

## Beaumont House Community Hospice

# Beaumont House

### Inspection report

32 London Road  
Newark  
Nottinghamshire  
NG24 1TW

Tel: 01636610556

Website: [www.beaumonthouse.co.uk](http://www.beaumonthouse.co.uk)

Date of inspection visit:  
18 August 2016

Date of publication:  
23 September 2016

### 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

We inspected Beaumont House on 18 August 2016. The inspection was unannounced.

Beaumont House is a community hospice managed by the registered charity Beaumont House Community Hospice. It is a nurse-led service with medical support provided by people's own doctors. It is situated in the town of Newark in Nottinghamshire. They provide palliative care to people who live in Newark and surrounding areas with life limiting or terminal illnesses. The services provided included accommodation within four short term respite beds, care in people's own homes and a day therapy service.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Two registered managers were in post at the time of the inspection who shared the role equally.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. No one staying in the hospice had any restrictions of their liberty and the registered persons knew how to seek out any DoLS authorisations that may be required in the future.

People felt safe when they received care from staff, whether they were staying in the hospice or receiving care in their own home. Risks to their health, safety and welfare were minimised and staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. There were enough staff on duty and background checks had been completed before new staff were appointed.

People had been supported to eat and drink enough to maintain their well-being and they had received all of the healthcare assistance they needed.

People had been consulted about the care they wanted to receive and they had been given all of the care and support they needed. People were supported to maintain their interests and were offered a range of meaningful activities to choose from when they visited the hospice. They knew how to raise concerns or make a complaint if they needed to and there was a system in place for resolving complaints.

People were treated with care, kindness and compassion. Staff recognised and upheld people's right to privacy, promoted their dignity and respected confidential information.

Staff had received training and support which was designed to meet people's individual needs. They knew

how to care for people in the right way. They were supported to maintain and develop their knowledge and skills and were supported to speak out if they had any concerns about poor practice.

The registered persons promoted an inclusive approach to managing the services with an emphasis on continuous development. Quality checks had been completed to ensure that people received the care and services they needed.

## 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.

Staff knew how to keep people safe from harm.

Action was taken to minimise any identified risks to people's health, safety or welfare.

Medicines were managed safely.

There were enough staff on duty to ensure people reliably received the care they needed.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and support to enable them to provide care for people in the right way.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff treated them with respect and dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

People were supported to pursue their interests and meaningful activities.

There was a system in place to resolve complaints.

### **Is the service well-led?**

The service was well-led.

People had been asked for their opinions of the service so that their views could be taken into account.

Quality checks had been completed to ensure that people received the care and support they needed.

Staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

**Good** ●

# Beaumont House

## 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 was 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 18 August 2016 and was unannounced.

The inspection team consisted of three inspectors, two of whom were pharmacy specialists, an expert by experience and a specialist practice advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service.

Before we visited Beaumont House, 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We also looked at the results of questionnaires we sent to people who use the service and community based healthcare professionals, information that had been sent to us by other agencies such as service commissioners and information we held about the home such as notifications. These are events that happened in the service that the provider is required to tell us about.

During the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. We spoke with seven people who used the short term respite service and domiciliary services. We looked at four people's care records which included medicines administration charts.

We spoke with four health care assistants, a registered nurse and both registered managers. We also spoke with the cook, the human resources manager and the Chief Executive Officer (CEO) for the provider organisation. We looked at four staff personnel files, supervision and appraisal arrangements and staff duty

rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe when they received services either within the hospice or their in their own homes. They spoke about having trust in the staff and the volunteers who supported them. One person expressed their view of safety within the hospice and said, "One hundred percent [safe]. There's always people about, you don't feel isolated, they keep an eye on you." Another person told us, "Yes, I think I do feel safe, you can put your trust in them and its all fine." In the questionnaires we received from people and community healthcare professionals they consistently said they felt the services were managed in a safe way.

Staff were knowledgeable in relation to keeping people safe. Records showed that staff had received training about how to keep people safe. We saw they had received training about topics such as preventing falls, providing harm free care and infection control. All of the staff we spoke with were able to describe the actions they would take if they felt anyone was at risk of harm or abuse. They were also aware of the provider's policies regarding this topic which we saw were up to date. The registered persons knew the correct procedures for reporting any actual or potential situations in which harm may occur. We saw that there was also information available for people around the hospice about how to report situations in which they may not feel safe.

Arrangements for keeping people safe included the equipment they required for their care and the provider's system for monitoring how staff worked with them. An example of this was people-moving equipment such as hoists being readily available and regularly checked for cleanliness and suitability. Call bells were placed where people could easily access them if they needed help. One person told us, "The other night I pushed it [call bell] with my elbow, they were in like lightening, very fast." Another example was that the managers carried out regular hand hygiene checks to ensure staff were correctly implementing the training they received. This meant people could be assured their care was provided in a safe and hygienic way.

Risks to people's health, safety and welfare had been identified and management plans had been developed with people to ensure the risks were minimised. We found that staff had knowledge of the risk management plans and followed them when they cared for people. We saw examples such as staff correctly using bed rails to reduce the risk of people falling out of bed and injuring themselves. The use of the equipment had been agreed with people and recorded in their care plans. There were also clear risk management plans in place for those people who wished to retain control of their medicines when they stayed in the hospice.

Medicines were consistently managed by staff in a way that was safe. We saw staff checked that the medicines people were taking when they came to stay at the hospice were correct. The registered persons told us that staff did not support people with their medicines when they provided care in the person's own home.

Accurate records were kept of medicines prescribed for and given to people. These showed us that people

who used the service received their medicines at the times that they needed them. Medicines were given to people by both the nurses and healthcare assistants. Healthcare assistants who administered medicines did so under the direction of a nurse and had received training and had their competency assessed. Staff also had access to pharmaceutical advice and support when they needed it.

Medicines, including oxygen and specially controlled drugs, were correctly stored so as to protect people and to ensure that the medicines would be effective when used. One person told us, "They give me my medicines; they're in blister packs and one or two outside [in original packets]. They always double check, two nurses, they check one against the other. They don't rush, they take their time, make sure things are right. Very safe."

People who used the services and the staff who worked there told us that there was always enough staff on duty to meet people's needs and they were also supported by a team of volunteers. A person told us, "You see lots of them around. You always see them around."

Staffing levels were based on an assessment of people's needs and level of dependency. Staff rotas showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons had said were necessary. We saw that the registered persons had recently reviewed staffing levels in order to improve the availability of registered nurses during the night.

We found that the registered persons had completed background checks on potential new staff, including volunteers, before they had been appointed. These included checks with the Disclosure and Barring Service to ensure they would be suitable to work with people who used the service. In addition to this other checks had been completed, including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct. The interview process for potential new employees included meeting with people who used the services. This meant that the registered persons could assess how well they interacted with people to inform their decisions as to whether to offer employment. It also gave potential new employees an opportunity to gain an insight into the expectations of the job role.

## Is the service effective?

### Our findings

People told us they received all of the care and support they needed. A person told us they were impressed with the services within the hospice setting saying, "It's better than some hotels I've stayed in." They also added, "It's first class. I tried a nursing home for a fortnight; this is well above the nursing home; the facilities, staff, food, accommodation. Who can fault it?" A person who received care in their own home told us, "They know what I need and they always do a good job."

People told us, and records confirmed that they received the help they needed to see their doctor and other healthcare professionals. A person who received care in their own home told us they were confident that staff would help them to make appointments or contact other healthcare professionals if they needed them to. People who were receiving care in the hospice made comments such as, "They're in touch with the doctor, my doctor rang the other day to tell them about the change in my tablets" and "I've got my respiratory nurse coming on Friday, it coincided so she's arranged to see me here."

People's pain was well managed. Pain assessments were carried out, documented and the outcome of treatment monitored so that doses of medicines would be changed if needed. People's care records demonstrated that staff made referrals to other healthcare professionals whenever a need was identified. The registered persons told us they accessed specialist advice regarding palliative care through a working partnership with another local hospice.

We found that there were appropriate arrangements in place to ensure people received enough nutrition and hydration. We saw that a nationally recognised assessment tool was used to assess people's needs regarding nutrition. One person staying in the hospice told us, "They assess you when you come in, if you can eat hard stuff or if you need soft stuff." There was clear information on display within the hospice about good nutrition which people who used the service and staff could access. The information also showed how signs of malnutrition could be identified. This enabled people who used the service and staff to maintain an awareness of how nutrition impacted upon their health and wellbeing. It also helped towards early identification of nutritional issues so that swift action could be taken to improve care for people.

The registered persons told us they had introduced a 'drink of the day' which was made up of fruits or vegetables. They did this to ensure those people who did not want a full meal could still receive the nutrition they needed. People told us this was a popular choice. We found that hot and cold drinks were freely available for people in the hospice. We saw staff regularly encouraging people to take drinks and they regularly refreshed jugs of cold drinks. One person receiving care in their home told us staff made sure they were eating and drinking well and they were confident staff would help them with nutritional needs if they required such.

Within the hospice there was a menu in place which was displayed for people to make their own choices. Daily meals consisted of three courses with a range of options for each course. Lighter meal choices were shown on the menu for those people who had a smaller appetite. The menu also clearly informed people that they could talk with catering staff about food allergens or, for example, low sugar foods. The cook

demonstrated that they had a clear understanding of people's preferences and needs for nutrition. They also had some understanding of how certain foods interacted with medicines that people may be taking. There was consistently positive feedback from people about the quality of the food provided. They made comments such as, "The food is brilliant here, can't fault it. They have soup here that they make; you've never had it in a tin; it's lovely, especially the pear and parsnip" and "The variation's quite good and if you don't like anything on the menus you can ask for something else." One person also said, "I'll have some tomato soup today, they're making it specially to see how I go."

People thought that staff were well trained. One person said, "They're very well trained, they all know what they're doing." Another person told us, "There's registered nurses and lots of them have worked in care, they all know what they're doing."

We found that new staff received a programme of induction training before they began to work without direct supervision. We saw that this included a probationary period which enabled them to work with and learn from experienced staff. The induction training was in line with the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way. Staff told us that the induction programme prepared them well for their roles and they felt supported by the registered persons and other colleagues when they started work.

Established staff were supported to develop their skills and knowledge so that they could continue to provide consistent care, using up to date methods. Staff told us, and records confirmed, there was a wide range of training available in subjects that were directly related to people's care and support needs. We saw staff had undertaken training in subjects such as symptom control in the last days of life, advanced care planning, administration of medicines and nutrition through a tube inserted directly into a person's stomach and cancer awareness. In addition, staff received regular training about the safe handling of medicines and had their competency assessed before working independently.

In addition to formal training courses the registered persons had developed a system of regular reflective practice and supervision sessions for staff. This enabled staff to review their practice, discuss how they implemented the training they received and learn from their experiences in order to improve their practice. We also saw that the registered persons and senior staff regularly observed how staff carried out their roles. This enabled them to provide feedback to staff about how they were providing care and support for people.

We found that staff had received regular training about The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered persons and staff followed the guidelines of the MCA and supported people to make decisions for themselves. We saw that they acted upon people's expressed decisions and wishes. They also demonstrated that they understood how to appropriately support people who were not able to make decisions for themselves, using best interest decision making processes. Staff demonstrated that they understood that people's ability to make informed decisions may be affected by such things as their current health needs or the time of day subjects were discussed with them. An example of this was a staff member who noticed that a person was having difficulty making a decision about a care task during the morning. The staff member was observed to gently reassure the person that they would come back at a later time when they were feeling better able to make the decision. We saw that the person benefited from this approach.

They told us, "Sometimes I'm just not up to it, deciding anything."

All of the people we spoke with told us that they were supported to make their own decisions about their care and support needs and their wishes for their end of life care. This included staff providing information that helped them to understand the decisions they were making. An example of this was one person who had decided they wanted to spend their last days of life in the hospice. The person had been supported to develop an advanced care plan so that their decision and their wishes would be met. Staff knew which people had decided they did not want to be actively resuscitated at the end of their life. They were aware of the current guidance about this topic and people's care plans recorded the decisions appropriately.

The registered persons and staff were aware that people can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). During the inspection we found that no one was subject to restrictions on their freedom. We noted that the registered persons knew how to make an application for a DoLS authorisation if one was needed in the future.

## Is the service caring?

### Our findings

People's experiences and views about the quality of care was consistently positive. A person who received care in their own home told us, "The staff are all lovely, they're all caring and very kind." People who were staying in the hospice expressed views such as, "I can't fault them. I'm so well looked after, pampered is the only word", "It's lovely, you couldn't get better anywhere, I'm most pleased I started coming" and "I feel wonderful here, I don't want to go into hospital, it's lovely here." One person also remarked, "It's a happy place. People think 'I wouldn't like to go in there' but it's great. It's a place where I don't think they would ever turn you away."

People felt that volunteers gave the same quality of support as permanent members of staff. One person said, "They're good, the volunteers, you couldn't get better." Another person told us, "All give the same sort of service. There's not a lot of new faces. I think once they're here, they're in sort of thing." The low turnover and length of service for permanent staff and volunteers meant that they could develop meaningful relationships with people.

We observed that people had developed warm and supportive relationships with all of the staff and the registered persons. There was lots of laughter and jovial banter between everyone. Staff regularly asked people how they were feeling or, for example, if they were warm enough or needed a drink. One person told us, "They're all so friendly. Even the lady who does the cleaning, she'll have a natter, ask if you need anything doing. Nothing's too much." A person who stayed in their room for most of the day said, "They're talking to you, always checking to see if you're all right." They added, "They put their head around the door quite often, the volunteers come in to talk to me." Another person commented that staff treated them with "so much respect."

We found staff to be highly motivated and compassionate in the way they provided care and support for people. They took care to ensure people received the care and support they wanted and enabled them to maintain their independence. People told us that staff supported them to retain as much of their independence as they were able to. One person said, "If I need help they'll help me but I'm pretty independent and they appreciate that, but they wouldn't see me struggle." Another person commented, "They know I'm independent, they just help me along."

Staff recognised the importance of not intruding into people's private space and respected their wishes regarding privacy. In the hospice we saw staff knocked on people's doors and introduced themselves before they entered. Staff spoke with people about their needs and wishes in private areas or used lowered voice tones when in communal areas. People who stayed in the hospice had their own bedrooms so that they could relax and enjoy their own company if they did not want to use the communal spaces. A person who received care in their own home gave us examples of staff always closing curtains when they helped them with personal care and entering their home only in the manner agreed with them.

People told us that staff encouraged them to express their views about their care. We saw that staff checked with people that they were providing care in the way they wanted and made any adjustments that people

requested. We found that staff were also able to recognise when people may not be comfortable or they needed extra support. We saw an example in which staff had observed that a person appeared to be feeling a little hot. The person told us that staff had checked this with them and offered them some ice cream to help them cool down.

People were supported to experience a dignified end to their life. They were helped to develop advanced care plans which set out their wishes should they reach a time when they may not be able to express such. Information was available to people about topics such as withdrawal of treatment, support for bereavement and the resources available to support people's cultural and spiritual needs. This helped people to make the choices and decision that were right for them. One person told us they had asked to see a minister of their choice and this had been arranged. They said, "Each week they have a minister and he plays bingo here. He's coming up to see me. I want to clear all my affairs."

We found that the registered persons also acknowledged the importance of supporting people's relatives and loved ones. As well as ensuring relatives and loved ones were offered the opportunity to be fully involved in people's care, they were offered services such as complimentary therapies, advice about carer's benefits and support with grief and bereavement.

We saw that people's care records which contained private information were stored securely. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

## Is the service responsive?

### Our findings

People told us that they had been consulted about the care they wanted to receive and their records confirmed this. One person said, "They came to assess me for a care plan and I was involved in talking about it. The daughter-in-law was involved as well." Another person told us, "When I came in I seemed to have a lot of people talking to me about my care. Yes, I was involved." The people who completed our questionnaires prior to the inspection also indicated that they had been fully involved in planning their care.

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. A person who received care in their home said, "They come twice a week to shower me, that's been a big help." They added, "They always have the time to sit for five minutes and make me a coffee. They don't rush; they take their time with you." People also told us they could contact hospice staff at any time of the day or night for phone based support if they needed advice or someone to talk to.

We saw that complimentary therapies such as massages were provided for people who used the services. The registered persons told us they offered these types of therapies as they helped people with relaxation and enhanced their well-being. We spoke with two people who told us that massage sessions had helped them to relax more. One person said the sessions made them feel "good."

Records confirmed that each person received the assistance they needed as described in their individual care plan. We found care plans were reviewed regularly with people so that they always provided the most up to date information. Staff demonstrated an excellent knowledge and understanding of people's care plans. This included knowledge of people's advanced care plans and which other healthcare professionals were involved in the person's care. The registered persons explained to us how they had developed care plans in line with the National Institute for Health and Care Excellence (NICE) guidelines on Care in the Last Days of Life.

We found that staff had a detailed knowledge of people's individual likes, dislikes and preferences. We saw examples such as staff knowing on which side a person liked to be supported when walking and how they like to hold their arm. Another staff member knew where a person liked their medicines to be placed so that they could take them more easily. We also saw that there were no formal medicines rounds in the hospice, as people were given their medicines at a time that suited them and met their individual needs. Records showed that people had shared their life history which detailed significant life events, lifestyle choices and details of those people important to them." This was so staff could provide care in a more personalised way for them.

All of these approaches to the way care was provided meant that people could be assured they would receive consistent, person centred care up to and at the end of their lives.

During the inspection we saw that people were supported to engage in meaningful activities which enhanced their well-being and provided them with a sense of achievement. These activities were organised within the day care service. Information was displayed to show what activities had been planned for the

week ahead. A person told us, "There is such a mixture of things to do. We do things I like doing. It's lovely, for a few weeks I will be making mitts for dementia. I can do them at home and then I bring back it's a good thing." They added, "If I keep doing that it gives someone else pleasure.... and it gives me pleasure doing it." Staff also recognised that some people may not feel well enough to take part in activities. We saw staff spent time chatting with them about topics they were interested in so that they did not feel isolated.

Staff told us they encouraged people to be actively involved in developing the activities they offered. They told us about one example in which a person had helped to design a large crossword board that was used for groups of people to be able to work together on the crossword. Another person told us how they were involved in events to raise money for the benefit of the hospice services and the people who use them. One person also said, "They would put on something if you ask them to."

During the inspection we saw that people were engaged in a making greetings cards. People told us they enjoyed the activity and found it a relaxing pastime. We found there was a happy atmosphere during the session. One person said, "We have a bit of banter, a good laugh, taking the mickey." They also said, "Once they get organised its quite nice and we finish with a cup of tea and piece of cake to finish the afternoon off; everything is done right."

The registered persons had a system in place to acknowledge and investigate any complaints or concerns raised with them about the services they provided. The procedure for this was clearly displayed within the hospice for people to use. People told us they felt comfortable to raise any complaints or concerns they had with staff and were confident they would be dealt with quickly. Records showed that no formal complaints had been received about the hospice services in the six months prior to the inspection. We saw that the registered persons had supported two people to progress concerns they had about other care services. The registered persons had also recently reviewed their complaints procedures. They did this to ensure that when complaints and concerns were raised they could review if there were any trends within the information and take steps to reduce the likelihood of them reoccurring.

## Is the service well-led?

### Our findings

People who used the hospice services told us they were asked for their views about the services as part of everyday life. They also said they were invited to complete surveys. We saw that the results of the surveys were made available for people and showed what actions had been taken to address any comments and ideas put forward. In addition, a hospice involvement group had been set up so that people who used services and their carers could take an active role in the development of the services. The registered person told us they were also planning to develop an involvement group for volunteers so that they could also be fully involved in service developments. One person told us, "They're always ready to try ideas. The room we use now as a day room is being decorated and we've been asked; we all gave our choice of colour. They involve you in everything."

We saw that the registered persons were visible and involved with the day to day operation of the hospice services. They demonstrated that they had a clear understanding of their roles within the provider organisation and within the terms of their registration with the Care Quality Commission. They also demonstrated a clear knowledge and understanding of people's needs. This level of knowledge helped them effectively manage the service and provide guidance for staff. We saw that they also fostered an inclusive and relaxed approach to the way the services were run. People who used services and staff members freely engaged with them throughout the inspection. A person pointed out one of the registered managers to us and said, "She's good, they're all in the same mould here."

Staff told us they were provided with the leadership they needed to develop good team working practices. They said this helped to ensure that people consistently received the care they needed. There was always a registered nurse or senior manager available if staff needed advice. We saw that staff met at the beginning of working shifts where developments in each person's care were discussed and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

Staff said that they were well supported by the registered persons. One staff member told us how they had been personally supported with work issues and said the support had helped them to become more confident. Staff also told us they felt able to speak to the registered persons if they had any concerns about another staff member. They told us they felt listened to and were confident that action would be taken to address any concerns they raised about poor practice. Staff made further comments such as, "This is the best place I have ever worked", "It is a great place to work", "We work as a team" and "I love it here because of the care and compassion."

Records showed that the registered persons regularly carried out checks on the quality of the services provided to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being provided in the right way, medicines were safely managed and that staff maintained a good standard of hygiene when they carried out their work. The registered managers also regularly reviewed any reports of people experiencing events such as falls and problems with their skin and

whether people had acquired any infections. This enabled them to take action to reduce the impact of any common causes they may identify and to improve future practice. Records showed that action plans were developed as a result of these checks to address any shortfalls they identified. Examples of this were seen in regard to the planned improvements to sluice and laundry facilities; and the purchase of furniture and equipment to enhance the comfort and safety of people who stayed in the hospice.

We saw that monthly inspections of the hospice services were carried out by members of the registered provider's governing board. This helped them to gain a clear view of the quality of the services delivered and set priorities for the future development of the services.

There was a strong culture of continuous development within the hospice services. Some staff members had roles as 'champions' in specific areas of care such as infection prevention and control and helping people to maintain healthy skin. They were responsible for keeping up to date with developments in those areas, sharing information with colleagues and developing innovative approaches to providing the care. We also saw that the registered persons had developed links with National Council for Palliative Care and were also involved in Gold Standard Framework (GSF) implementation. The GSF is an evidence based approach aimed at optimising care for people who are at the end of their life. This type of culture within the service meant that people who used the services could benefit from staff acting upon up to date good practice guidance.