

Rowcroft House Foundation Limited

Rowcroft Hospice

Inspection summary

CQC carried out an inspection of this care service on 11 January 2016 and 14 January 2016. This is a summary of what we found.

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Rowcroft Hospice serves the people of South Devon. They provide palliative and end of life care, advice and clinical support for people with progressive, life limiting illnesses and their families and carers. They deliver physical, emotional and holistic care including bereavement counselling support, a lymphoedema service which provides advice and treatment (for people who experience swellings and inflammations usually of arms and legs), an outpatient service, occupational and creative therapy, complementary and physiotherapy, chaplaincy, social workers and clinical nurse specialists and volunteer services. The hospice inpatient unit can care for up to 17 adults who require symptom control or end of life care. The average length of stay is two weeks. The service provides acute specialist palliative care for people and does not provide a respite service or have longer stay beds. The majority of people are cared for in the community.

The service continuously looked at the local community to see how best they could provide the service. This had resulted in the provision of the Hospice at Home service. Rowcroft's Hospice at Home service provides responsive end of life care and support to patients and their families in their own home or a care home in the last two weeks of life. The service operates 24 hours a day, 7 days a week with access to doctors, registered nurses and care assistants as well as ancillary staff and therapists. The Hospice at Home staff are all employed by Rowcroft and work with other health care professionals in the community. Services are free to people and Rowcroft Hospice is largely dependent on donations and fund-raising. A training centre also offers advice and support to staff in nursing and residential care settings in the community. The service had also recognised

a need to provide specialist training and end of life care for people living with dementia and their carers and had established links with homeless communities.

This inspection was carried out on 11 and 14 January 2016 by one inspector, a pharmacist inspector, an expert by experience and a specialist advisor in palliative care. It was an unannounced inspection. There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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. They oversaw the running of the service and were supported by a leadership team that included the chief executive and directors and department managers.

Information about the needs of the local population had been used to develop specialist support such as the expansion of the hospice at home service. The service provided outstanding end of life care and people were enabled to experience a comfortable, dignified and pain-free death.

Staff were trained appropriately and had a good knowledge of each person and of how to meet their specific support needs. Staff went that extra mile to ensure people's needs were met in a holistic way including support for people's loved ones.

People's feedback was actively sought, encouraged and acted on. People and relatives were overwhelmingly positive about the service they received. They told us they were extremely satisfied about the staff approach and about how their care and treatment was delivered. Staff approach was kind and compassionate. Relatives told us, "The care was first class, the staff were all so considerate and helpful no matter the problem and what a wonderful place." People's feedback about the caring approach of the service and staff was overwhelmingly positive and described it as "Fantastic" and "A1". Clear information about the service, the facilities, and how to complain or comment was provided to people and visitors.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were thorough recruitment procedures in place which included the checking of past conduct and suitability from previous employment to ensure staff were suitable to work with vulnerable people.

Staff knew each person well and understood how people may feel when they were unwell or approached the end of their life. They responded to people's communication needs. People were at the heart of the service and were fully involved in the planning and review of their care, treatment and support. Plans in regard to all aspects of their medical, emotional and spiritual needs were personalised and written in partnership with people. Staff delivered support to people according to their individual plans and provided outstanding care.

The environment was an older style building and had been well utilised for ease of access for people. It was welcoming, well maintained and suited people's needs. The clinics, therapies and

support groups were held in a new purpose built building across the grounds. There was a beautiful outlook and well maintained grounds which were also accessible for people to enjoy.

Staff had received essential training including end of life care and were scheduled for refresher courses. Staff had received further training specific to the needs of the people they supported. All members of care and support service staff received regular one to one or group supervision and support with clinical supervision and professional validation. This ensured they were supported to work to the expected standards.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to hospices. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences, restrictions and reduced appetite.

Staff communicated effectively with people, responded to their needs promptly, and treated them with genuine kindness and respect.

People's privacy was respected and people were assisted in a way that respected their dignity. Staff sought and respected people's consent or refusal before they supported them. Staff pre-empted and responded to people's individual needs and requirements. People and their relatives told us, "From our first contact with staff, my husband and I were helped in every possible way with kindness and efficiency. We could not have had better treatment".

People were involved in the planning of activities that responded to their individual needs. The hospice mainly cared for people with acute needs meaning they were unwell or at the end of their lives. Therefore, activities were more based on therapeutic methods such as therapies and spending time with people. Attention was paid to people's individual social and psychological needs.

The registered manager was open and transparent in their approach. They held a vision for the service that included "Let's make every day the best day possible." Staff demonstrated this vision in their practice and gave person centred, individualised care. Staff told us they felt valued and inspired by the registered manager to provide a high quality service. They described the registered manager as welcoming and friendly, someone who made people feel valued.

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