

St Columba's Hospice Care - Care at Home Support Service

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Type of inspection:
Unannounced

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Service provided by:
St Columba's Hospice Care

Service provider number:
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CS2022000157

About the service

St Columba's Hospice Care - Care at Home, is a charitable organisation situated in a residential area near Granton, Edinburgh. The service offers personal, and if required, practical care at home and in addition provides support to enable timely care whilst people await a package of social care. The service covers North Edinburgh and East Lothian.

The team consists of a charge nurse, a staff nurse and fourteen care assistants with enhanced knowledge, skills and training in end of life and palliative care. St Columba's Hospice Care teams all work closely with the service. The service is offered to people in the last weeks or days of life.

About the inspection

This was the first inspection since registration and was an unannounced inspection which took place on the 3rd and 4th July 2023. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included registration information, information submitted by the service and intelligence gathered. In making our evaluations of the service we:

- Met two people using the service and spoke with six of their family
- Spoke with twelve staff and management
- Observed practice and daily life
- Reviewed documents
- Had feedback from three involved professionals

Key messages

- People and their families were treated with compassion dignity and respect in their own home by a staff team they knew.
- Staff were trained well.
- The service had very good links and communications with other professionals involved in people's care.
- The service was supported by the hospice management teams who worked with them to develop and plan improvements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We made an overall evaluation of very good for this key question, the service showed major strengths supporting outcomes for people.

People and families who used the service experienced compassion, dignity and respect, because the care at home service were a small team who were able to respond quickly to assess new referrals and offer people and their families more time with individualised support in their own homes. One family member told us the service 'started quickly and was impressive'. People who were able directed the care they received. This meant for this quality indicator people received extremely responsive care and support from a service that was right for them.

Family members said 'staff were conscious they were working in a family home', their relative had been treated with respect and dignity. One person told us they 'directed the care had a laugh with staff, that was important to them'. This meant that people were being cared for with dignity and their personal preferences were being respected.

Newly developed personal plans contained information and pictures that identified the staff team, this allowed people to see who was in the team. People were being supported with personal care, this included mealtimes preparation if required. Personal plans held information relating to people's wishes and preferences. One family member told us 'they focus on what my relative needs and wants'. Where people were able, wishes were supported. One person told us they had been for a 'massage which was lovely'. This approach ensured people received responsive care and support.

At the time of the inspection, staff were not supporting people with medication but this was a development the service were planning to introduce.

The team leads held a meeting each day to ensure staff were up to date with what people required and communication continued throughout each shift. This meant people's needs were being met by the right number of staff.

The service benefitted from working with management oversight and support from the hospice departments as well as linking with other involved professionals regularly. The service shared information daily via a system that allowed involved professionals access. As a result of this people's needs were being met because people worked well together.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. The service showed major strengths supporting outcomes for people.

The care at home service benefitted from having the support of the hospice management team. The care at home staff provided care and support for people and their families during their last few weeks of life. An evening and weekend out of hours process were in place. This meant people could be assured they would receive responsive care and support.

The service was supported by the hospice quality assurance team. There was evidence of an improvement culture that included a range of audits, new personal plans had been introduced and audits were being planned to review these. The service were also working on how to gather feedback from people who used the service. The hospice had a participation policy, side by side that was central to the organisations work when gathering feedback and developing strategies. The service had a quality improvement plan in place. These measures showed a team approach when looking at improvements in the service.

Policies and protocols were in place to support the staff team and care at home benefitted from having a specific care at home operational policy. They received regular training and updates. Supervision and observations of practice were in place. Staff told us that the communication with the senior team was good and that they were approachable and supportive. Team meetings were regular. This showed a positive culture for developing the staff team.

The service had not received any complaints, a complaints policy was in place and people were aware of how to raise concerns should they have any. The service did not directly manage equipment in people's homes. Safety meetings took place monthly with the hospice teams, the manager and team leads were involved in the hospice governance groups. This meant that people were supported by a team that was coordinated and could provide them with care that was responsive.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. The service showed major strengths supporting outcomes for people.

Staff had learning opportunities that included face to face and eLearning platforms. Each staff member had access to a laptop and phone which allowed them to use these remotely. Core induction and mandatory training programmes were in place.

The staff benefitted from having access to the wider hospice learning and development team for additional training, development and wellbeing. Plans were in place for the year ahead for the continued development of the team.

The team leaders undertook regular observations of practice and supervisions with the team. Staff told us 'the training was very good'. This approach meant people could be confident that staff were trained, competent and skilled to provide care and support to them.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. The service showed major strengths supporting outcomes for people.

The service had recently introduced new personal plans into people's homes as an addition to information that was held on the computer based system (Trak). The plans held information relating to the staff team and this helped people identify them. Audits were being planned for these by the quality assurance team.

The plans reflected people's preferences and wishes and included relevant risk assessments. People told us they were having the service they wished to have. The plans could be further enhanced by adding information as to what people were able to achieve for themselves.

Reviews in the personal plans were in place for the care and support being provided, these could be strengthened by adding dates. People we met had access to their plans and knew where they were located.

Daily notes of care and support were recorded in the personal plans as well as on Trak by staff. Other involved professionals had access to Trak which allowed for collaboration. Professionals involved with the service told us communication was good and they spoke with the team weekly.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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