditions. They told us the long term conditions nurses offered holistic assessments and ongoing support to people in their own homes. The aim of the service was to reduce the amount of GP visits and hospital admissions. The feedback about the service demonstrated its success and that the long term conditions team was an invaluable asset to the service.

The day therapy service provided people a range of specialist medical and therapeutic services. People had access to a range of health care professionals. These included registered nurses, lymphedema specialists and physiotherapists where required. Arrangements could be made for people to be reviewed by the palliative care consultant if their condition was changing.

The day therapy service helped to protect people from social isolation. A range of activities were on offer for people who used the service. These were offered alongside the complementary therapies. These included gardening, peer support groups, beauty therapy a hairdresser and personal care support such as an assisted bath. The people we spoke with told us how valuable the day sessions were to enable review of their health as well building the friendships between people and staff.

People who used the service and family members told us they were happy and had no complaints. They said they would be confident that if any concerns were raised with the management these would be acted upon appropriately. Staff we spoke with was aware of how to deal with complaints and a procedure was in place to ensure complaints were taken seriously and acted on in a timely manner. The PIR submitted to the Commission demonstrated the provider's commitment when dealing with compliments and complaints. It stated, "Comments and compliments about the service are actively encouraged. Concerns are addressed at the very earliest opportunity. Patient's families are provided with information on how to complain at assessment. Concerns are addressed quickly remedial action taken where necessary and feedback is provided."

We saw a comments box on display in the entrance to the service. This ensured people could provide feedback anonymously if they desired. Feedback in recent questionnaires confirmed all people were extremely happy with the care they received in both the day therapy services and hospice at home. Examples of comments were, "Gracefully accept any offer of help," "Don't hesitate the service certainly supports you", "I wish I have been aware of your excellent services earlier" and "It was a very relaxing atmosphere there was no stress."

The service had a complaints file which recorded details of any complaints received. Documentation included completed investigation as well as the actions that had been taken as a result of the complaint.

Good

Is the service well-led?

Our findings

People we spoke with had positive things to say about the way the service was organised and managed. People told us they would recommend the service to anyone. Professionals and staff told us the leadership and management of the service was good. Comments received were, "I know [registered manager] well. I am asked for my opinion. She has been involved in projects to move things forward in the service," "I have never worked in such an amazing organisation in all my life. I have no negatives anywhere," "[Registered manager] is always there and always approachable" and "She is approachable, a problem solver you can go to her with any issues. I wouldn't be frightened to knock on her door, she would sort things out." Another staff member told us, "Working here is unlike anywhere I have ever worked before. It is like working for a family."

The hospice had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service.

The service had a robust auditing programme that was completed at regular intervals. Records were stored electronically and were easily accessible to the senior management team for evaluation. Examples of audits taking place were, mandatory training and moving and handling. The PIR submitted to the Commission demonstrated the provider's commitment to ensure future audits reflected the changes in the service. It stated, "The audit schedule is currently being addressed to reflect current best practice to bring in line with policy reviews. An audit schedule has been developed to ensure compliance continually."

The hospice had clear management structures in place. The clinical services manager told us results from completed audits were shared in clinical governance meetings. Actions and recommendations going forward were shared and reviewed at subsequent meetings showing the service had learnt or improved as a result. The registered manager told us information such as policies, incident reporting, complaints and mandatory training was shared with the local Clinical Commissioning Groups (CCG). The registered manager told us, "We have strong working relationships with the CCG who commission services. We have key objectives for our service."

The senior management worked closely with the board to address governance matters. Regular meetings were held with the board and senior members of the team. Recommendations such as reviews and updates to polices, outcome of audits and monitoring were shared and discussed.

The PIR submitted to the Commission demonstrated that feedback about the service they offered was invaluable in maintaining an effective person centred service. It stated, "We regularly conduct patient experience surveys for all clinical services we provide to ensure we gain information from the patient or their family." We saw evidence that feedback was regularly obtained from people who used the service about their experiences of the care they received. This ensured the services that were provided reflected people's needs and choices. We saw extremely positive feedback had been received. Examples of comments seen were, "Thank you for providing a good useful service," "Great stuff I loved every minute" and "I walk into the treatment rooms and all my troubles seem to disappear. With the little time I have left in this world the treatment brings a lot of sunshine in my life and makes me forget about my problems and pains for a while.

Ten out of ten."

Policies and procedures were in place to guide staff on how to deal with incident and accidents. We saw evidence of completed investigations to ensure risks were identified and lessons were learned where appropriate. The clinical services manager told us a summary of all incidents were analysed and discussed during clinical governance meetings.

To ensure that all staff had access to the most up to date relevant information and guidance about the service, staff and the management told us that team meetings took place regularly. Minutes from meetings recorded staff attendees. The meeting agenda included, new policies, safeguarding and government guidance. We also saw the service held a 'service user' involvement group. The clinical service manager told us, "We are keen to obtain feedback from service users. We go into the day therapy service to speak with people." We saw evidence of feedback from these sessions.

There was a copy of a briefing from the annual general meeting on display. This ensured all staff were kept up to date on changes and new initiatives.

The services mission statement for the service stated. "Rossendale hospice is a community focused charity working to improve the quality of life for everyone in Rossendale coping with a life limiting illness." We saw evidence of good practice taking place in the service. Accreditation schemes and certificates to demonstrate this included dementia initiative and the Lancashire well-being service. The registered manager told us they had received an accreditation from the British association for counselling and psychotherapy. Plans were also being developed to introduce a day therapy drop in service that included the support of Citizen's Advice. The aim of this would be to offer specialist advice to people. The clinical service manager told us plans for this would be discussed at the board meeting prior to any introduction of the drop in service.

The PIR submitted to the Commission confirmed the service worked as part of the wider community to ensure best practice was maintained. It stated, "As an organisation we are part of the wider Pennine and Lancashire end of life strategy and attend and participate in work streams to improve patient care. We have a hospice user involvement group where views are sought regarding many aspects of service redesign and delivery."