The Care Quality Commission’s (CQC) model of inspection changed in 2014 using a framework encompassing five key questions; is the service safe, effective, responsive, caring and well-led? The hospice planned for the inspection over many months, working with staff, volunteers and trustees to highlight areas of good practice and identify areas that required improving. The whole organisation engaged in workshops and interactive sessions together, fostering recognition that everyone has a responsibility to improve the quality of the services provided and the experiences of people who use our services.

Over 150 staff, trustees and volunteers came together periodically over the course of 18 months and informed us of their perceptions of the organisation’s strengths and weaknesses. Through a process of engagement, listening and information gathering we formed a detailed picture of the hospice’s position against the CQC’s five domains. A detailed action plan was created together with files of ‘evidence’ for the CQC. The hospice received a rating of ‘Outstanding’. It is without question that this achievement was wholly as a result of working together, collective leadership, trust and pride. A number of key themes emerged through this process which may be useful for other providers to replicate:

- What is the best that we can be? – developing a culture where people really believe in the values; these appeared essential to greater levels of engagement
- Leadership is about yourself – every person from ‘ward to board’ took personal responsibility and were supported to take the initiative and innovate
- Celebration and stories – the promotion of stories was seen as vital to emphasise the impact of what hospices do; one volunteer carried a photograph of an owl ‘visiting’ a patient to show the CQC should she be working when CQC visited!
- Our challenge is to be ‘outstanding’ across our entire organisation, every day and always.

Most specialist palliative care units have clinical policies to support best practice. In addition multiple resources are available to clinical staff as books, clinical guidelines and apps. Our experience at Willowbrook Hospice was that staff would refer to guidelines and formats they were most familiar with even if newer versions were available. Equally comprehensive policies were not referred to because staff could not recall how to find them or when found the pertinent information was not easily accessible.

This represents a risk to patients and the organisation. This poster describes the work that the medical and nursing teams carried out to develop hospice specific ‘quick reference guidelines’ for important policies and procedures that distilled the information into an accessible format, usually flow charts. Examples are – hypercalcaemia management, commencing ketamine, recognition and management of delirium and sepsis.