



Quality Account 2022-2023

Published June 2023.

Looking back at organisational performance during 2022-2023 and outlining our priorities for 2023-2024.

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Part 1 – Statement of quality

Chief Executive statement of quality

On behalf of the Board of Trustees, I am very pleased to present the Quality Account for Rennie Grove Hospice Care, covering 2022-2023.

This Quality Account is our annual report detailing the quality of the palliative and end of life care services we offer to patients facing a progressive life-limiting illness and those who care for them.



As we moved away from the restrictions imposed by the COVID-19 pandemic during recent years, we entered this year with an ambitious plan to merge with Peace Hospice Care. This will therefore be the final Quality Account for Rennie Grove Hospice Care and in future we will report as Rennie Grove Peace Hospice Care.

The aim of our merger is to reach more people in our community who are living with a progressive life-limiting illness, serve a significant catchment area with a GP population of over 1 million with excellent palliative and end of life care services, and strengthen our voice on the national stage.

Although the merger meant a departure from our planned organisational priorities, each and every department has worked above and beyond to combine two highly regarded providers of hospice care in the local area, while still delivering services to benefit a GP population of almost 1 million people.

The past year has seen a tremendous amount of work from every single member of both organisations to progress our merger integration. A full merger takes a huge amount of combined resource and we have made great strides towards this over the past year. We have planned the last 12 months meticulously, with both executive colleagues and the Board of Trustees working together to deliver a master schedule of work, and resolving any challenges faced along the way.

I am delighted to share our achievements in delivering this schedule of work. They include structural changes such as completing the legal merger and personnel advances including combining staffing structures and integrating clinical workforces as well as reviewing employment terms and conditions followed by transferring all employees into one organisation. We have also prepared CQC registrations for the new organisation.

Infrastructure changes are notoriously difficult when combining organisations of our scale and I'm pleased to report that we have successfully integrated our patient records, HR, and incident reporting systems, as well as reviewing our relationship management, fundraising, and volunteering databases.

From speaking to colleagues at other hospices, it has become clear that even when two organisations are as well aligned as ours, mergers are never easy. I have been buoyed by the sense of tenacity and determination that has been shown by everybody in the organisation to make this merger a success, for the benefit of the patients we serve.



I'd like to thank the Board of Trustees for their leadership and guidance during such a significant year.

I have observed that the unwavering focus on the needs of patients has remained at the heart of all decision-making and is a guiding light for each person in the combined organisation. This can be seen in the increase in the proportion of patients we have supported to die at home, when that is their wish – with an increase to 94% in 2022-2023 from 79% in 2021-2022.

In the coming year I look forward to completing the merger and seeing the combined organisation go from strength to strength in its ambitions to serve even more patients in our area with quality, personalised end of life care.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health care services we provide.



Stewart Marks
Chief Executive



Rennie Grove is merging with Peace Hospice Care

During 2022, Hertfordshire and Buckinghamshire hospice charities, Rennie Grove Hospice Care and Peace Hospice Care began the process of merging to become Rennie Grove Peace Hospice Care. The driving force behind the merger is our goal to increase both the reach and scope of services. This includes high-quality care for those facing life-limiting illness, support for those who care for them, and bereavement counselling services for anyone affected by grief.



Our Vision

We will support people of all ages who are affected by a progressive life-limiting illness, and those who care for them, to live as well as possible by providing choice and ease of access to a wide range of palliative care and bereavement services across West Hertfordshire and Buckinghamshire.



For 2022, for the purposes of CQC registration and the delivery of care, Rennie Grove Hospice Care remained a separate organisation and therefore this report covers the services and activity at Rennie Grove.

Our Purpose

Everyone with a life-limiting illness should:

- be able to live well for as long as possible
- have the choice to die at home

Our Values

We put patients and families at the heart of our specialist care:

- visiting day and night as needed
- supporting patients to live the best quality life possible
- helping families make every moment together matter

At Rennie Grove we aim to help people with life-limiting illness live their best life possible and have the choice to die at home.

We strive for excellence

At Rennie Grove, each of us takes responsibility for working towards our own goals, linked to Rennie Grove's purpose and our organisational strategy. Above all, we value two-way communication because we know that's how we can keep improving. So, we encourage our workforce of staff and volunteers to speak up, find solutions and try new things. And we ask the patients and families we support to feedback to us about their experience of our care.

We develop and innovate

Each member of staff takes responsibility for continually developing themselves in pursuit of Rennie Grove's purpose. By embracing all the different learning opportunities on offer – including your feedback – we can each perform at our best and make sure more families get the best possible care.

We respect and value

At Rennie Grove, we embrace diversity and value difference. Whether it's professional differences, difference in lived experience, or different expertise, ideas, views or needs – we respect others' skills, contributions and wishes. We'll always act with integrity, honouring the trust people place in us, and respecting people's dignity and choice. This ethos underpins the Rennie Grove purpose.

We engage and empower

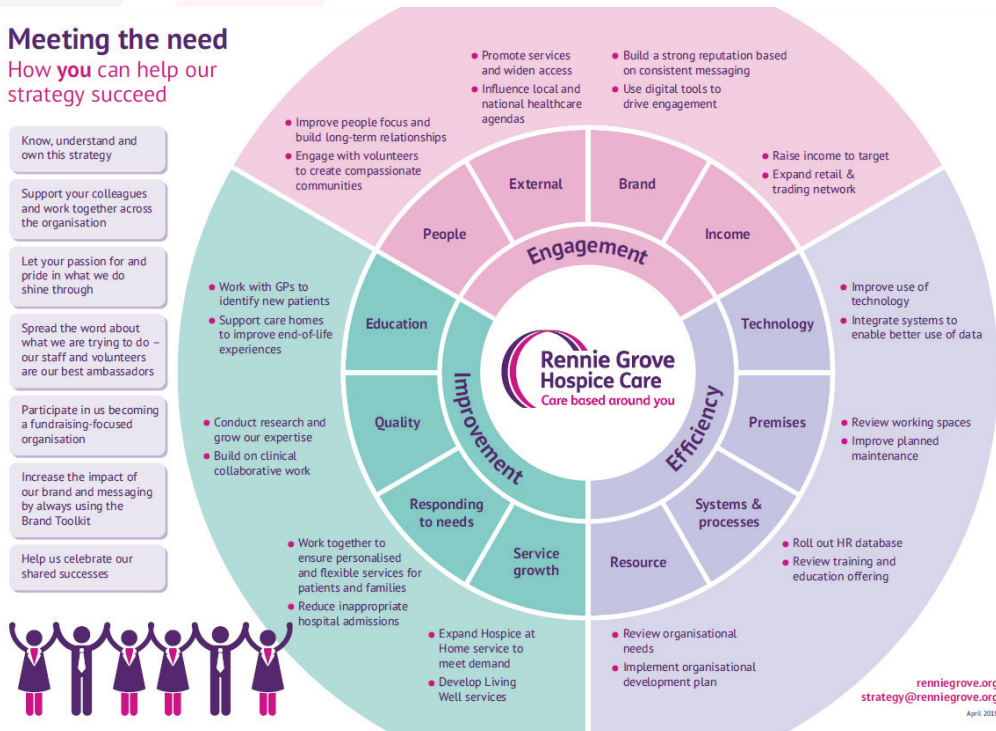
We build the best possible relationships through communication and collaboration. By working together and trusting one another, we can achieve the Rennie Grove purpose. So, we recognise, learn from, and celebrate expertise and achievement within Rennie Grove and across our partners. And we listen and respond to our patients, their families, our staff, volunteers, and our community of supporters.




We are caring and compassionate

We show empathy, treating people with kindness and respect. We recognise different perspectives and adapt the way we communicate to help people convey how they feel. In addition, we share our own thoughts and feelings where appropriate. But we also take responsibility for the impact our words and actions can have on others. We listen carefully – to patients, family members, colleagues, and supporters – using our skills to draw out any unspoken concerns.

Strategy




Reaching more people with palliative care needs in Herts and Bucks




A growing number

of patients at or nearing the end of life are admitted to hospital when they don't need to be




Support for families

caring for people nearing end of life is often uncoordinated



An increasing number

of people are living in care homes as they near the end of life



More people

living longer into older age

In Rennie Grove's strategy, our key strategic aims target these healthcare challenges as follows:

- We support GPs and other healthcare professionals to identify patients who would benefit from our services.
- Consequently, we can provide services to more people at an earlier stage. So we can plan better for the end of life and keep more people at home and out of hospital.
- In addition, we'll continue to make sure all our services are personalised and flexible to fit each patient and the people caring for them.
- We'll work with care homes to develop staff expertise and improve end-of-life experiences for everyone.



Part 2 – Priorities for improvement 2023-2024

Looking forward to 2023-2024

Priority 1: Delivering improved, equitable access to our community services

We aim to improve access to our services by the developing a single point of access (Rennie Grove Peace co-ordination centre) that operates 24/7 ensuring patients and those that care for them in South and North West Hertfordshire and Buckinghamshire will receive the right care at the right time delivered by the right person.

How was this priority identified?

Extending and developing 24/7 access to our palliative community service is a key element to meeting the aims set out in The Ambitions for Palliative and End of Life Care and NICE Guidelines. These state that the needs of people at the end of life, and their families and carers, cannot be met in a standard 9–5 model of service delivery.

How will this be achieved?

Whilst Bucks and NW Herts localities have a 24/7 service; SW Herts services currently run between the hours of 8am-10pm through the Palliative Response Team. As part of the expanded organisation, we will look to use existing staff and where necessary will seek additional resources in order to expand our current community care service model across all localities to provide responsive palliative nursing and care as part of the wider health system.

How will this be monitored?

We will report and monitor the development and performance of the service at our regular clinical governance committee meeting and our development, operations, and performance meeting.

Priority 2: Improved data and outcome reporting

How was this priority identified?

We recognise the need to improve the data we are reporting to ensure we are able to identify any risks, themes, and trends and to enable us to clearly report on outcomes for our patients and the impact of our services. This reporting will also allow us to identify areas for potential improvement in order that we can incorporate these into plans to improve our services.

How will this be achieved?

We will agree with the Clinical Governance Committee a set of clinical Key Performance Indicators (KPIs) covering both activity, performance, and safety data for the new organisation. We will also explore methods to automate reporting, allowing more time for the analysis of information and reporting of trends.



How will this be monitored?

We will continue to report the agreed KPIs to our Clinical Governance Committee and our Development, Operations and Performance Committee using existing methods whilst exploring the improved reporting functionality. We will also report on progress made at these meetings.

Priority 3: To implement SystmOne across the organisation for records of patient care

How was this priority identified?

It was recognised that the new merged organisation should use the same patient record system to better facilitate joined up care across all teams. The use of SystmOne will also allow us improved access to patient information from other care providers from sources such as the Summary Care Record and the NHS Health Information Exchange.

How will this be achieved?

Funding to implement SystmOne for the new Rennie Grove Peace Hospice Care organisation has been agreed and the project has commenced. After the initial implementation planned for the end of March 2023, further enhancements will be made during the year to improve functionality for users.

How will this be monitored?

We will report progress of this project to our internal Clinical Governance meeting and our Clinical Governance Committee.

Statement of Assurance from Board of Trustees

The Board of Trustees is fully committed to ensuring that Rennie Grove Hospice Care delivers high quality services by evaluating and reviewing services to ensure the health and safety of patients, and the standard of patient care are continuously improving.

Review of services

In 2022-23 Rennie Grove Hospice Care cared for 2600 patients. This included 1804 Hospice at Home patients for adults and children (1748 adults and 56 children). 238 patients and carers were seen by the wider Rennie Grove services and 509 were contacted by our Family Support Services.

Our Rapid Personalised Care Service cared for 407 patients.



173 patients attended Living Well services, 177 patients were seen at Nurse Assessment clinic, 51 at Specialist Nurse Clinic, 292 by Occupational Therapy, 129 by Physiotherapy and 268 patients had Complimentary Therapy. 102 patients attended Day Courses.

Our Children's Hospice at Home service covers areas of Hertfordshire including St Albans and Harpenden. In 2022-23 we cared for 56 children and their families and 86 contacted children's support services.

We are continually reviewing our ability to respond to increasing demands for support and services from patients. Below is an outline of our current services which allow us to provide holistic care, treatment and support to our patients and their families.

As a registered charity, we rely on the generosity of the local community to fund around 87% of our £8.1million annual running costs, allowing us to care for thousands of patients and families every year. Our care is provided at no cost to our patients and families and is made possible by the generous donations we receive from our local community as well as the dedication of our staff and the commitment of over 1,500 volunteers.

Our services

Hospice at Home Service

Is unique in the local area, offering specialist care at home through a combination of planned and responsive visits by our teams of nurses and healthcare assistants. We offer practical nursing care and advice 24 hours a day to help you control your symptoms and avoid unnecessary hospital admissions, keeping you at home with your loved ones.



Children's Services

Providing a specialist 24/7 Children's Hospice at Home Service for babies, children, and young people up to the age of 19 living with a life-limiting condition in parts of Buckinghamshire and Hertfordshire. Our team of children's nurses provides flexible and responsive care tailored to each family's needs to help ensure that the children can fulfil their potential and enjoy the best quality of life possible, however short that life may be.

In addition to practical nursing care, Rennie Grove Children's Nurses provide vital advice and support to parents equipping them with the skills and signposting them to the resources they need to be able to care for their child at home. Often a visit from a Rennie Grove nurse can help a parent stabilise a child's condition, set minds at rest and avoid the distress of an unnecessary hospital admission.



Rapid Personalised Care Service (RPCS)

Fast-track continuing health care, funded by the Clinical Commissioning Group for 12 weeks. It is designed to offer personalised care for a period of up to 12 weeks to provide people with the daily support they need to remain safe and comfortable at home during their final weeks of life.

The team of trained healthcare assistants, along-side a care coordinator and service lead will be involved in your care to give you the specialist support you need. Healthcare professionals will have referred you to our service to receive a package of care to support you and your family at this difficult time.

Supporting Hands

Offering supportive companionship, including practical and emotional assistance to our patients and their carers in the south Buckinghamshire area.

The Supporting Hands service is available both to our patients with a life-limiting illness and their carers. We can provide support both at home and on trips out.

Counselling & Listening

Counselling and Listening support to patients, carers, and families of patients coping with illness and bereavement.

- **Face-to-face support:** we provide fully trained active listeners or qualified counsellors to visit you at home or at our day hospice, Grove House.
- **Telephone support:** if you would like to talk to someone over the phone, we can arrange telephone support with a member of our team.
- **Support for parents and teachers:** we can provide information, advice, and support for any adults (parents, teachers, grandparents, or carers) to manage children and young people's needs whilst facing and dealing with illness and bereavement.
- **Support for children and young people:** we have a trained children's support team who offer support for children and young people through listening and play. We can visit either at home or at school, providing support specific to each child or young person's needs.
- **Support groups:** these take place once a month, to give people in similar situations the opportunity to talk about their feelings and experiences. The groups are friendly and informative and are led by trained volunteers and family support staff, offering members the opportunity to share their own experiences, speak to each other and the support team.



The Buckinghamshire Rapid Personalised Care Service was introduced in January 2022 and is a pilot service which we hope will become a substantive service for our Buckinghamshire patients in 2023. It is modelled on the successful Hertfordshire RPCS service and offers fast-track continuing health care which is funded by Buckinghamshire Clinical Commissioning Group for 12 weeks. The service is designed to offer personalised care for a period of up to 12 weeks to provide people with the daily support they need to remain safe and comfortable at home during their final weeks of life.

Family Support Services

Living Well Services

Our Living Well Service at Grove House is a positive and active place offering practical care and social support for patients diagnosed with cancer or other life-limiting illness. All patients in Living Well are continually monitored and assessed by specialist nurses who offer symptom management and emotional support. You can also get support from other patients and volunteers in a group setting.

Drop-in Session

Is available to anyone, and you do not need an appointment to come along to speak to one of the team.

Specialist Nurse Clinic

Physiotherapy

Via phone, video, or face-to-face home visits. Physiotherapists help you work on your mobility, strength, balance, breathlessness and more.

Occupational therapy

Via phone, video, or face to face home visits. Occupational therapists help adapt your day-to-day activities that you may be finding difficult, with or without use of equipment, fatigue, and activity management, and more.

These clinics are designed to provide patients with access to specialist care whilst maintaining their independence. The emphasis will be on giving you control and helping you to manage your own health and wellbeing. Our Specialist Nurse Clinic offers:

- Ongoing monitoring and management of symptoms and conditions
- Specialist advice on side-effects from treatment
- Ongoing support, including coping strategies and psychological support
- Signposting to other appropriate services



Complementary Therapies – can be very relaxing and, in addition to helping dispel tension, they may help with specific complaints, such as nausea, digestive problems and skin irritation. We have a team of fully qualified volunteer therapists who are trained to provide a range of complementary therapies for our patients, carers, and family members. We currently offer massage, aromatherapy, Reiki, reflexology, Indian head massage, and cranio-sacral therapy.

Yoga & Tai Chi – we offer six-week courses of either Yoga or Tai Chi which provide gentle exercise to help boost your well-being. The aim of each course is to help you relax, learn techniques to practice at home and develop coping strategies.

HOPE Course – is a six-week programme specifically designed to help patients affected by cancer, during or after treatment has finished. This course has been facilitated by Macmillan and is run throughout the year at three hospices in Hertfordshire. The aim is to find new ways to regain your confidence and self-esteem, learn strategies to overcome emotional and practical difficulties, gain new self-management techniques around sleep, physical activity, stress, fatigue, and life priorities, and make plans, achieve goals, and feel more positive.

Participation in national clinical audit

Rennie Grove did not participate in any national clinical audits or national confidential enquiries. None of the 2022-2023 audits or enquiries related to specialist palliative care.

Participation in research

No patients were recruited by Rennie Grove in 2022-2023 to participate in research approved by a research ethics committee.

Use of the CQUIN payment framework

Rennie Grove contracts are no longer stipulated or driven by Commissioning for Quality and Innovation (CQUINS) payment framework.

Care Quality Commission

Rennie Grove Hospice Care is currently registered with the Care Quality Commission to provide specialist palliative care, advice and support for adults and children with life-limiting illness and their families for the following regulated activities:

- treatment of disease, disorder, or injury



Rennie Grove Hospice Care was formally inspected by the CQC in May 2016. Rennie Grove received an overall rating of ‘Good’. A summary of the CQC Inspection Report can be seen in Appendix 2.

The CQC completed a review of Rennie Grove Hospice Care on 7 April 2022 and determined the following:

We carried out a review of the data available to us about Rennie House on 7 April 2022. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service.



Rennie Grove Hospice Care

Rennie House

Inspection report

Unit 3
Icknield Way Industrial Estate, Icknield Way
Tring
Hertfordshire
HP23 4JX
Tel: 01442890222

Date of inspection visit:
12 May 2016
18 May 2016

Date of publication:
12 July 2016

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 ●

Registered Services
 Rennie House
 Unit 3, Tring Industrial Estate
 Tring
 Herts
 HP23 4JX
 T 01442 890222

Regulated activities may be carried out from the above location as well as: -

Grove House
 Waverley Road
 St. Albans
 Herts
 AL3 5QX
 T 01727 731000

Gillian King House
 Three Households
 Chalfont St Giles
 Bucks
 HP8 4LS
 T 01494 877200

The Care Quality Commission has not taken any enforcement action against Rennie Grove and has not participated in any special reviews or investigations by the Care Quality Commission during 2022-2023.



Safeguarding

Rennie Grove takes the Safeguarding of Children and Adults at Risk very seriously. All staff complete mandatory Safeguarding training appropriate to their roles and responsibilities. Safeguarding incidents are managed through our Governance function and are overseen by the Safeguarding Lead. Safeguarding policies are in place and reviewed regularly. Staff are aware of how to raise concerns regarding Safeguarding issues and the process to follow to report these to the relevant local Safeguarding team. We notify the CQC of any Safeguarding incidents investigated by the local Safeguarding teams.

Information Governance

Rennie Grove takes the safety and management of patient information very seriously. We are compliant in mandatory requirements of the Data Protection and Security Toolkit.

Clinical coding error rate

Rennie Grove was not subject to the Payment by Results clinical coding audit during 2022-2023 by the Audit Commission.



Part 3 – Review of quality performance in 2022-2023

Looking back on priorities for 2022-23

Priority 1: Modernisation programme

Progress

The Senior Clinical Team continued to meet bi-weekly initially to review the progress of the improvement plan. There was good progress on the plan, with some sections of the plan being completed in full. However, due to the commencement of the merger process the plan was put on hold so the needs of the merger organisation could be considered.

Next steps

Once the merger between Rennie Grove and Peace Hospice Care has been fully completed, requirements will be reviewed and a new plan created to address any new, combined needs. All quality improvement plan activities and objectives will be critically evaluated regularly to meet the evolving needs.

Priority 2: Staffing levels

Progress

Staffing levels are reviewed on a monthly basis by the Senior Clinical Team as part of service reviews. As the merging of the organisations continues and progresses, staffing levels across all areas of the new Rennie Grove Peace Hospice Care is being reviewed to ensure service provision is maintained.

Next steps

Staffing levels across all areas of current areas and the merged organisation will continue to be reviewed and evaluated. Recruitment continues as normal to approved vacancies. Roles and requirements will be in line with the patient caseload and the ability to provide services to a great number of patients. Rennie Grove Peace will look into the flexibility of clinical roles to determine if this would provide access to a larger population of skilled candidates. We will also review the possibility of hybrid roles giving consideration to candidate requirements, personal and business need.

Priority 3: Patient pathways

Progress

It is important to ensure the services we provide continue to develop and modernise to meet the changing needs of patients and families. As an organisation, we are aware that we must review our service offering continually to ensure they are fit for purpose and will meet growing and future need. We listen to feedback from patients, staff, and stakeholders for opportunities to



grow and develop our services. We acknowledge the need for the ability to care for diverse patient groups and commit to considering opportunities within all communities ensuring equality and inclusion for all.

Next steps

This priority will be reviewed as part of the merger.

Priority 4: Collaboration to meet the needs of the community

Progress

It is important to ensure the services we provide continue to develop and modernise to meet the changing needs of our patients and families. We are aware as an organisation we must review our service offering continually to ensure it is fit for purpose and will meet growing and future need. We recognise that collaboration with others is important to support and enable change. The education team will continue to provide and support education to provide high standards of care.

Next steps

We will review the services and provision of all areas to enable collaborative working and streamlining of patients care and experiences. We will review learning and development requirements to equip staff with the right skills and knowledge. This priority will be reviewed as part of the merger.

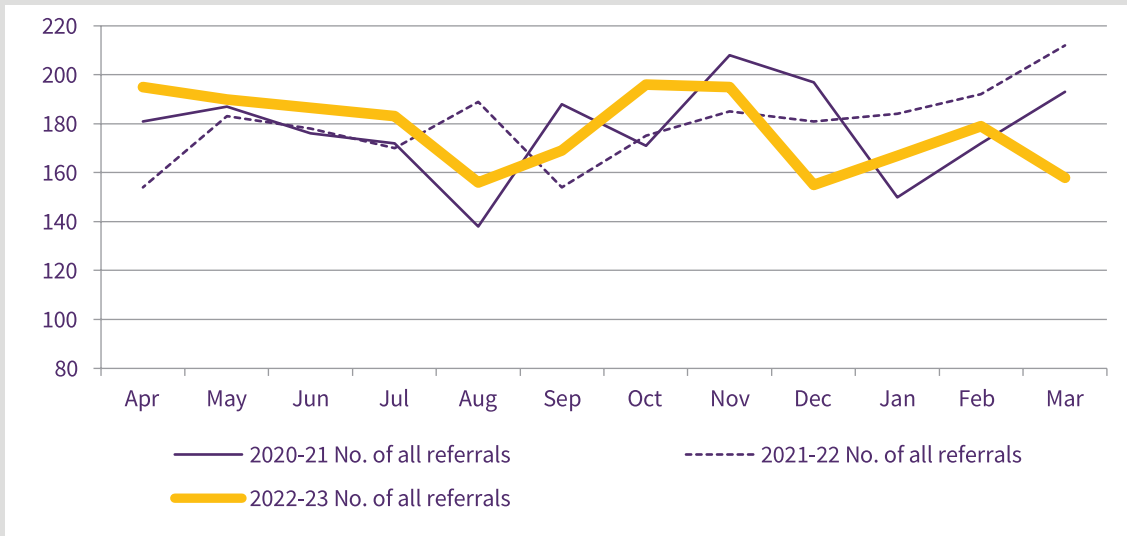


Quality and statistical data for 2022-2023

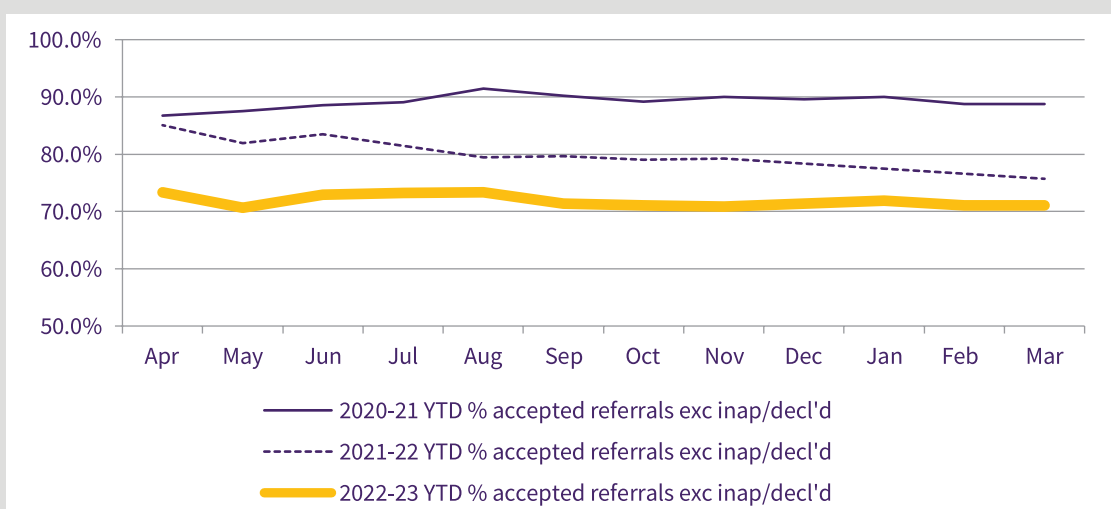
Similarly to other providers of NHS care, we have, at times, had some issues in ensuring our Hospice at Home team was fully recruited to. We were therefore unable to accept as many referrals as in prior years.

Referrals

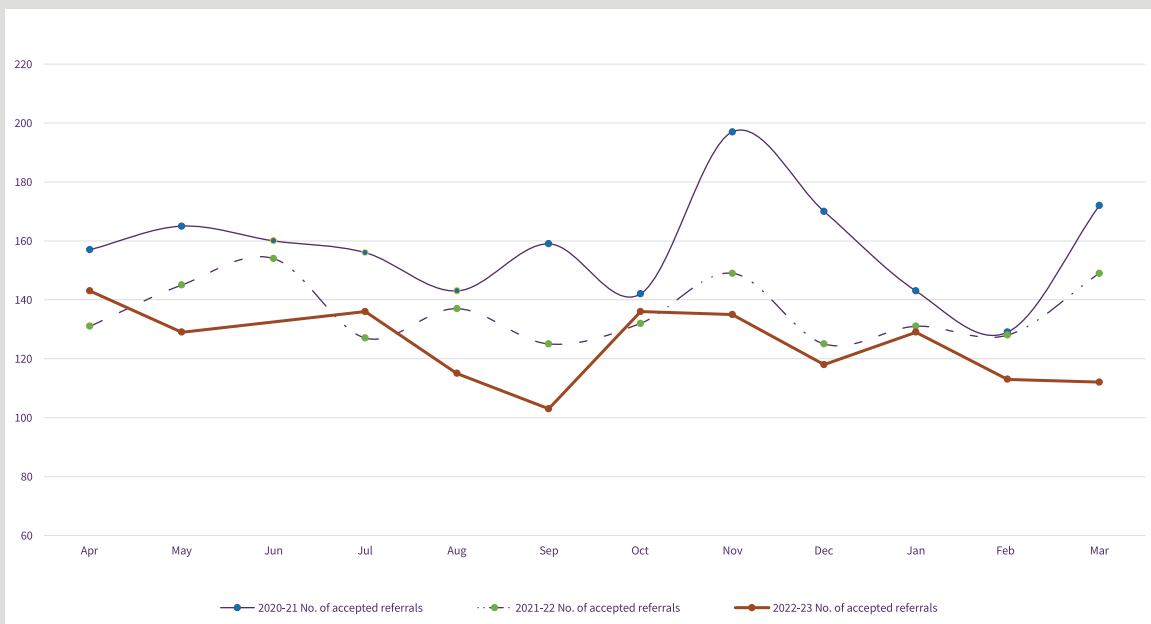
Number of referrals received each month for Hospice at Home



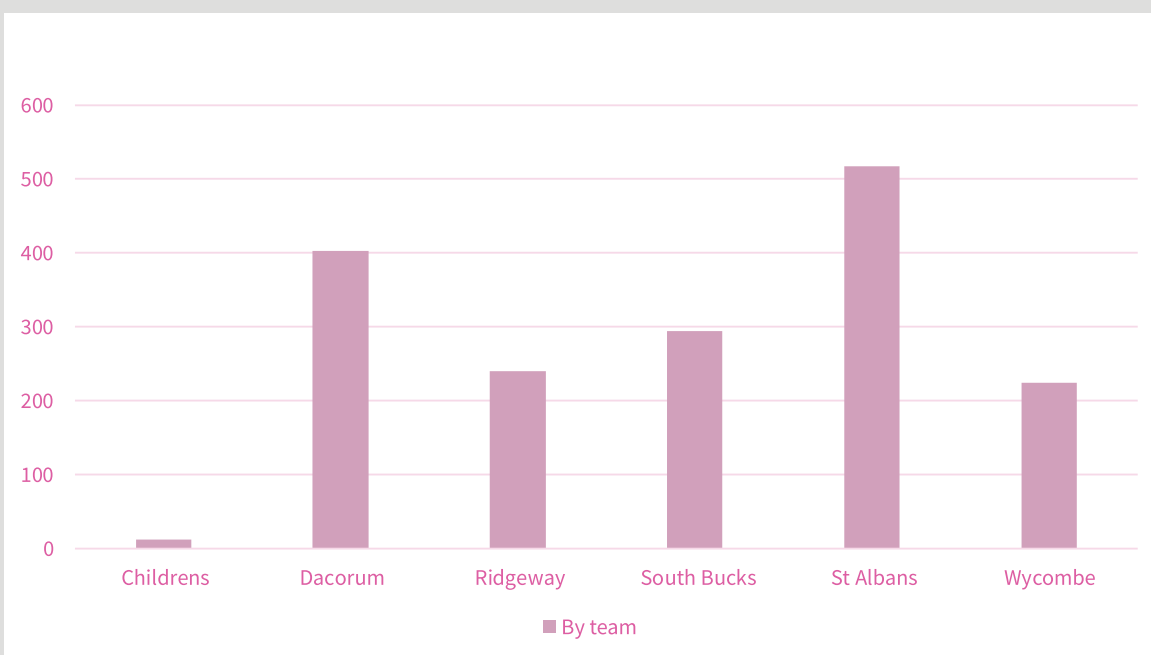
YTD percentage of accepted referrals for Hospice at Home



Number of referrals accepted each month for Hospice at Home

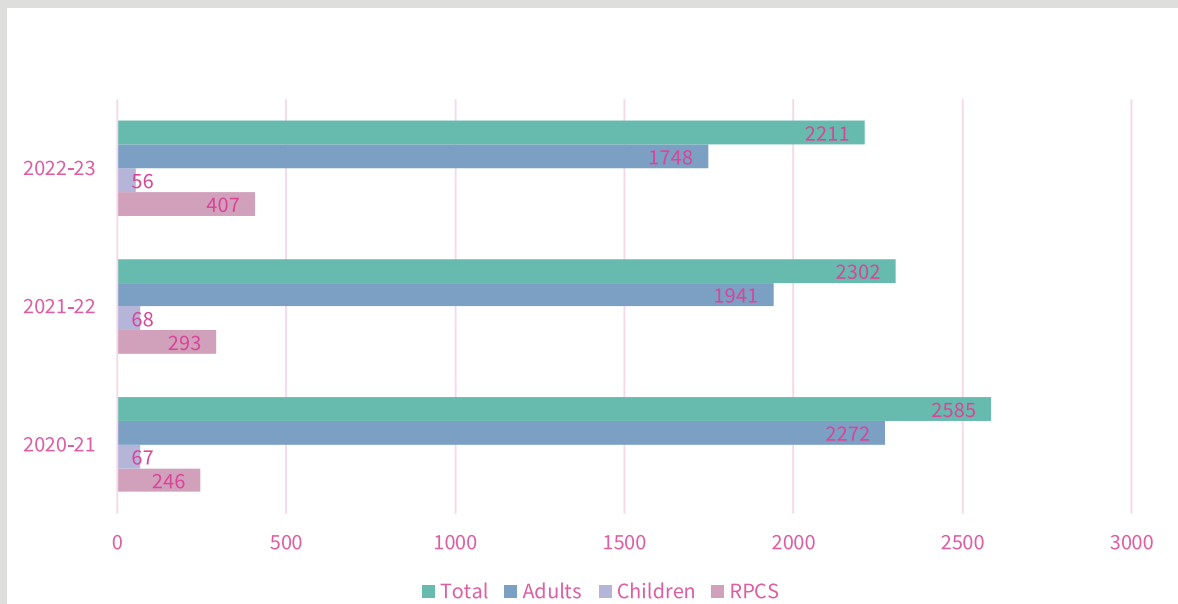


Hospice at Home referrals

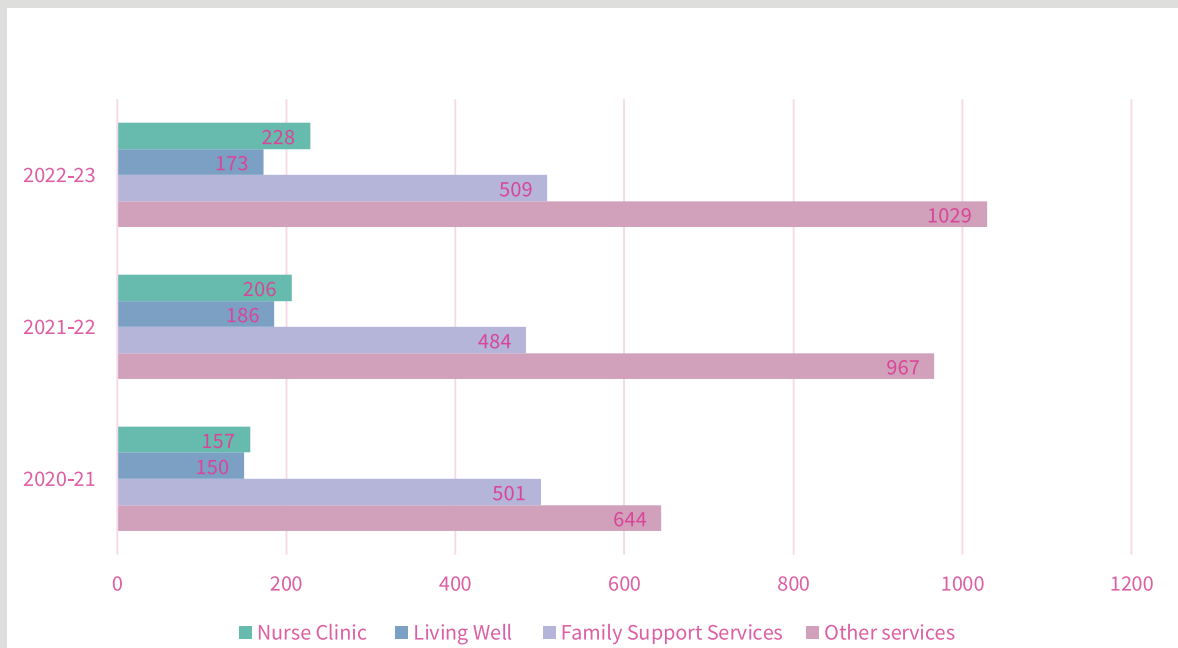


Patient numbers

Hospice at Home & RPCS

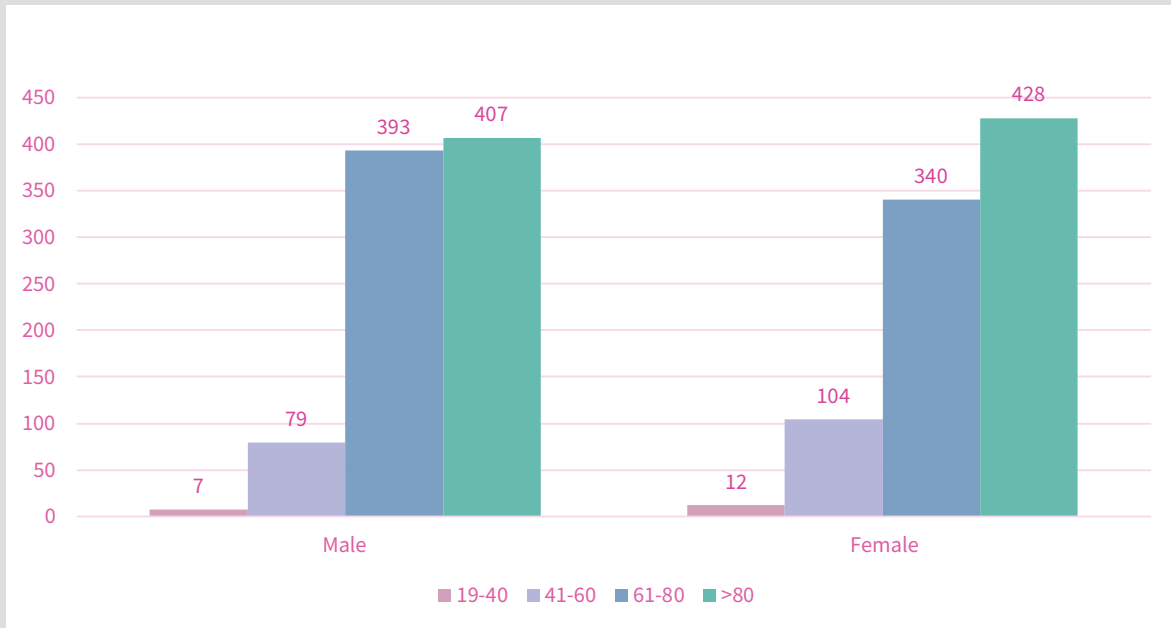


Family Support Services & Living Well



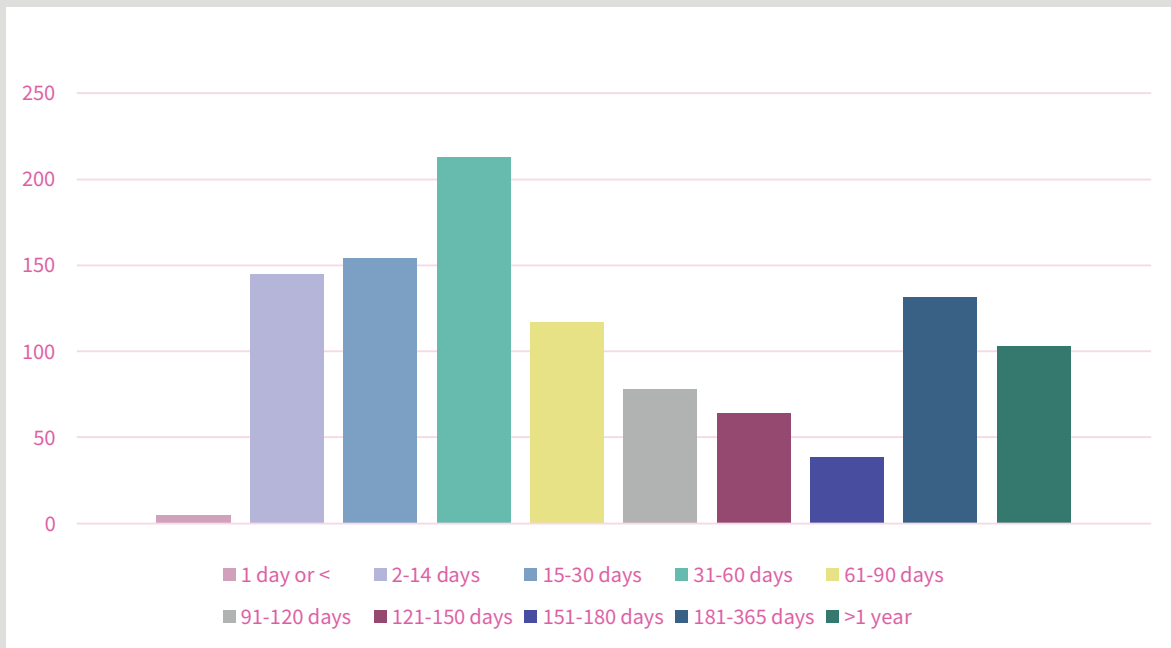
Age Groups

Patient numbers by age



Length of care

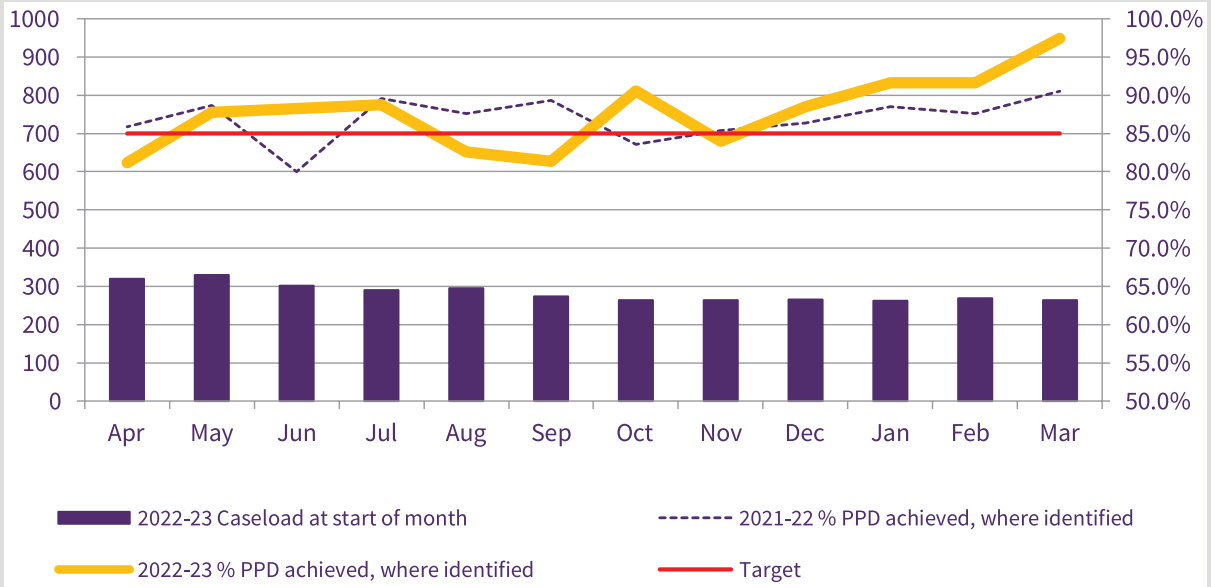
Length of care from start of service to death



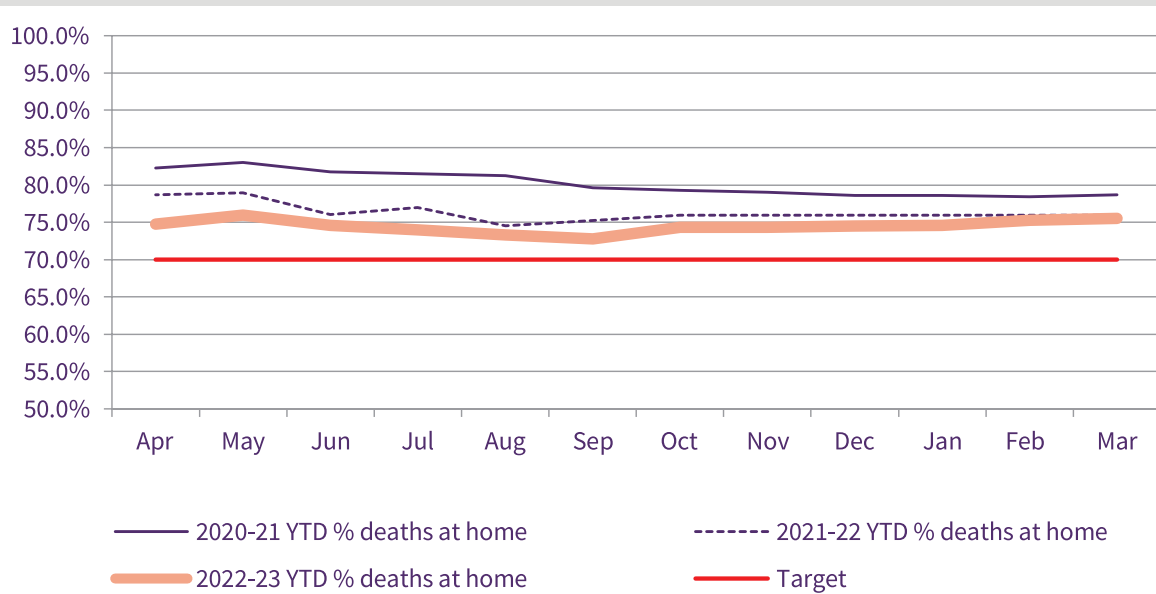
Preferred place of death (PPD)

National average	2022-23 target	2022-23 achieved
42%	>85%	89.1%

Percentage of H@H Patients Who Died Achieving Preferred Place of Death



YTD Percentage of H@H Deaths at Home (inc Care Home)



Complaints

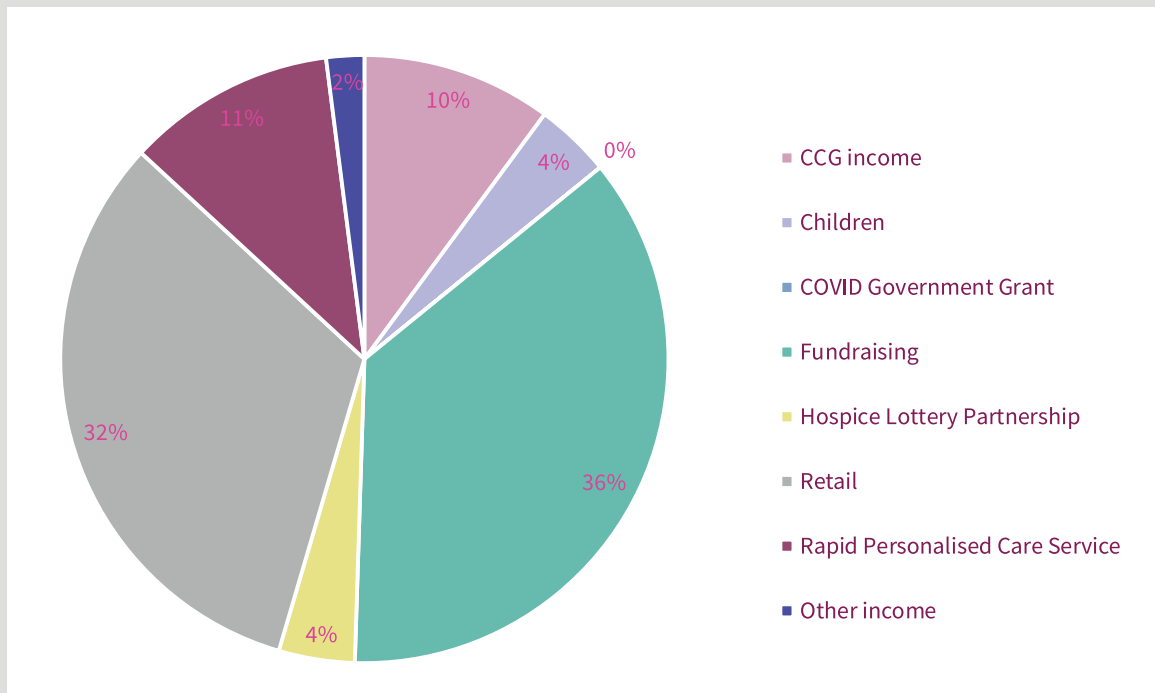
Total	Bucks	Herts	RPCS	Children	Family Services
8	4	4	0	0	0

Compliments

Total	Bucks	Herts	RPCS	Children	Family Services
382	167	66	106	16	27

Rennie Grove funding 2022-2023

Income 2022-2023



Appendix 1 – CQC summary of findings

Summary of findings

Overall summary

This inspection took place on 12 May 2016 and was announced. We contacted people and their relatives for feedback about the service on 18 May 2016.

Rennie House is registered to provide specialist palliative care, advice and support for adults and children with life limiting illness and their families in their own homes. They deliver physical, emotional and holistic care through teams of nurses, counsellors and other professionals including therapists.

At the time of the inspection there were 180 adults and 52 children using this service. The service provided specialist advice with regards to symptom control and worked in partnership with health care professionals to ensure that people received the best possible support in their own homes. There was a counselling, pre-bereavement and bereavement support offered to families and relatives.

Rennie House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff were trained in how to protect people and children from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff assessed the risks involved in delivering a service in people and children`s own homes. Staff communicated any risks to people and children`s health and well-being to health and social care professionals. They followed up and reviewed risks regularly to ensure these were appropriately managed and mitigated.

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 respecting their wishes and preferences. The children services team from the hospice worked closely with children`s parents and social and health care professionals to ensure the best possible outcome for children with a life limiting illness.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Staff reported any concerns so that these could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of reoccurrence.

Recruitment procedures were robust and ensured that staff working at the service were qualified and skilled to meet people`s complex needs. There were sufficient numbers of staff to ensure people received support when they needed it.

The service operated a 24 hour service and on-call system to ensure people received the same support and

2 Rennie House Inspection report 12 July 2016



advice during the day as during the night. This gave people great confidence and comfort. People told us they valued this service and they felt reassured to know they could talk to a member of staff any time during day and night. The children services team was not providing a 24 hour on-call service, however when a child's condition deteriorated the staff worked on a rota system and provided support to the children, parents and families over a 24 hour period.

People told us that staff understood their individual care needs and were compassionate and understanding and that their cheerful and friendly approach gave them reassurance and made them feel safe. Parents of the children who used the service were appreciative of the support they received had confidence and trust in the staff. They all felt the service was very safe. Staff told us they undertook training which enabled them to provide good quality care to people and children in their own homes.

People's medicines were administered by trained and qualified staff who had their competency assessed regularly by their manager. Any changes in people's medication were discussed with health care professionals to manage and support people's symptoms and pain management. Medicines were regularly reviewed and audited to ensure they met people's needs. Staff from the children services developed a close relationship with the team of paediatricians and specialists looking after the children's health.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care.

People and relatives were very positive about the caring and compassionate attitude of the staff delivering the service. They told us they were completely satisfied with their care and thought highly about staff and management. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way. People's wishes for their final days were respected.

Parents of the children using the service valued the service they received and praised staff for the long standing support they gave to them and their children often for years until children reached adulthood. Staff from the hospice supported children and parents in the transition from children services to adult services liaising with social and health care professionals to ensure a smooth transition.

The management structure showed clear lines of responsibility and authority for decision making and leadership in the operation and direction of the hospice and its services. The registered manager was committed to improve and broaden the services the hospice offered.

The management and staff team actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the management team. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions.



Rennie Grove Hospice Care

Rennie House, Icknield Way Industrial Estate,
Tring, Hertfordshire HP23 4JX

✉ info@renniegrove.org

☎ **01442 890222**

🌐 www.renniegrove.org

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