



Enter and View Report

St Andrews Hospice

12 May, 23 & 29 June 2017

healthwatch

North East Lincolnshire

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Report Details

Address	St Andrews Hospice Peaks Lane Grimsby South Humberside DN32 9RP
Service Provider	St Andrews Hospice Ltd
Date of Visit	19 May, 23 & 29 June 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	19.5.17 Carol Watkinson, April Baker & Paul Glazebrook 23 & 29.6.17 Carol Watkinson & Paul Glazebrook

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, day attenders, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the dates listed above. Our report relates to these specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or, if certain circumstances dictate, as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in that environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents, day attenders and relatives engaging with the staff and their surroundings
- To capture the experience of residents, day attenders and any relatives and any ideas they may have for change

Methodology

These visits were announced Enter & View visits.

An announced visit in this setting occurs because we give notice of our plans to visit to management to make sure that our visit can be facilitated by a member of staff on the day so that we can speak to patients and day attenders and any relatives present.

Our visits incorporated completion of a short questionnaire asking:

- What has worked well for you during your stay (or visits) here?
- What has not worked so well?
- Could you suggest anything that might make life better for you during your time here?

We spoke to seven in-patients and six day attenders over the three visits.

Summary of Findings (maybe some of these are just general observations)

- All communal areas and corridors were clean with no obstructions evident.
- Rooms were practical with a lot of thought gone into patient and visitor needs.
- Food provided was appetising and liked by all that we spoke to but there was an issue reported over a missed meal.
- The staff should be commended on the overall quality of care provided but name badges were not always visible making it difficult for visitors to identify the nursing levels of staff.
- All call bells were placed within the reach of the patient and patients spoke appreciatively about prompt response times.
- The staff treated residents and day attenders with dignity and respect and addressed all residents by name.
- The day programme offers a range of activities but some attenders compare current arrangements less favourably with those which existed prior to the new extension and relocation.

- We would like to better understand how planned respite care is communicated.

Details of Visits

Environment

St Andrews Hospice is a purpose built and extended facility offering palliative and end of life care in two units dedicated to either children or adults. Our visits were only to the adult side which has twelve beds, three of which have recently been brought into use, plus a wellbeing programme for day or sessional attenders.

We observed that all communal areas and corridors were clean and tidy with no obstructions evident. There is a fresh feel to the building and one attender pointed out that the air conditioning was good. The layout of rooms was practical with a lot of thought having been put into patient and visitor needs. Free car parking was welcomed although the competition for space with other facilities on Peaks Lane was an issue when the car park was full.

Patients were positive about the peace and quiet of their rooms but one patient spoke of outside noise from the nurse's station if their door is left open and they are trying to get to sleep and that leaving the blinds open for staff observation purposes also hinders this.

Food and Drink

Food is prepared on site through a kitchen which also serves a café facility. All users who commented on food generally spoke highly of it. However, one patient stated that there had been confusion over a tea-time meal which they ordered but failed to receive. We did also note that some lunch trays were still in rooms with both eaten meals and uneaten food on trays covered with a lid.

Safeguarding, Concerns and Complaints Procedure

No issues were observed or emerged during our visits. Call bells were placed within the reach of patients and those commenting indicated that the bell was responded to promptly.

One patient did query the promptness of communications between the Hospice and other health bodies, stating that a doctor at the local hospital appeared unaware of her recent stay at the hospice.

Staff

Staff were friendly and co-operative throughout all these visits. We did however observe that name badges were not always visible making it difficult to identify nursing levels of staff.

Patients and day attenders were generally unstinting in their praise of staff over the care and support received.

Promotion of Privacy, Dignity and Respect

In-patients appreciated the flexibility over getting up and bed-times. They felt that personal care needs were met and that staff displayed dignity and respect throughout. However, one patient did state that their bed was not long enough and another remarked about a drain that had been left in by the hospital (before transferring to St Andrews).

Recreational Activities

Patients and attenders were generally appreciative of the range of activities available and planned for the facility.

Medication and Treatment

No concerns were raised in this area other than the drain issue mentioned above.

Patients and Day Attenders

We spoke to seven patients and six day attenders during our three visits. In general they spoke positively about the care and treatment they received including their programme of activities as a day attender. Some were looking forward to the impending opening of a resistance pool facility. Day attenders spoke favourably about the opportunities to socialise and their programme of activities including outings provided. Reference was also made to the fact these arrangements gave respite to their carer(s).

However comment was made that the new area can be too noisy at times. There also appeared to be a legacy from the time before the new extension was built with relocation of day support into the new building. Some attenders appeared to resent the fact that the old grouping had been split up in favour of individual programmes. Others spoke of wanting more sessions than they were currently permitted with one suggesting that there was insufficient staffing to increase the number of sessions that they receive.

Relatives and Friends

All relatives and friends that we interviewed spoke appreciatively of the care and treatment received. Patients were appreciated the flexibility of visiting arrangements for family/friends and the care and support they were also given.

One relative did raise a concern about planned respite care indicating that it was not possible to book a family break away because the hospice did not give early enough notice of this. We would therefore appreciate clarification on the practice around planned respite arrangements.

One other relative did observe that the chair provided for sleep is not comfortable and that the recliner mechanism is noisy.

Recommendations

Overall we were very satisfied with the standards of care seen at St Andrews Hospice as evidenced by the positive feedback from patients, relatives and day attenders. We commend staff for this.

We would recommend that:

- Staff are reminded to keep noise levels at a minimum during the night.
- Patients are asked whether they are content for blinds (into the corridor) are kept open for observation purposes.
- The comfort of recliner chairs for relatives to sleep on is checked.
- The hospice clarify whether day activities are constrained by staffing and the process for attenders to review the level of programme support provided.
- A response is given over the timing of planned respite arrangements to allow relatives to take a break.
- That staff name badges are visibly displayed.

Service Provider Response

We would like to thank Healthwatch North East Lincolnshire, in particular Carol, April and Paul for the sensitive way the visits were undertaken and for the subsequent valuable feedback and recommendations.

In response to the recommendations:

- We will remind staff to keep noise to a minimum at night.

- We will ask the patients if they are happy for the blinds to remain open for observation purposes and will document their response as part of the consent to extended management process.
- The recliners are not intended for relatives to sleep on overnight. We have a number of Overnight Attendant Couches for this use. We will ensure staff offer the use of these for any relative staying overnight.
- The Wellbeing Programme, (day activities) is not constrained by staffing. It is a developing service and we are increasing the provision of sessions as the demand increases.

This Wellbeing Programme utilises a patient reported holistic needs assessment and a programme of activities are planned, tailored to each individual patient's needs. Each patient is involved in their review by their keyworker as they near the end of their programme, which may be at a 6, 8 or 10 week point, depending on their assessed needs. If the outcome has been achieved they will finish that aspect of their programme or if not their programme will be extended. There may be other needs identified at the point of review and the patient will be offered other activities to meet their particular need. This is a very different model from the day care previously provided and we are supporting some of the patients who have been attending for some time and are struggling with the changes. We have also received positive feedback regarding the changes and the improved outcomes that patients are experiencing.

- A booking for planned respite can be made at any point. Some patients request their next stay on their previous visit, others wait until they feel they need respite before requesting. Once a request has been received a confirmation letter is sent within 2 working days to book the stay. The detailed arrangements for booking respite have been sent along with this report (and are appended to this report).
- We are looking into how patients can identify staff more effectively. The clip-on badges we currently use are not helpful and occasionally fall off. We are looking into other forms of identification so patients know the name of the staff members who are looking after them. We have also included information within the Patient Information Brochures in each bedroom, detailing the levels of staff and the team working with them on each day. We are also exploring a staff photo board to be placed on the entrance into the Inpatient Unit, showing the whole team and indicating which staff members are on shift that day.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view

Respite care for adult patients at St Andrews Hospice

Two beds per night are allocated for the provision of respite. One is a confirmed booking and the second is flexible. This flexible booking may be cancelled if the bed is required urgently for a patient needing symptom management or End of Life Care.

Once a patient has been referred and assessed for respite care, we discuss any preferable dates with the patient and/or their carer i.e. if for a holiday or other significant event. If the patient hasn't got any preferences when their stay will be, we look in the respite folder for the next available date and mutually agree this with patient and/or their carer. The flexible bed will not be allocated to any patient requiring the stay for planned holidays or other specific events.

This respite is then booked and a letter sent to the patient. The letter confirms the details of their stay and informs them that they need to arrange their own transport, what to bring with them, what time to arrive and asks them to confirm their stay. The letter will also state if it is a flexible respite bed that they have been allocated and will explain that cancellation may be necessary in certain circumstances. It is extremely rare for a respite stay to be cancelled, however in the instance that the bed is required, the patient would be informed of the cancellation at the latest by tea-time the day before their planned arrival. We would then offer the patient the next available booking.

Sometimes before the patient is discharged from their respite stay they will ask to be booked in again usually 6-8 weeks later or others choose to leave it until they feel they require it and contact the hospice to plan their stay. We usually offer one week at a time, however we have booked two weeks under exceptional circumstance or less than a week if the patient would prefer just a few days.