

# St Benedict's Hospice

St. Benedict's Way  
Ryhope  
Sunderland  
SR2 0NY  
Tel: 0191 5128400  
[www.stbenedicts.co.uk](http://www.stbenedicts.co.uk)

## Key facts and figures

St Benedict's Hospice is situated just outside of Sunderland and provides inpatient and day hospice facilities as well as a specialist palliative care centre. It opened in 1984 and provides care and support to the people of Sunderland and its surrounding districts.

The hospice and centre form part of the South Tyneside and Sunderland NHS foundation trust and the hospice is also supported by St Benedict's hospice charity.

## Summary of services at St Benedict's Hospice

**Outstanding** 

We rated it as outstanding because:

We rated responsive and well led as outstanding. We rated safe, effective and caring as good.

See the end of life services summary section below.

# End of life care

**Outstanding** 

## Key facts and figures

The hospice provides 14 inpatient beds and 16 day places. The specialist care centre provides the care at home service, specialist palliative care services and outpatient services. Outpatient services included a lymphoedema clinic, therapy and counselling services, out of hours, and a specialist palliative social work service. A telephone advice line is managed by the inpatient hospice unit staff. The hospice and centre provide care to adult patients and support to their families.

The hospice cared for 158 patients from April 2019 to January 2020; 48 were aged 18 to 65 years and 110 were over the age of 65.

The specialist palliative care team is made up of healthcare professionals with a range of skills to help manage life-limiting illness. The team work together to meet physical, psychological, social, spiritual and cultural needs of the patient, their family and carers. They are available to provide specialist advice and support to medical and nursing staff in both hospital and community settings.

The service employed a total of 108 staff. This included six medical staff, a team of registered nurses including specialist palliative nurses, healthcare assistants, and a palliative pharmacist.

There was a range of allied health and social care professionals and other support staff such as fundraising and administrative staff. There were 160 volunteers who were funded by the charity to support the café, retail and transport services. There were 68 volunteers funded by the NHS to support the clinical services.

During the inspection we spoke with patients, their relatives, nursing and medical staff including consultants, junior doctors, clinical support workers, nurses and therapists. We checked patient records. We visited all clinical departments and the specialist centre, which included outpatient and training facilities.

## Summary of this service

We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills. Leaders had a shared purpose and motivated staff to succeed in delivering quality care to patients.
- There was an extremely strong and effective focus on continuous learning and improvement at all levels of the service, including through appropriate use of external accreditation and participation in research.
- The staff team were stable, experienced and committed. The team's focus on continuous development meant that standards were constantly rising. Topic specific sub groups ensured that any areas in need of improvement remained 'on the radar' and progress was regularly checked. Staff were given sufficient time to develop new and innovative ways to improve.

# End of life care

- There was a 'can-do' approach to end of life care when it came to people's individual needs and preferences. The team were proactive in seeking solutions to barriers to fulfilling these and were willing and not afraid to try new things to ensure patients' care was right for them. People with protected characteristics under the Equality Act (2010) were offered care in a way that was tailored to suit them and empower them to make as many decisions about their care and their death as they wished.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. Care and treatment were holistically planned in collaboration with patients, making them active partners in their care at all levels.
- We saw evidence of strong, innovative multidisciplinary and multi-organisational working. There was evidence of proactive collaboration and bespoke care planning, which demonstrated how the hospital worked with other organisations to ensure care was planned and delivered to meet the needs of patients in a sustainable, future proof way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service demonstrated where improvements had been made as a result of learning from reviews and that learning was shared with other services. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All feedback we received regarding staff care and treatment was positive. Staff worked in collaboration with families and individuals to deliver holistic and individualised care which fully reflected patient's wishes.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

## Is the service safe?

**Good** ●

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. People were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.

# End of life care

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

## Is the service effective?

**Good** 

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. Outcomes for people who use services are consistently better than expected when compared with other similar services.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

# End of life care

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff demonstrated a non-judgemental attitude when caring for individuals with complex and challenging needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- All feedback we received regarding staff care and treatment was positive. Staff worked in collaboration with families and individuals to deliver holistic and individualised care which fully reflected patient's wishes.
- We saw staff supported patients with significant events such as weddings and requests for specific outings. Staff took time to ensure all patient requests were respected and valued
- Comfort packs were offered to patients and their families and the service took steps to ensure feedback was sought following their introduction.

## Is the service responsive?

**Outstanding** ☆

We rated it as outstanding because:

- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care. It also worked with others in the wider system and local organisations to plan and deliver a bespoke model of care.
- The involvement of other organisations and the local community was integral to how services are planned and ensures that services meet people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and very inclusive. This included people who were in vulnerable circumstances or who had complex needs. There were many examples of staff working with vulnerable people. They coordinated care with other services and providers. Staff made reasonable adjustments to help patients access services.
- Patients could access the specialist palliative care service in a way and at a time that suited them. Waiting times from referral to achievement of preferred place of care and death were in line with good practice. Patients waiting to access the hospice were offered services from community palliative colleagues, which ensured no one was waiting for support.

# End of life care

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service demonstrated where improvements had been made as a result of learning from reviews and that learning was shared with other services. The service included patients in the investigation of their complaint. There had been no formal complaints about the service in the 12 months leading up to the inspection.

## Is the service well-led?

**Outstanding** 

We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels within the Hospice. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.
- Leaders had a shared purpose and motivated staff to succeed in delivering quality care to patients. There were high levels of satisfaction across all staff. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- There were consistently high levels of effective engagement with staff and people who use services. Services are developed with those who use them, staff and external partners. Effective approaches were used to gather feedback from people who use services and the public. They collaborated with partner organisations to help improve services for patients.
- There was an extremely strong and effective focus on continuous learning and improvement at all levels of the service, including through appropriate use of external accreditation and participation in research. There were many examples of staff participating in research and presenting their findings which were published in national and international journals and conferences. The service was a regional trainer for the Gold Standards Framework and had implemented this on two pilot wards in the local NHS hospital and in several nursing homes in and around the local area.
- Mortality reviews were completed for every patient whom had received care and treatment through the hospice. This included patients whom subsequently died at home following hospice discharge.
- Leaders and teams used systems to manage performance effectively. There was demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- The service had a clear governance structure. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected a variety of data and analysed it to understand performance in specific areas, make decisions and improvements

# End of life care

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.