

ACCORD@Home (hospice at home service) Support Service

Accord Hospice
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Paisley
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Telephone: 01415812000

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Announced (short notice)

Completed on:
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Service provided by:
ACCORD Hospice

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CS2023000094

About the service

ACCORD@Home (A@H) is registered to provide a support service to adults living with a life limiting diagnosis requiring support with care in their own home. The staff team deliver palliative and end of life care with the overall aim of ensuring patients can live and die in the place of their choosing by introducing a service that provides the right care, at the right time, by the right people in that preferred place. The three aspects of the A@H service designed to meet this aim are:

- accompanied discharge home from the ACCORD hospice
- crisis intervention to prevent unnecessary admission to hospital or hospice
- end of life care.

The service is provided by one staff team operating across Renfrew and East Renfrewshire, working in partnership with other healthcare professionals such as GPs and District Nurses. The provider is ACCORD Hospice and the service is coordinated from the ACCORD Hospice in Paisley.

This was the first inspection of the service since registering on 6 April 2023. There were two people receiving support from A@H at the start of the inspection.

About the inspection

This was a short notice inspection which took place on 27, 28 February and 3 March 2025. The inspection was carried out by one inspector from the Care Inspectorate. This was the first inspection of the service since registration. To prepare for the inspection we reviewed information about this service. This included registration information and information submitted by the service. In making our evaluations of the service we:

- made contact with six relatives by phone and email
- spoke with seven staff and management and received three email responses
- reviewed documents
- made contact with an associated healthcare professional via email.

Key messages

- Skilled, knowledgeable and highly motivated staff deliver compassionate and responsive care and support that has a positive impact on people's experiences and personal outcomes.
- Effective leadership and a commitment to continuous improvement supports the delivery of safe, high quality care and support informed by evidence based good practice.
- Staff demonstrate a strong commitment to the meaningful involvement of patients and their families in directing and leading their own care and support planning. Dynamic and collaborative assessment and care planning reflects people's needs and outcomes with their wishes and choices being respected.

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?	4 - 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 found major strengths that had a significant, positive impact on people's experiences and personal outcomes. We evaluated this key question as very good.

The A@H service had enabled people living with a life limiting condition to remain in their preferred place of care in accordance with their wishes. Patient's physical and mental health and wellbeing needs had been continuously assessed by knowledgeable and responsive staff who strived to deliver the right care and support at the right time. Evidence based palliative care assessment tools had been used to inform decisions with staff taking swift action in response when needed, involving additional professionals as appropriate.

Staff were skilled in recognising different phases of a patient's illness, including dying and the action to be taken in response. We saw how rapidly changing circumstances had been skilfully managed by staff resulting in reduced risks and better outcomes for the patients and families concerned. The focus on the assessment of carers needs had supported reduced stress and isolation, improved wellbeing and resilience. This had enabled patients to remain supported in their preferred place of care.

Daily meetings promoted effective communication and information sharing. We found that A@H staff worked closely with clinical nurse specialists to plan care and deliver streamlined support to patients and their families.

We received consistently positive feedback about the A@H service from relatives who told us that staff had delivered high standards of person-centred care and support reflective of the principles of dignity, compassion and respect. Comments included:

'Very good, every one of them and (relative) liked them. They were caring for me as well, making sure I was okay. They helped him retain the level of dignity he wanted and made a positive difference. A great service - I wouldn't have been able to manage without them.'

'It made a big difference to me. They couldn't do enough for us - the compassion they showed was very kind and caring. They were kind and caring towards me as well. Made a positive difference to me - before they came I couldn't go out during the day just in case but then they came and that changed.'

'The girls came in and it was absolutely amazing, they treated (relative) with so much dignity and it meant I could keep him at home. They made him feel good. I don't know how I would have coped without them. Really good at reassuring me. The big thing for me was that he was at home and I was able to fulfil his wishes with their support.'

A healthcare professional associated with the service told us:

'The staff always respond in a timely manner to new referrals and have often stepped in at short notice to support patients at home. Patients and their families often comment to the district nurses about how attentive and supportive the Accord at Home staff are.'

We found staff to be professional, knowledgeable and caring, demonstrating strong values and a genuine desire to provide the best possible support to patients and their families. Staff appreciated the importance of treating each individual with dignity and compassion. Staff also recognised the importance of delivering person centred care and reflected this approach in the way they respected people's choices and promoted their involvement.

Patients and their families had been recognised as experts in their own experiences, needs and wishes, having a say in decisions that affected them. People told us that they had experienced positive, trusting relationships with A@H staff, including where support had been provided for a very short space of time. A relative told us that, despite only receiving the service for three days, she felt like she had known them her whole life. People said they had been helped to discuss significant changes in their lives and said this had been handled sensitively and with great compassion.

The management and staff team at A@H demonstrated dedication to providing patient and family-centred care, endeavouring to provide support at the times that were best suited to individual needs, often working in collaboration with other care agencies to negotiate support times accordingly. Staff were able to spend time with patients and their families in response to their daily needs. People shared the benefits of this with us, giving examples where staff had time to provide them with emotional support, actively listening to their concerns. People also told us that staff had shown a genuine interest in them as individuals and appreciated how they had been able to enjoy lighter moments with staff despite difficult circumstances.

We spoke with clinical nurse specialists and one of the consultants attached to the A@H service. They provided positive feedback about the staff team and the impact the service had on the quality of people's experiences, commenting:

'The HCA can spend a bit longer with people as it's not task orientated - they give as long as people need. They are good at giving emotional support and if things get more complex, they will find me so we can facilitate changes quickly. I can't imagine being without it. It's a super service and we are privileged to have it here.'

Staff shared with us how they had promoted 'meaningful moments' informed by people's hobbies and interests and the goals that mattered to them. We discussed the benefits of capturing this information and the impact of the carer needs assessments for the purpose of self evaluation and quality assurance.

How good is our leadership?

4 - Good

We found important strengths that had a positive impact on people's experiences and personal outcomes. We evaluated this key question as good.

We found that people's experiences reflected the stated aims, objectives and values of the service. Feedback had been sought from relatives and carers who had experienced the A@H service. We saw that consistently high levels of satisfaction had been expressed. Within the range of topics explored, we saw that the impact of the service on people's experiences had been the key priority. All of the people we came into contact with during our visit praised the service and staff highly.

We spoke with clinical nurse specialists and one of the consultants attached to the A@H service. Multi-disciplinary working, communication and information sharing were said to be very effective. As a result, patients and their families experienced safe, high quality care and support informed by evidence based good practice. Feedback from allied health professionals was positive. Comments included:

'It's a valuable service that makes a positive difference as a result of care and compassion and good values.'

'Accord at Home is an excellent service that provides a high standard of care to patients in their own homes. This is an invaluable service.'

The management team had the skills and capacity to drive forward improvement, actively seeking to achieve the best possible outcomes for people using the A@H service. We saw that they led by example and were positive role models for the staff team. We concluded that the improvement culture had informed and driven change and improvement.

The provider's strategic plan for 2022-2025 detailed plans and goals focussed on key priorities. The views of people experiencing care had been used to inform the strategic plan and the four ambitions set out. Measurable objectives had been set stating how they would be achieved and what success would look like. An evaluation of the impact of the A@H service was to be undertaken.

A clinical governance committee had been established with the purpose of monitoring the quality of care and services provided by ACCORD. Within the meeting minutes, we saw reference to the A@H service in relation to actions and developments as well as a report to the Board of Directors reflecting the role of the A@H service within the wider hospice services.

Self evaluation supports continuous improvement through reflection on what is working well and what needs to develop or improve. With the service having registered in April 2023, the management team intended to undertake a self evaluation of the A@H service. The outcome of a planned meeting with staff and feedback from people who have experienced the service should be used to inform this process. The self evaluation and the resulting development plan should focus on outcomes for people and be informed by the Health and Social Care Standards and the framework for support services in addition to the provider's aims and objectives. We look forward to reviewing this at the next inspection.

A complaints management policy and procedure had been developed. The service had not received any complaints to date but we could see how processes aligned with the 'lessons learned' culture promoted by the provider. This meant that people could feel reassured that any concerns raised would be taken seriously and addressed without negative consequences.

How good is our staff team?

5 - Very Good

We found major strengths that had a significant, positive impact on people's experiences and personal outcomes. We evaluated this key question as very good.

People using the service had been protected by robust recruitment procedures with the required checks undertaken prior to new staff commencing employment. The induction process had provided new staff with the training they needed to carry out their role. This was complimented by opportunities to shadow experienced community team colleagues as well as a period of time working in the hospice in-patient unit. Staff told us they felt well supported as new members of the A@H team.

Supportive leadership had a positive impact on the staff team. We met with skilled and knowledgeable staff who were professional, caring and highly motivated. Staff demonstrated a sensitive understanding towards people living with life limiting conditions and a strong commitment to working together as a team to promote positive experiences for patients and their families. We received very positive feedback from people who had experienced the service. They consistently praised staff highly with comments including:

'I can't speak well enough of them. They were so caring - even asked me how I was and advised me to take care of myself. I only knew them for three days but felt I had known them my whole life. I just couldn't have managed - they made a huge difference to us. It was a sad, sad time but we were able to have a wee laugh together - just such nice, decent people. I was worried I wouldn't be able to have him at home which is what we both wanted but they took that worry away.'

'It was amazing - really helped us a lot knowing that someone would be in every day. We felt comfortable with all the girls and so did Mum - she loved them all. We couldn't fault them on anything at all.'

We spoke with clinical nurse specialists and one of the consultants attached to the A@H service. Multi-disciplinary working, communication and information sharing were said to be very effective. They provided positive feedback about the staff team and the impact the service had on the quality of people's experiences, commenting:

'The HCA are really good at recognising when intervention is needed. You want the right people with the right approach. The way they enhance the end of someone's life is very special.'

A District Nurse with experience of the service told us:

'The staff I have come across are all very knowledgeable, approachable and extremely professional.'

The staff training programme set out the mandatory and needs led training that provided staff with the learning they needed to provide safe care and support informed by current good practice. Close monitoring of compliance with training requirements ensured that the staff team remained up to date, preventing the risks that can arise from training becoming overdue. Staff were positive about their training and the value of learning from colleagues and the wider hospice team.

Some of the staff in the A@H team had taken on additional responsibilities for specific topics such as moving and assisting, cleanliness champion and carer needs assessment. This offered staff opportunities for ongoing professional development.

The management team demonstrated genuine concern for staff wellbeing. Staff spoke to us about the challenges of supporting people with life limiting conditions and the impact this could have on their emotional wellbeing. Staff told us that they felt very well supported by their managers and the wider hospice team, commenting:

'(Line manager) is so committed to it (wellbeing) and is 100% interested and so are the other staff - always asking how we are doing. They are well aware that it can be challenging. They go above and beyond - best line manager I ever had so we all want to be here.'

'(Line manager) is the most supportive person who is accessible and responsive. I feel appreciated and valued. My welfare is always promoted. Overall, I love my job and very happy to be part of such a wonderful service.'

Staff had contact with their line manager on a daily basis and were in contact with other members of the wider hospice team on a regular basis. Monthly 1-1 meetings offered an opportunity to meet up and talk with team meetings held two to three times a year. We discussed with the management team how effective staff supervision supports individual staff, and the team as a whole to discuss, develop and reflect on their learning and practice. We suggested that more formal, recorded supervision that includes, but is not limited to a focus on training and development, reflective practice, achievements, the HSCS and professional codes of practice would benefit staff alongside the annual appraisal process. The management team agreed to take this forward.

Recruitment records and procedures were under review with a view to making further improvements in line with good practice. We discussed with the management team how this offered a good opportunity to more fully reflect the clear commitment to values based recruitment in the records maintained.

How well is our care and support planned?

5 - Very Good

We found major strengths that had a significant, positive impact on people's experiences and personal outcomes. We evaluated this key question as very good.

Assessment and care planning should reflect people's outcomes and wishes so that they receive the care and support they need and want, with their wishes and choices being respected. We saw that the staff team demonstrated a strong commitment to the meaningful involvement of patients and their families from the outset, and on an ongoing basis as needs changed. This enabled staff to deliver the right interventions at the right time for each individual as well as ensuring that patients and their families were fully involved in directing and leading their own care and support. A relative commented:

'From the first moment the staff arrived at our home, they fitted into our family. The team included all of us in (relative's) care. They made no decisions without consulting with us.'

Carers had been invited to complete an assessment of their needs in relation to their caring role. This was based on the experiences of other people who have been supported to care for someone with a life limiting illness. Questions encompassed a range of key areas such as understanding the illness, time for self, fears and worries and practical support. The assessment asked carers to prioritise what was most important to them in the moment and supported the genuine concern staff demonstrated for carer's wellbeing.

Following referral, the initial needs assessments undertaken by clinical nurse specialists (CNS) had been shared with the staff team. Daily morning meetings had been held in partnership with other members of the multi-disciplinary team to discuss patient's current needs, any concerns and agreed interventions. This was shared with HCA and helped to inform the planning of care and support and HCA had access to the 'Trackcare' electronic care plan records. Staff told us that the information available to them ensured that they were well informed about people prior to providing support. Staff said:

'The communication within our team is fantastic. We do a handover each night and pass on any information about patients and then have a catch up in the morning. Also within the wider team, we all communicate well and pass on all relevant information when needed.'

This was confirmed by the people we spoke with. A relative commented:

'They knew as soon as they walked in the door if anything was wrong with (relative) and passed this on promptly to his nurses. I cannot fault any of the team, they are all greatly skilled, professional amazing women. We will forever be grateful for their support, kindness and compassion.'

The 'Trackcare' records we reviewed reflected patient's changing needs and the support interventions delivered in response. We saw that dynamic assessments of individual needs had been informed by evidence based assessment tools, reflecting a highly responsive approach to sometimes rapidly changing circumstances. Staff demonstrated effective assessment skills and maintained a good record of their actions and resulting outcomes. We saw clear evidence of liaison with the relevant health professionals. This demonstrated a holistic approach to care and support planning that enabled staff to meet the needs of patients and their families effectively.

'Making today matter' in the context of hospice/palliative care emphasises the importance of quality of life in the present moment. Staff recognised the importance of exploring personal goals and valued people as experts regarding their own experiences, needs and wishes, appreciating how this could change from day to day throughout a person's illness. Staff shared positive examples where they had created meaningful moments for individual patients. We asked the management team to consider how personal goals could be captured more fully when care planning.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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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