

St. Ann's Hospice

# Neil Cliffe Centre

## Inspection report

Wythenshawe Hospital  
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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 the 21 September 2016 and the first day was unannounced. The service was last inspected in July 2014 and found to be compliant in all areas.

The Neil Cliffe Centre is based at Wythenshawe Hospital, Greater Manchester and provides a day support service to people with a life limiting illness. It is part of the wider organisation that is St Ann's Hospice which provides inpatient care and treatment at two hospice sites in Heald Green and Little Hulton. People are able to self refer for a variety of treatments including complementary therapy, counselling and physiotherapy. At the time of our inspection there were 90 people on the centre's case load. Not all of the 90 people would be accessing the service at any one time; for instance people may only have one hour aromatherapy or physiotherapy session a week.

Staff we spoke with knew how to keep people safe and knew when and how they could report concerns. There was an up to date safeguarding adult's policy and staff had received appropriate training in this area.

There were sufficient staff who had received appropriate training in order to support people who accessed the Neil Cliffe Centre for treatment. Staff recruitment was completed by the provider for the hospice service and did not take place at the centre. Please see inspection reports for Little Hulton and Heald Green further details.

People were involved in deciding what treatment they accessed from the service and how this was recorded. For example, one person did not want a care plan for the treatment they received, however they were happy for the service to keep a record of any treatment they had. Staff were knowledgeable about the Mental Capacity Act and obtaining people's consent.

Staff treated people with dignity and respect and people felt supported to make choices about the support they received. People's needs were reviewed regularly and plans changed to meet their needs.

Staff received supervisions, but these were held at one of the other hospice sites. There were weekly team meetings held to discuss any new referrals. Staff told us they felt supported.

We saw the service had appropriate policies and procedures in place which were up to date. Audits were completed regularly and we saw action had been taken when necessary.

The Neil Cliffe Centre did not support people with meals or medicines so we are not able to report on these areas.

## 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 and report any concerns.

Staffing levels were sufficient to meet the needs of people using the service. Staff recruitment was completed by the main hospice service.

### Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training to support the needs of people accessing the centre.

Staff understood the Mental Capacity Act and about people's capacity.

Supervisions were held regularly and staff felt supported.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to make decisions for themselves.

### Is the service responsive?

Good ●

The service was responsive.

People's views were sought and they were involved in the

planning of the support they received.

There was a complaints procedure in place and the registered manager knew how to respond to any complaints received.

**Is the service well-led?**

The service was well led.

Quality assurance checks were completed.

There was a registered manager in post who knew when notifications needed to be sent to CQC.

**Good** ●

# Neil Cliffe 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 21 September 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people, two staff members, a volunteer and the registered manager. We observed the way people were supported and looked at records relating to the service. Including two care records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. We were unable to look at staff recruitment files as these were kept at another site. Please see the report on St Ann's Hospice Heald Green for further details.

## Is the service safe?

### Our findings

Staff knew how to keep people safe whilst accessing support from the Neil Cliffe Centre. We saw there had been no incidents; however staff were able to describe what actions they would take if they had any concerns and who they would report their concerns to. There were policies and procedures in place to report any safeguarding concerns and staff had received training in safeguarding adults. Staff confirmed they had received this training and we saw it documented on the staff training matrix. This showed the service ensured its staff knew how to keep people safe whilst accessing the service.

Where appropriate, the service had recorded risk assessments for people who used the Neil Cliffe Centre. As this service provided psychological support as well as complementary therapies, risk assessments were not always necessary.

Staffing levels at the Neil Cliffe Centre were determined by what was scheduled to take place that day. On the day of inspection there were three keyworkers, who were all qualified nurses on duty, along with; a doctor, two secretaries, a volunteer, a counsellor and the registered manager. The registered manager explained that they had recently appointed a fourth keyworker to meet the needs of the service. Due to the nature of the service we saw there was sufficient staff to meet the current level of needs.

The Neil Cliffe Centre is a service run by St Ann's Hospice. All staff were recruited through the hospice and so no recruitment records were kept on file within the centre. Please see the inspection report for St Ann's hospice Heald Green, for information on this.

The Neil Cliffe Centre did not manage, administer, store or dispose of medicines and therefore was not applicable to this inspection. The Neil Cliffe Centre is located within the Wythenshawe Hospital which meant that the centre's environmental risks were monitored by the hospital contractors as was the cleaning. The service ensured that the area was kept clean and risk free through the contract they had with the hospital. The registered manager explained that they knew who to contact for support in these areas, should the need arise.

## Is the service effective?

### Our findings

Staff we spoke with knew the people they were supporting. This was clear from the interactions we observed and also the records they kept, detailing the support which had been offered. People were able to choose whether they had a care plan written for them or not. One person told us they did not want a care plan, but had consented to records being kept about any treatment they received. One person described how the service had been effective in helping them with pain management. They said, "The pain management clinic completely got my pain under control."

This showed the service involved people in making decisions about their support needs.

Staff told us about the good support they received at the Neil Cliffe Centre. Staff received formal supervisions held at one of the other sites. Staff we spoke with confirmed supervisions were held, but they couldn't always access them due to them being off-site. Despite this, staff still felt they received sufficient supervision. One staff member told us, "We support each other. I can talk to [team leader] anytime. It is a lovely place to work, we all get on."

The centre held weekly multidisciplinary meetings to discuss any new referrals. Staff received clinical supervisions which were held at the hospice. One staff member told us, "I have access to clinical supervision held on another site. I find it useful."

Staff received an induction prior to starting work at the Neil Cliffe Centre. Staff told us during the induction period they spent time shadowing their colleagues as well as undertaking essential training in safeguarding, manual handling, fire safety, data protection and dignity in care. Staff told us they received training they required to support people effectively. One staff member said, "They are not bad with training, it has improved." We saw a copy of the training matrix which confirmed staff had received appropriate training in areas such as the Mental Capacity Act and Safeguarding Adults.

The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People accessing the centre had the capacity to consent to use the service. Staff had an excellent knowledge of the Mental Capacity Act. However, they said this was not a regular feature of the work undertaken at the centre. One staff member said, "I am aware of capacity issues but it doesn't happen very often come up. I haven't met anybody who was unable to make decisions [about their support]."

Due to the nature of the service, there was no requirement for them to meet people's dietary requirements. Any referrals to dieticians or other healthcare professionals were made from other services.

## Is the service caring?

### Our findings

People gave us only positive feedback about the excellent support they received at the centre. One person described the support as, "fantastic, and absolutely great". They went on to say, "There is nothing I can fault them for. Everything has worked out perfectly." Another person told, "I am in a completely different place right now due to the on-going support. It is friendly and welcoming place. I can't speak highly enough of the Neil Cliffe Centre. This is a vital service." They went on to say, "It is a privilege to say how amazing they are."

People told us staff members were kind and caring. One person commented, "They [staff] are lovely, caring." One staff member told us, "The support and time we have with the patient is an absolute luxury."

People were treated with dignity and respect by staff who listened to them. One person said, "Staff made me feel like I was supported and cared for. I never felt pushed; they always ask is that okay."

People said they were supported to make choices about the support they needed. One person told us, "At the initial meeting they let me talk a lot. They suggested things that could help me. They gave choices and options, everything was explained thoroughly." Another person commented, "I had choices in when to come back and for how long. It has been flexible."

People's emotional wellbeing was a priority for the service. An emotional assessment was carried out for each person. The assessment was reviewed regularly to assess monitor people's emotional needs. The service employed a specialist psychology nurse. One person told us, "Seeing [psychology nurse] has completely changed my life, helped me deal with life." Another person commented, "I didn't think I would get this emotional support."



## Is the service responsive?

### Our findings

People's needs had been assessed to determine the most appropriate support options available to them. People self referred to the service or were referrals were made by people's GP's. One person commented, "I was invited in for an initial meeting. It was fairly quick, four to five weeks. It was very holistic; they really assessed everything that was going on in my life. They made recommendations about the support that could help me."

People did not have any concerns about their care. One person said, "There has not been any concerns, it has been a positive experience." People told us about groups they had attended, such as the art group. One person said, "They talked to me about an exercise class. I have been asked my opinion on that."

People said they had been involved in regular reviews of their support. One person said, "We have a periodic catch up." Another person commented, "We often have a review. They keep in touch regularly."

There was a formal complaints procedure in place. We found the service had not received any complaints, but the registered manager was able to describe how they would respond to any complaint received and actions they would take.

The service regularly sought the views of people through 'patient carer group' meetings which were held every two months. The centre used the information gathered to make changes and improve the service they delivered. The registered manager told us, "The service is uniquely placed for the whole family...a holistic approach." The service ensured that the needs of the person were met, but also of the needs of those close to the person. For example, the service offered support for carers in their own right. This showed the service was responsive to the needs of the person and those close to them.

## Is the service well-led?

### Our findings

The service had a registered manager in post that split their time between the Neil Cliffe Centre and hospice site. This meant the team leader was often in charge of the day to day management of the service. This meant there was always someone managing the centre. Staff told us they felt the service was well managed.

Staff had opportunities to give their views about the care provided at the centre. We observed a well-attended team meeting. During the meeting discussions took place about ways to promote the service, an update on the new IT system, fundraising and a service update.

The service completed quality assurance checks in areas such as; health and safety, incident reporting, communication, infection control and equality and diversity. We saw clinical audits took place and the information was collated along with information from the other sites and clear actions recorded. This information was shared at quarterly meetings. This showed the service had an effective process in place to ensure checks were being completed.

We viewed policies and procedures for the service and saw they were up to date and being followed by staff.

Services providing regulated activities have a statutory duty to report certain incidents to the Care Quality Commission (CQC). No notifiable incidents had occurred at the service but the registered manager was able to explain when notifications should be sent.