healthwatch Warrington

Enter and View Report

St Rocco's Hospice

Visit: 13th January 2016

Report published: 25th February 2016

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

The visiting team would like to say a special thank you to the Hospice Manager, Alison White, for answering our questions and to the other members of staff, relatives and patients who spoke to us during our visit.

Background and Purpose of the visits

The purpose of the visit was to gain a sense of:

- The carer experience
- The catering arrangements for patients, carers and staff
- The provision & quality of facilities for overnight visitors to freshen up, etc.
- Staff support and clinical supervision and how this relates to patient experience
- Identify the reasons for staff turnover & absences and checking if there is adequate support in place

Details of the Visit

Location

St Rocco's Hospice, Lockton Lane, Warrington, WA5 0B

Date/Time

The visit took place on 13th January 2016 between 10:30 am and 12:30 pm

Panel Members

Jonathon Woodruff - Healthwatch Warrington Communication & Intelligence Officer

Catherine Bamber – Healthwatch Warrington Enter and View Panel Member

Ruth Walkden - Healthwatch Warrington Enter and View Consultant

Provider Service Staff

Alison White – Hospice Manager

Details of the Service

The Hospice comprises of a ten bedded inpatient unit, a day therapy unit running from Monday to Friday and a Hospice at Home service (Set up in May 2015).

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First Impressions

The car park is well maintained and adequately sign-posted. There were spaces available on the day of the visit. An extensive garden is visible on approach to the building. The path to entrance was wide enough for a wheelchair.

The main (front) entrance has a welcoming atmosphere and is accessible via automatic doors (which helps with accessibility for disabled visitors and patients). A system was in operation for visitors to access the building at night.

Access

The reception is located directly as you enter and is staffed by receptionists who are supported by volunteers. We were greeted as soon as we arrived (without prompting) and asked about the purposes of our visit. We were then briefed and asked to log our details in a record book. We were assigned a numbered visitors' pass and reminded to sign-out upon exit. This indicated a well-run, secure and welcoming environment – with a focus on controlling the flow in and out of the building.

The reception staff were very friendly and told us that there are now two people on desk duty at all times, to ensure that they were safe and able to work effectively in their role.

The area was well lit (there are lots of glass windows around the building to let light in) and information leaflets were available to visitors on clearly visible stands. Notices showed which staff worked in the different areas.

There was seating in the reception area for visitors and the furniture was comfortable, clean and up-to-date. The area also smelt clean and felt fresh.

Staffing & Leadership

The manager advised that many of the staff had been in post for a long time. There had been a higher turnover of staff recently. This was due to experienced staff who had transferred into the new Hospice at Home service and some requests for reduced hours prior to retirement and so on. There is a flexible working policy which includes phased retirement. It was difficult to recruit nursing staff due to a national shortage of nurses, this impacts on smaller charities who are working outside the NHS terms and conditions.

There had been a lag in the recruitment of replacement staff, due to the difficulty in sourcing staff with specialist skills (such as Occupational Therapists and Physiotherapists).

The visiting team asked about the support available to staff and carers around clinical supervision and counselling and were told that is available. Specialist staff access one to one support/supervision outside the organisation, through other organisations that they also work for. Staff within the Family Support Team access support through supervision outside the organisation on a programmed approach.

There are occupational health checks offered by 5 Boroughs Partnership. There is a confidential counselling service for staff, if they encounter distressing situations and need extra support. Staff are also able to access counselling externally.

31 staff work on the inpatient unit, a mixture of qualified and unqualified. Terms and conditions are gradually being changed to a system where staff work a rota of days and nights rather than one or the other. Alison feels this gives a better overview of the whole system and gave an example of the fact that a staff member working purely nights would never see a ward round. She felt that there was some

resistance to this change but the outcome would be a better service. The Day Therapy Unit has 10 nursing staff who are a mixture of qualified and unqualified. There are also 7 allied professionals e.g. physiotherapists and complementary therapists.

In addition, there is a medical team led by a Consultant in Palliative care, a counsellor, a social worker liaises with the hospice and there is a strong relationship with the Macmillan nurses. There is a Family Support Team on-site (this includes two social workers, counsellors and a bereavement co-ordinator), based in their own office, they receive their supervision externally.

The hospice's own doctors are on site 8:00am- 5:30pm and provide out of hours cover (24/7) on a rota basis.

The manager informed the team that there was an extensive volunteer base, of around 600-700 individuals. Roles for volunteers include, helping with transport, befriending, staffing the main desk and providing drinks for visitors in the hospice. Volunteers provide valuable income generating skills in the shops and for fundraising events.

The team spoke to a member of the nursing staff about her role. She was due to retire in November and the hospice had agreed to reduce her contracted hours, to ease her transition. She felt very well support in her role and indicated that management are responsive to colleague requests. She stated that she enjoyed working at the hospice.

Activities & Leisure

The visiting team were taken to a communal room, which featured a breakfast bar, contained a fridge with labelled personal items and drinks making facilities. The room featured two chess boards, along with tables and chairs. There was a well-stocked book shelf (including audio books) and toys available for young visitors. This room opened up to an extensive garden, which was accessible via two large doors.

Visitors and patients are able to sit outside on a veranda area, or walk through the garden. The garden has a clear pathway and has secluded areas, which serve a as a space for people seeking privacy. The paths were designed to be wide enough to take a bed through. This meant that a poorly patient could still access the garden and outside areas. Quiet rooms were also available in the hospice.

Volunteers take part in running arts and crafts activities with patients. There are designated spaces for this to happen.

We were informed that a beautician / hairdresser used to attend the hospice, but this was no longer the case. Hairdressers are able to visit the hospice, if requested by a patient. Normally, staff are responsible for taking care of patients' hair. There is also a chiropodist available for patients. Complimentary therapies are available for patients both in-house and in patients' homes and also for carers. These therapies were also made available to staff in an evening.

In the day unit, there were rooms set aside for educational visits and talks to be given. This included a programme for schoolchildren to visit the hospice and share their experiences (The ROC On project).

Administration

Whilst the hospice was clearly very busy, everyone went on their work quietly and respectfully. There was no chatting or shouting on the corridors. Office doors were open.

A challenge mentioned by Alison White is complying with paperwork relating to Deprivation of Liberty Safeguarding out of normal working hours, particularly when needed to be arranged over public holidays.

Cleanliness

In general, the facilities and décor of the hospice were very clean and well-maintained. This was the case for both the communal and private areas that we observed. The bathing facilities that we observed were extremely clean and organised. There were waste disposal bins, conveniently located in these areas.

Unused equipment was stored away appropriately. The fixtures and fittings in rooms all appeared to be working.

Before entering the day unit, we were guided to use the hand hygiene dispenser, which was clearly visible (at eye level) on the wall next to the entry door.

The team visited the 'Sunflower' room, which is a space where relatives can stay overnight together with the patient. There was a separate bed for the person staying over. The room was spacious and inviting. New furniture had recently been acquired for the room. A television was mounted on the wall, easily viewed by the patient and there was an orthopaedic chair in the room as to offer an alternative for the patient other than resting in their bed.

The visiting team were shown the quality of the bedding material, which was kept fresh and seemed comfortable. The room had a large window, which allowed it to be well lit if required and was decorated. The en-suite bathing facilities were also clean and tidy and came equipped with a shower and an adapted toilet to cater for disabled patients and visitors.

However, the en-suite facilities did not appear to be available for everyone staying at the hospice.

Upon request and if able to do so, patients have a bath, if it is their preference. The baths are located in separate rooms, which are private. These include adaptations for disabled or mobility impaired patients. There was a Jacuzzi option in the baths, as some patients found this therapeutic.

Clearly, a considerable amount of money and thought had been invested into the planning and set up of the facilities.

The corridors were spacious and fitted with comfortable arm chairs. The walls and window ledges were decorated with art work and blinds were fitted to the windows to account for privacy.

Management of Medicines

The team were taken to a secure room, which contained the medicine stock and fridge.

The drugs fridge is monitored daily. The nursing team and manager retained a set of keys for access. The medicine stock is managed by a visiting pharmacist, who travels to the hospice once per week (from Warrington hospital). There is also a medicine waste contract in place.

Food and Refreshments

The patient's dietary needs are assessed on an individual basis, upon arrival at the hospice. This nutritional assessment sheet is then provided to kitchen staff, so that they are aware of patient's preferences and allergy information.

Food is prepared fresh in the on-site kitchen then served to patients on a heated trolley. There is also a snack box available and an afternoon tea trolley. Assistance with eating is available and beakers are also provided if appropriate. Red topped water jugs show staff and volunteers which patients that need encouraging. Patients can choose to eat in their rooms, if they prefer.

The visiting team were told by the manager that the only instance that food may be reheated is if a patient orders a meal in advance, but then chooses not eat it when it is presented to them. A temperature probe is available to make sure any reheated food is served at the correct temperature.

The team asked if the menus have pictures of the meals choices on, to make it easier for some patients, for example with dementia, to select their preferred meal and were provided with copies of the previous and current versions of the menus. The older menu includes colour pictures alongside the meal options and details whether the meal contributed to the recommend 5 portions of fruit or vegetables per day. The newer version of the menu does not include these pictures. The team discussed this issue with the manager and she advised that she would look into updating this aspect of the newer menu to include pictures. However, the newer version did include extra space to detail special requests and further instructions, which was an improvement on the old menus. There is an extensive choice of meals

available on both menus, including healthier options. Relatives and visitors are able to bring food with them for patients from outside of the hospice. The team were invited to view the kitchen facilities. The kitchen area was clean and well-stocked.

Staff were able to prepare their own meals via a microwave or can access food during their shift and if working in the day could choose from a range of meals. The only exception being Wednesday day shifts, due to patient assessments being carried out, which limited the options for food preparation (for staff).

The microwave facilities for patients and relatives had been removed due to a health and safety incident but has now been replaced. There were, however, free tea and coffee making facilities on-site for anyone to use.

There is also a tall, glass fronted fridge located near the communal visiting area, which is well stocked by the catering team (even on Christmas Day). The fridge contained a choice of sandwiches, cold drinks and snacks. There was also a small selection of tinned food which could be heated up. There was no charge for this food to visitors and carers to use. However, they were able to make a donation towards this cost, if they wished to do so.

Alcohol is permitted, if it is appropriate. It tends to encourage a patient's appetite.

A patient said that there was a good choice on the menu, staff tried hard to tempt her, she had no complaints.

Smoking

The manager confirmed that there is a no-smoking policy within the building itself (for staff, patients and guests).

However, patients are permitted to smoke outside in the garden area and patients can be taken outside upon request to smoke, unless this poses any obvious risk. Fire blankets are available. Nicotine patches are also available for those unable to leave their rooms to smoke.

As this is a palliative care setting, every effort would be made to comply with a request to smoke from a patient.

Privacy & Dignity

An assessment form is completed with the patient (or their advocate) upon arrival, which takes into account their preferences. These are then repeated at six weekly intervals.

The day unit has one bedroom to enable treatment for day patients to be given in private. This room is not used at night however. There are private spaces available for medical examinations.

The windows in corridors are equipped with blinds, which are used when transporting very ill patients, or in the event that a patient passes away and needs to be moved. Members of staff are informed in advance as to ensure that these measures are taken as appropriate. This is to respect the dignity and privacy of the patient and others in the building.

One bedroom has an extra bed with an en-suite to enable a relative/carer to stay overnight. A bathroom is available with a ceiling track hoist to support moving and handling.

There is an on-site laundry room which provides bedding and laundry to support care. Relatives and carers are encouraged take a patient's clothes home to wash. There is also a limited amount of spare clothing for patients, if needed.

There is a private chapel room, which is accessible to all and run by a volunteer chaplain. The chapel room is in a private location and is decorated with a colourful stained glass window, contributing to the ambience. There is also a separate, nearby multi-faith room available. The manager confirmed that patients and relatives could access representatives from different faiths, if they so wished and every care is taken to respect individual spiritual needs. Spirituality training was also available to staff.

Counselling and support is available from the Family Support Team, dependent upon need.

There is a separate, private room where patients who have passed away can be moved discreetly. This room which is kept cold, can be accessed by undertakers through outside doors, minimising distress to family members, other patients and their visitors. There may be occasions where another patient may die whilst the room is still occupied, there is a strategy in place where patient/visitor movement on the corridors is halted to enable the deceased to be moved.

One of the visiting team was invited to speak to a relative and patient in a private room. The manager knocked on the door and asked their permission before entering. The manager also explained the situation before they entered. This was an example of good practice and demonstrated an awareness of respectful attitudes.

Another member of the visiting team was invited into a patient's room in the day unit. They spoke to the patient's wife. She was staying overnight with him, as he was receiving palliative care and was resting at the time. Despite the very difficult situation, she said that she could not be happier with the hospice and facilities. She also said that she could not fault the staff. She felt that she received all the support needed and wanted to make a contribution to the hospice in the near future. She said that her husband was very happy with the quality of the care he had received. She wanted everyone in Warrington to be able to benefit from using the hospice, if and when needed. The lady also stated that she really wanted to access the Family Support Team located at the hospice.

Safety & Security

Guests are required to sign in and out using a log book. In this way a record is kept of who is entering and leaving the building.

They are issued with a visitor badge, which is clearly displayed as it is worn around the neck. Visitors appear to be greeted promptly on entry, and are not allowed to enter without being suitably identified.

Out of hours, there is a buzzer entry system to gain access to the building, linked to the nurses' station.

The hospice operates an open-visitor policy, whereby visiting times are not restricted. This is due to the nature of the care given here and may suit those visitors working in the day, or who have travelled to get to the hospice and may only be able to arrive at later times.

We were instructed about the outside mustering location, in case there was a fire and fire exits are clearly sign-posted and accessible within the building.

The manager informed us that patients could request staff to help with them with visitor flow, so that they are not overwhelmed by the number of guests. There are private seating areas for visitors to wait in, until the patient is ready to see them.

In terms of accessibility and safety for disabled visitors and patients, there are disabled toilet and bathing facilities available.

However, a number of visitors' toilets were not fitted with hoists and other adaptations for mobility aiding purposes.

This could have caused some inconvenience for those visitors not wishing to have to specifically request access to the patient's facilities.

We raised this issue with the manager, who noted that some of these facilities had been upgraded and that as the hospice was a charity, budget limitations were also a factor.

There were no obvious safety problems / issues.

Discharge

The Hospice has Social Workers in the Family Support Team who arrange packages of care and moves into nursing homes. The Occupational Therapist and Physiotherapist are able to order equipment directly from stores which minimises

delays. Macmillan nurses who are based in the hospice, but employed by Bridgewater, facilitates communication between community services and the hospice.

Staff Training

All members of staff receive training and on-going refresher training. The hospice is a charity and has a designated training budget. Training (including compulsory training) is delivered during the day time. This could present an issue for those staff working night shifts (especially around arranging childcare). However, this did not appear to pose a significant problem at present, or impact on operations.

Training on the Mental Capacity Act, Deprivation of Liberty Safeguards and Spirituality has been offered recently. There was also support available for staff taking degree courses.

Summary

The hospice was well maintained and had a welcoming atmosphere.

The visiting team got the overall impression that the staff and volunteers are clearly very dedicated, knowledgeable and genuinely want to help patients, relatives and carers – it is a vocation to them and not just a job.

Recommendations

1. **A review is taken of how staff receive supervision / support. If it is required that specialist staff members need to receive this outside the hospice organisation, then this should be formalised so there is a clear understanding of where, how and when this support is given**
2. **Consideration is made to reinstate the pictorial element on the menus. This is particularly helpful for patients with dementia.**

Distribution List

This report has been distributed to the following:

- *Warrington and Halton NHS Foundation Trust*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

Response from Provider

Action 1

Review current uptake of clinical supervision for all clinical staff

Review the current supervision policy

The clinical lead will write to all staff to invite them to take part in supervision

The management team will provide clinical supervisors, and facilitate time and appropriate accommodation

We will audit the uptake of supervision May 2017

The hospice will provide a supervisor for the supervisees

Action 2

St Rocco's philosophy regarding selection of food in particular those with cognitive impairment is that food selection is a joint process with patient/carer/ relative/staff member to ensure an individualised approach to meeting patient's preference. The hospice has taken in to account the feedback received and will reintroduce a pictorial system to assist patient's menu choice.

All patients have a nutritional assessment part of which is identifying patient's likes and dislikes.

Alison White – Clinical Lead