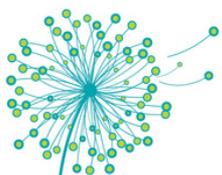




# Trinity Hospice: Your voice matters



**Trinity  
Hospice**  
*Compassion and care*

**2025**  
Full Report



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# Executive Summary

Healthwatch Blackpool gathered feedback from 147 patients, families, and carers across the Fylde Coast, including 131 survey responses. Feedback highlighted strengths in care, compassion, professionalism, and communication, as well as areas for improvement. These insights will guide future service development, helping Trinity Hospice continue to meet community needs with excellence and openness.

## Key findings

- **Experiences of Trinity Hospice:** Most feedback came from family members of people who had used Trinity Hospice services, mainly within the past one to two years. Care was most commonly provided through the Inpatient Unit, hospice-at-home, and counselling at the Linden Centre.
- **Quality of Care and Support:** Overall, experiences were very positive, with respondents praising compassionate, respectful care, inclusive support, and the professionalism of staff across all roles. Families valued the holistic and dignified end-of-life care, meaningful time with loved ones, and personalised acts of kindness. A small number of respondents noted challenges around communication, coordination between services, and access to care, highlighting areas for improvement.
- **Communication and Information:** Most respondents felt listened to and well informed, describing communication as clear, compassionate, and easy to access. Staff were widely praised for their kindness, professionalism, and supportive approach. A small number of respondents reported minor communication issues, including missing information, difficulty contacting hospice-at-home staff, and negative interactions.
- **Feedback and Improvements:** Most respondents felt able to give feedback and reported no gaps in care, describing services as exceptional, and communication as strong. The majority would recommend Trinity Hospice. A small number suggested minor improvements, including clearer feedback options, improved communication during end-of-life transitions, better information for families, and follow-up bereavement support.
- **In Patient Unit (IPU) Enter and View:** Healthwatch Blackpool found the IPU welcoming, with patients and families highly satisfied with their care. The main improvement identified was improved collection and recording of feedback, including capturing verbal comments and offering forms throughout a patient's stay. Regularly reviewing this feedback would support continuous improvement. Overall, staff dedication and high-quality care were widely praised.





## Recommendations

- **Strengthen feedback and follow-up opportunities:** Make feedback forms more visible and promote online options. Capture verbal feedback consistently and consider follow-ups, condolence postcards, or check-ins up to a year post-care.
- **Improving communication, support, and education for patients and families:** Provide clear, accessible information on services, care transitions, and end-of-life guidance, so families feel supported and informed.
- **Reinforce coordination and communication across primary and secondary healthcare services:** Enhance collaboration with hospitals and GPs to ensure smooth transitions, consistent guidance, and timely support, helping patients receive care in their preferred environment.
- **Enhance staffing to improve care and efficiency:** Expand local Hospice at Home teams to reduce travel, improve responsiveness, continuity, and efficiency, ensuring timely, personalised care for patients and families. Ensure night shift staffing is sufficient to provide timely care and medication administration, maintaining a balanced level of support across all hours.





# About Healthwatch Blackpool

Healthwatch Blackpool was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.



## Thank you!

Healthwatch Blackpool extends a heartfelt thank you to everyone who participated in this project.

## Our approach



- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.





# Introduction to the project

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As part of its commitment to openness and continuous improvement, Trinity Hospice invited Healthwatch Blackpool to gather meaningful feedback from patients, families, and carers who have accessed their services. With nine years having passed since Trinity Hospice's last Care Quality Commission (CQC) inspection, the organisation proactively requested independent insight to ensure it continues to provide safe, compassionate, and high-quality care and support. This feedback aims to celebrate the hospice's strengths, identify areas for improvement, and establish whether people felt heard when sharing their experiences.

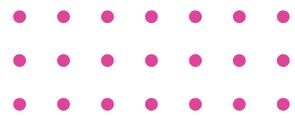
Through survey engagement and one to one conversations, this project aims to build a clear picture of people's experiences. The findings will be used to identify any gaps in care, highlight positive practice, and offer recommendations to support future service development. This work will contribute to ensuring that Trinity Hospice continues to meet the needs of its community with compassion, transparency, and excellence.

## Project aims

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- **Gather independent and meaningful insights from patients, families, and carers about their experiences with Trinity Hospice services.**
- **Identify areas of strength and celebrate aspects of care that are working well.**
- **Highlight areas for improvement and provide constructive recommendations to support the organisation's future development.**





# About Trinity Hospice

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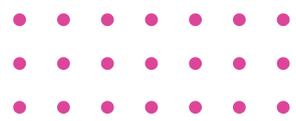
Trinity Hospice provides specialist palliative and end-of-life care to patients and their families across Blackpool, Fylde and Wyre, delivering support both within the hospice and throughout the community to ensure a holistic, person-centred approach.

Services include a 24/7, 14-bed In Patient Unit staffed by specialist multidisciplinary teams, Living Well programmes that promote independence and wellbeing through tailored activities and support, complementary therapies such as massage, reiki and reflexology, and Hospice at Home, offering overnight specialist care to enable patients to remain in their preferred place of care.

Trinity also delivers specialist services including the Lymphoedema Clinic, bereavement and emotional support through the Linden Centre, spiritual care and chaplaincy, community-based palliative care across hospitals and patients' homes, and Admiral Nurses offer specialist dementia support.

Brian House Children's Hospice provides respite, symptom management and end-of-life care for children aged 0-16 and their families. Education and training are supported through the Learning and Research Centre, ensuring high-quality care across all services. Brian House was not included as part of this project, therefore no data was gathered from children, families, or individuals accessing its services.





# Methodology

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In total, 147 members of the community contributed to the project throughout November and December 2025. This included 131 survey responses, alongside feedback gathered through direct engagement activities.

## Methods of Engagement

### Survey distribution

Healthwatch Blackpool developed an online survey using a mixed-methods approach, incorporating both quantitative and qualitative questions to ensure a wide range of voices could be heard. The survey was promoted through multiple channels to maximise participation, including Facebook posts, distribution via organisations across Blackpool, and the circulation of printed leaflets and posters featuring a survey QR code.

Trinity Hospice supported survey distribution by displaying posters and leaflets within hospice services and charity shops, sharing information through Hospice at Home staff, and distributing materials across individual services, including the Living Well Service and the Linden Centre. Healthwatch Blackpool also attended two Living Well Service sessions, where paper copies of the survey were provided to encourage completion.

The survey enabled respondents to share both structured responses and detailed feedback on their experiences of Trinity Hospice services. Participants were invited to comment on areas such as quality of care, communication and information sharing, and opportunities for feedback and service improvement.

### Enter and view visits

Healthwatch Blackpool conducted four Enter and View visits to the Trinity Hospice IPU. Healthwatch representatives attended the IPU to engage directly with patients, loved ones, and staff. Engagement took place through informal, one-to-one conversations in a safe, respectful, and confidential environment. This approach enabled individuals to share their experiences openly and at their own pace. Healthwatch Blackpool also attended the Dementia Lounge service, speaking directly with individuals to gather feedback on their experience of the service and their overall care at Trinity Hospice.





## Social media and Trinity Hospice engagement

To support wider engagement, Healthwatch Blackpool promoted the survey via Facebook, with Trinity Hospice also sharing the survey across Facebook and X (formerly Twitter) platforms. Promotion was further supported through the Trinity Hospice volunteer bulletin and a supporter email, circulated to individuals who had made a donation in memory of someone within the past three years.

This coordinated approach helped reach patients, families, carers, and members within wider community who had accessed Trinity Hospice services, and wished to share their experiences.

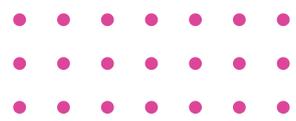
Social Media Communication	Views	Clicks
Facebook Post	19,302	68
X Post	145	2

### Volunteer Bulletin



### Supporter Email





# Limitations

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## **Self-selection bias**

The survey relied heavily on participants opting in through QR codes, links, or direct contact. As a result, the sample is not representative of the wider Blackpool population and instead reflects individuals who were already motivated, had an interest in the topic, or had easier access to the survey.

## **Digital exclusion**

The use of online surveys and QR codes created barriers for individuals without internet access, digital literacy, or smartphones. This may have excluded key demographics, such as older adults. Whilst outreach via one to one conversations and printed paper copies of surveys attempted to mitigate this, reliance on online methods may have reduced the overall representativeness.

## **Timing of experiences recalled**

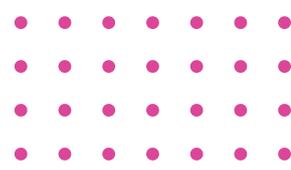
Some respondents reflected on care received several years ago. Experiences recalled over longer periods may be influenced by time, emotion, or changes to services since care was provided.

## **Enter and view visits**

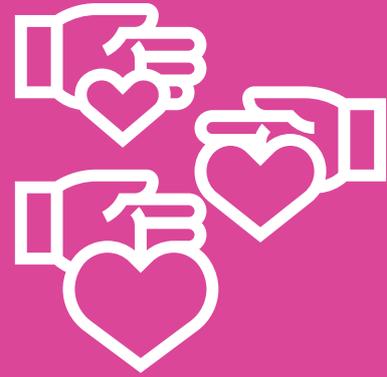
Enter and View visits offer valuable insight at a specific point in time but do not provide a continuous assessment. Many patients were too unwell to participate, so staff helped identify those who felt able to engage. To help mitigate this, visits were conducted on four separate occasions, increasing opportunities to speak with a wider range of patients, families, and staff.

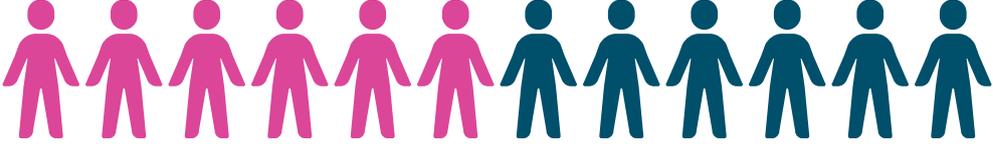


# Engagement at a glance



A total of **147**  
individuals contributed to  
the project



**131**   
Survey respondents



**16** individuals engaged in 1-1  
conversations



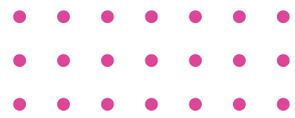
**4** enter and view visits within  
the In Patient Unit (IPU)





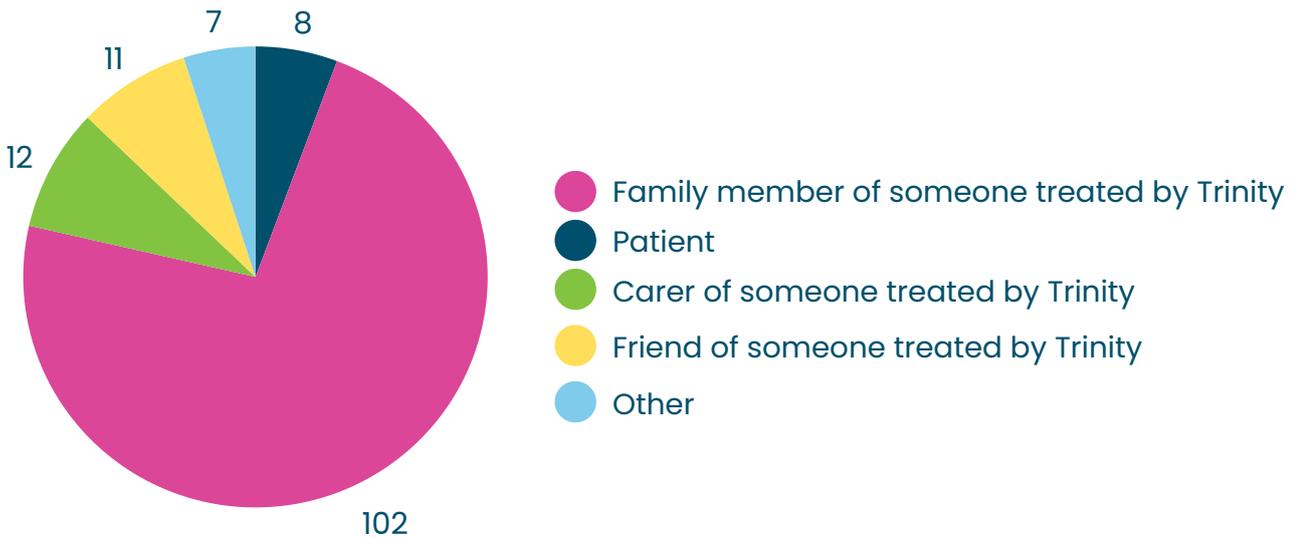
# Survey Findings





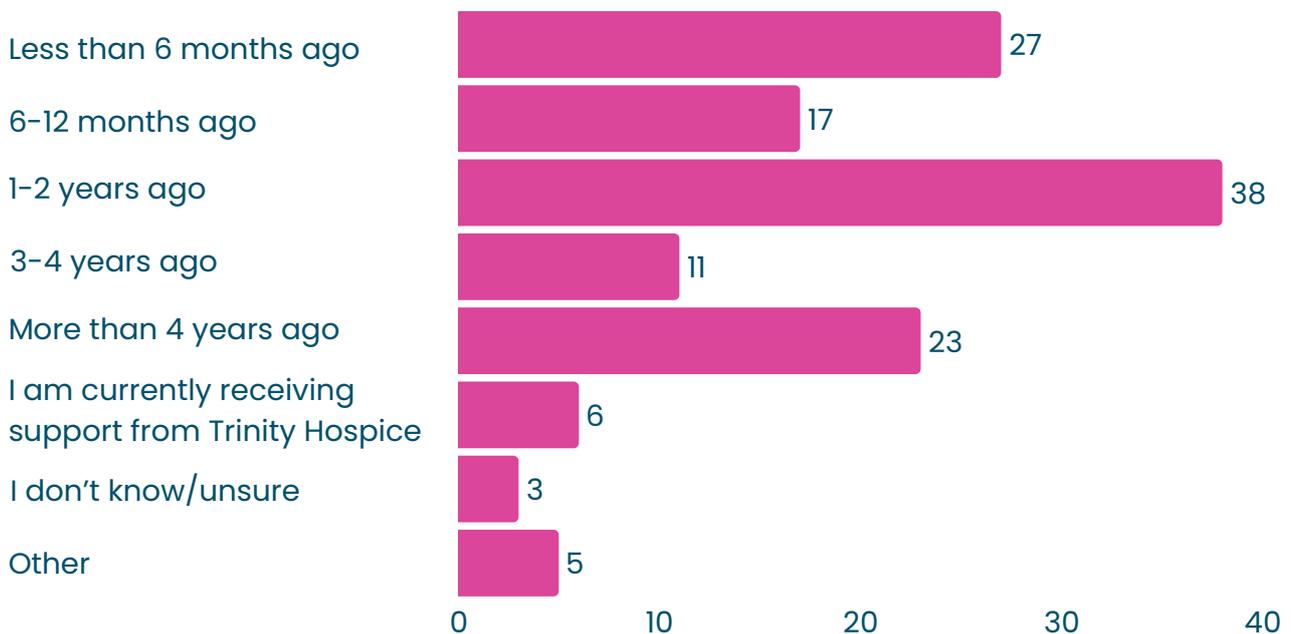
# Experiences of Trinity Hospice

## Which of the following best describes your connection to Trinity Hospice?



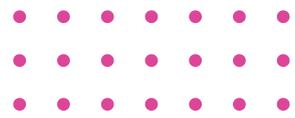
Other comments also included "Professional interaction with the team," "NHS Staff," "Staff," "Supporter," and "Other."

## When did you (or your loved one) last receive care or support from Trinity Hospice?

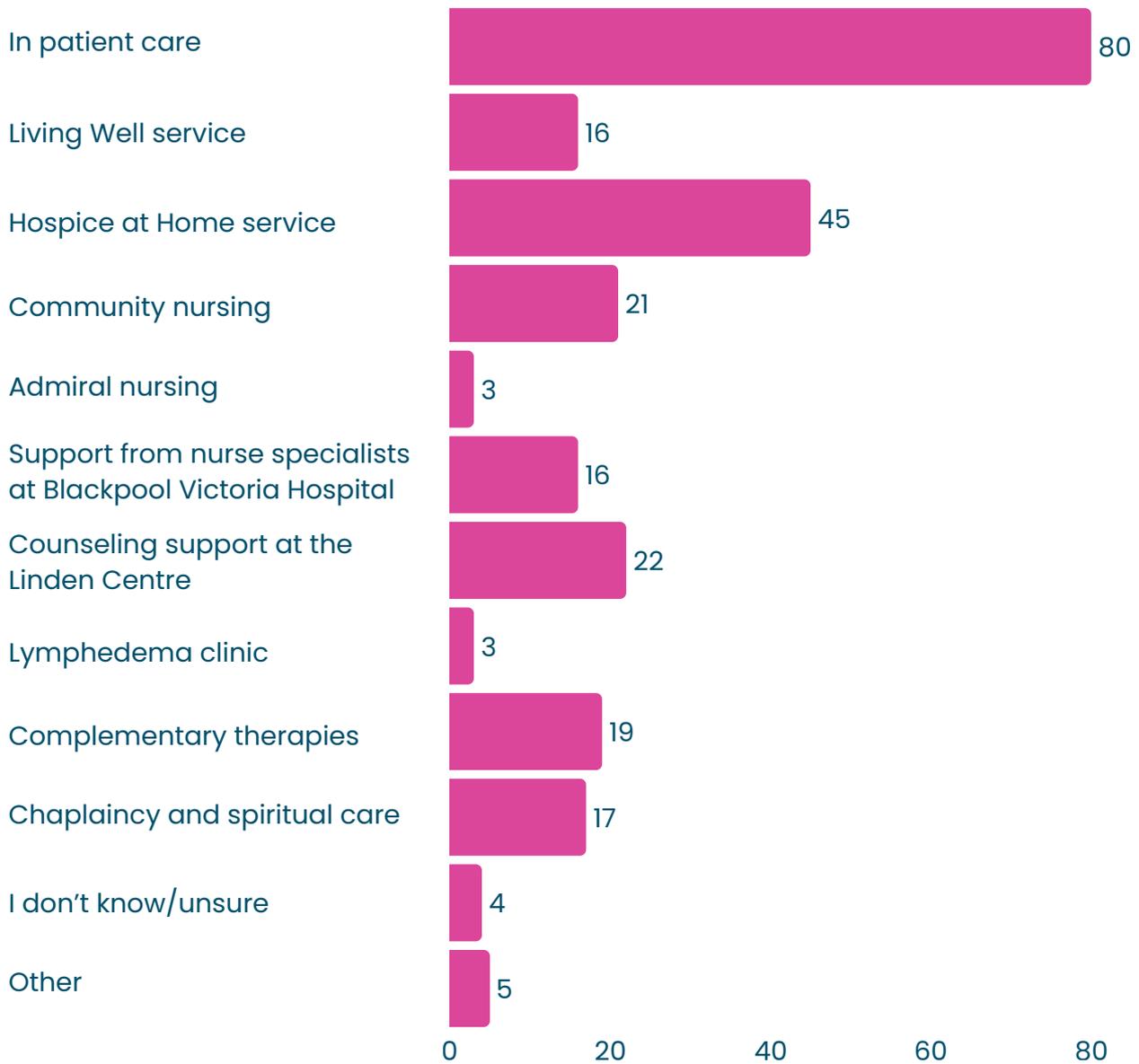


Other comments also included "Not relevant," "Am aware of the valuable support that you give to your patients and their family," "Other," "N/A."





**What type of support or service did you (or a loved one) receive from Trinity Hospice?  
Please select all that apply:**



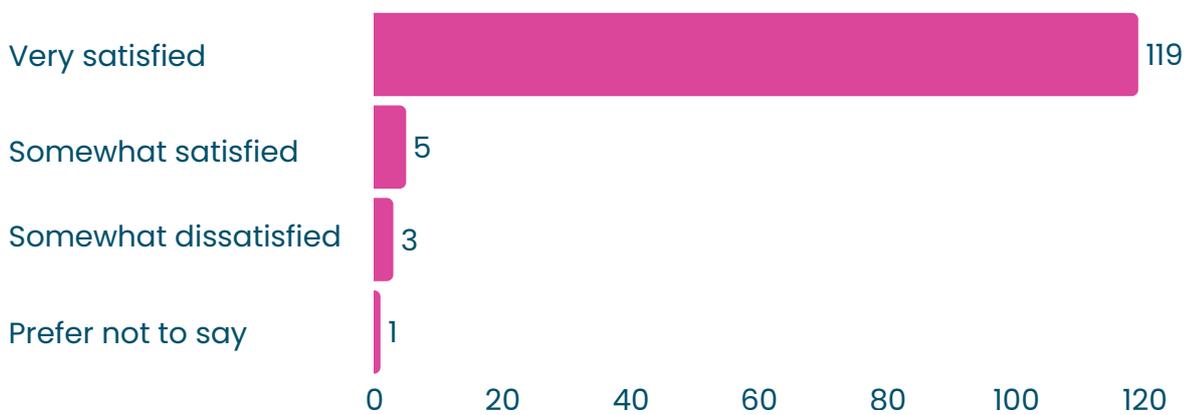
Other comments also included "Not relevant but observed OP," "You offer invaluable support which is tremendous," "Nurse led clinic within trinity hospice," and "end of life."



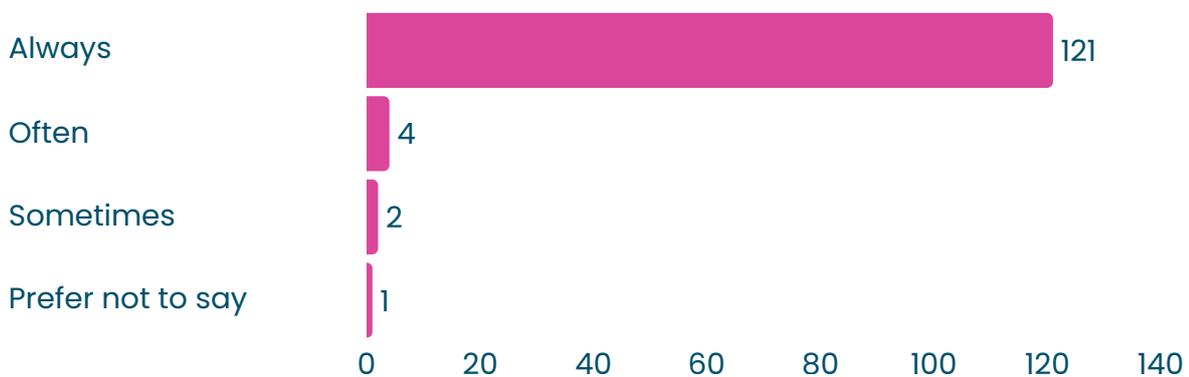


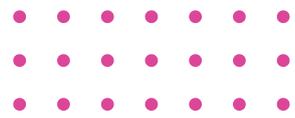
# Quality of Care & Support

**Overall, how satisfied are you with the level of care and support that you (or your loved one) have received from Trinity Hospice?**

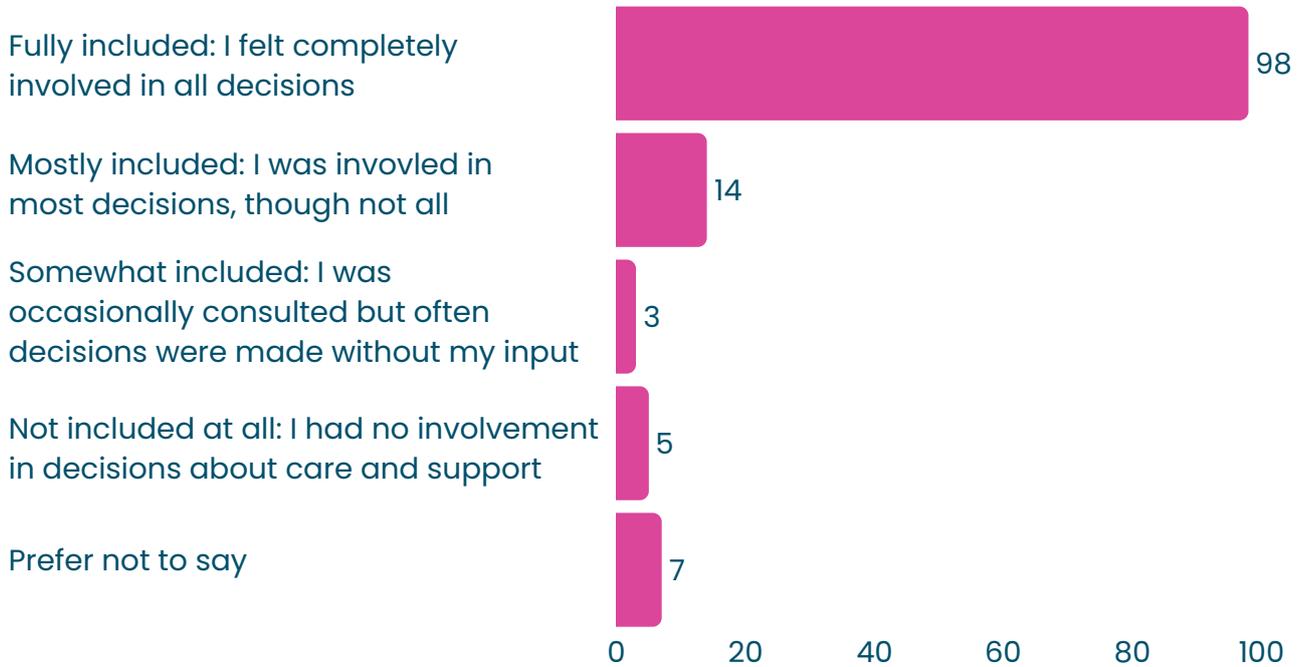


**Did you feel that staff treated you (or your loved one) with dignity and respect?**

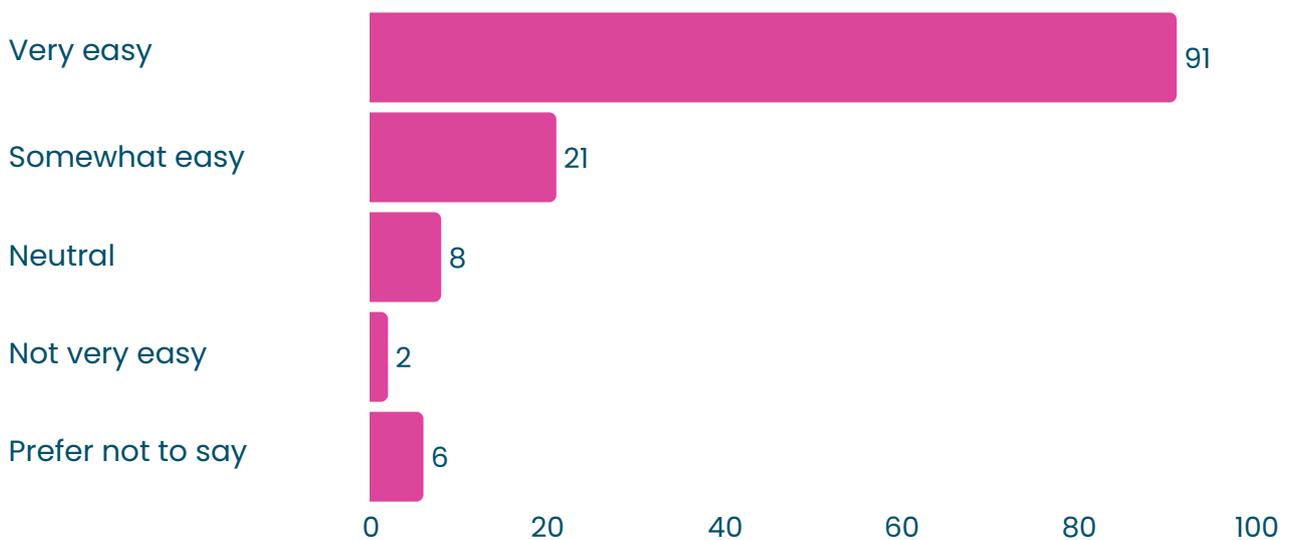




## To what extent did you (or your loved one) feel included in decisions about care and support?



## How easy was it to get the care and support you (or your loved one) needed from Trinity Hospice?





**We welcome your thoughts on the overall care and support provided by Trinity Hospice. Please share any positive experiences, as well as any areas where improvements could be made, if you are comfortable doing so:**

## Support for patients and families

**42** respondents praised the **exceptional care** and **support** provided by services within Trinity Hospice. Families highlighted the **“wrap-around”** support that extended beyond the patient, ensuring that loved ones were included in the care and services available.

Support encompassed a wide range of services, including counselling, hospice-at-home care, financial guidance, bereavement support, and simply being there to listen. Many noted that this **holistic approach** helped patients **feel safe at home** and provided families with **reassurance during difficult times**. The **guidance** and **emotional support** also helped make the bereavement process more manageable.



“I also believe that with this level of support and care I and my family were able to navigate bereavement better than we would have without their support for mum.”

“Offering both the care, resources and where to find the financial support mum needed. It’s a pity the financial support came rather too late. But that wasn’t the Trinity it was the other government sectors. Even now the Linden Centre offered me grief support as I’m struggling to cope.”

“The care that was given was brilliant; it was like the hospice wrapped its arms around the whole family and not just my Dad. We felt loved, involved and cared for.”

“The support I got from staff at that time - and in the weeks following via the Linden centre - helped me immensely.”

“My parents have accessed counselling and courses at Trinity and it has helped them immensely in coping with a diagnosis, this has been invaluable and extended supportive to them. I would love to see counselling provided for other immediate family members if required.”





## Excellence of staff care

Feedback consistently highlighted the instrumental role staff played in delivering **exceptional care** to patients, families, and friends. **32 participants** shared **positive reflections** on **Trinity Hospice staff**, emphasising that **excellence** extended beyond nursing to include catering staff, receptionists, volunteers and the chaplains.

Respondents frequently described staff as **consistently available** and **supportive**, often noting they were “**always there, no matter what.**” Staff were praised for **providing reassurance, compassion, and sensitivity** that left a **lasting impression**. Nurses in particular were recognised for their **extensive knowledge** and **expertise**, with families feeling **confident in the care and treatment** being provided. Across all roles, staff were described as **professional, approachable, and invaluable** to talk to during challenging moments.



“The staff at Trinity made losing my grandma that much easier from the minute she went in to Trinity we as a family felt safe and cared for the care and compassion they give the patients and there families is amazing.”

“Trinity nurses visited my husband at home during the last stages of prostate cancer and I felt they understood what treatment was needed more than anyone else involved in his care.”

“I cannot speak highly enough of the staff at Trinity. The care, compassion and sheer professionalism exhibited by the Trinity team in my mother’s last few weeks went beyond all the families expectations of what we understood hospice and end of life care was about.”

“I cannot praise the staff at Trinity enough. All the teams that we were involved with were absolutely brilliant. The last year of my husband’s life was difficult, demanding and scary, but the staff at Trinity helped us to deal with it all and get through the hard times. My husband ended his days in the hospice, where he was treated with the utmost dignity and respect.”





## Gratitude and appreciation

21 respondents shared feelings of **gratitude, thanks, and appreciation** for Trinity Hospice. Families, carers, and loved ones described how the **dedication, kindness, and high-quality care** they received had a lasting and **meaningful impact**. Some expressed **a wish to give back** by remembering Trinity Hospice in their **will** or through **volunteering**, whilst others felt there were **simply no words** to fully capture how much the support meant to them. Overall, the feedback reflected a **shared sentiment** that families would have felt lost without this **exceptional level of care and compassion** during such difficult times.



"I was so grateful."

"We will be forever grateful for the love and care given to him."



"A big thank you to all."

"Thank you for everything you do."

"A very big thank you to all at Trinity Hospice from me."

"I can't thank them enough."

"We honestly couldn't have been more grateful."



## Peaceful and dignified end-of-life care

16 participants shared that Trinity Hospice provided **compassionate** end-of-life care, ensuring their loved ones were treated with **respect and dignity**, whilst also **supporting** the wider **family**. Respondents particularly **valued the choice offered** around place of care, whether as an **inpatient** or through **supported care** at home, alongside **effective pain management**.

**Staff** were frequently praised for their **understanding and sensitivity**, helping families **feel heard, supported, and at ease** during an emotionally challenging time. The calm and tranquil hospice environment was often highlighted, offering **families comfort** in seeing their loved ones **relaxed and cared for**.





“The hospice nurses, once involved, were quick to move her to the inpatient unit where she received her ultimate wish, a pain free and dignified death.”

“In the short time he was there (just 5 days) he was exceptionally cared for and free from pain. Our daughter was with him when he died and said how peaceful it was.”

“I believe that as soon as we got her admitted and they gave the drugs she so clearly needed to take away pain (she was happily walking round unaided and laughing).”



## Time with loved ones during end-of-life

**13** respondents highlighted the **importance** of being able to **spend meaningful time** with their loved ones during **end-of-life care**. Many shared that Trinity Hospice went to great lengths to **welcome families** and **facilitate visits**, making it **easy for loved ones** to stay for extended periods or overnight during those **precious final days**. Families consistently described feeling genuinely welcomed by the **compassionate hospice team**, with nothing ever feeling like too much trouble.



“The whole family virtually moved in, and we never once felt like we were too much or in the way, the team truly were angels and went over and above to care for dad and our family.”

“Loved the way I could visit mum day and night.”

“The staff also supported me to be able to stay with mum and nothing was too much trouble.”





## Personalised care and thoughtful acts of kindness

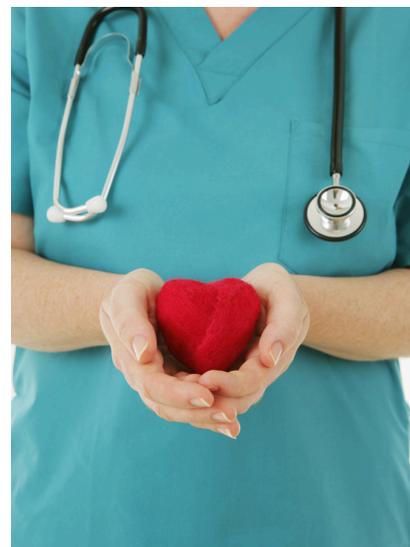
7 individuals highlighted how small, **thoughtful acts of kindness** had a **profound impact** on their experience. Staff consistently went the **extra mile** to meet individual needs, making care feel truly **personal and reassuring families** that their loved ones were being **cared for with dignity** and **attention**. These small details were frequently described as a **standout aspect** of Trinity's service.

This **compassion** extended beyond patients to include **family** and **friends**. Staff across all roles, including catering teams, were noted for **recognising when a personal touch** was needed, whether by **offering refreshments, sitting with family members**, or taking extra steps to ensure **everyone's comfort** and **wellbeing** were considered.

“By the time my father became an inpatient he was with us but not able to speak and eyes were closed, for the entire time. Whenever anyone came in his room no matter who else was in there, they always touched his hand and spoke to my father first. He was their priority.”

“Even the catering team were kind to me as I was sleeping on a camp bed on the floor they provided me with a slice of toast, I put money into the collection box for a donation.”

“The small details mattered, made a difference, and was appreciated by my mum but also by myself.”





## Challenges and areas for improvement

While the **majority** of feedback was **overwhelmingly positive**, **11** respondents highlighted **some challenges** they experienced.

### Communication and coordination

**Some families** highlighted **challenges** with **communication** and **coordination**, particularly between hospitals and the hospice. It was felt that these difficulties could **delay access** to timely care and leave families feeling **uncertain** or **unsupported**.

Several respondents described **inconsistencies in advice** between **hospital** and **hospice staff**, which caused **confusion** and **anxiety** when caring for a terminally ill loved one at home. For example, **differing guidance** on whether to go to A&E or remain at home created **distress** and highlighted the **need** for more **coordinated care pathways** and **joined up communication** across settings.

In some cases, families felt **dismissed** or **not fully heard** during emotionally difficult moments, causing **stress** during end-of-life care. Bed availability sometimes **delayed planned hospice admissions**, meaning patients spent their final days in hospital or care homes, rather than in their preferred environment.

**Practical challenges** were also noted, including **unclear communication** about services, **reliance** on postal letters instead of email, and **difficulties navigating** hospice-at-home support. Some individuals felt that transitions to care homes could be logistically and financially burdensome, adding further pressure during already difficult times.



“My father was on end of life care at the hospital, we had a lovely lady come and explain to my dad what was happening and that it was unfortunately not possible for him to return home to pass. It was my dad's greatest fear that he was going to pass away in hospital so he agreed to go into the hospice, the lady went away to sort this and put the wheels in motion and we never heard from her again, none of the staff at the hospital could help find out what was going on and my dad died three days later in hospital, we had no communication at all and it still really upsets me that it took a lot for my dad to admit he would never go home again but at least he would not pass in the hospital he hated so much but then he was just left there to do just that.”





“My husband was a patient and received adequate care during his stay. He was terminally ill and 3 weeks into his stay I was told he had to leave. The Care Home they suggested was approximately 9 miles away and when I explained this was too far they said he had to go there then move when I found somewhere else or find somewhere myself which I did. He was only there another 3 weeks before he passed away. I was very disappointed that they made him leave and understood it was only short term but on reflection, I feel like he should have been able to stay. It wasn't actually full at the time either.”

“I was not the main person at home. I get a bit annoyed that you post letters to me regularly. I feel this is a waste of funds on postage. You have my email which is a better cheaper form of communication.”

“I'm not sure how we got the initial introduction to the nighttime nurses service for additional help for my parents who were both being cared for at home. My mother was bedridden & received home care provided by the NHS, perhaps they referred her? We got regular calls from the hospice at the weekends to remind us that we could contact their services. This was very reassuring. Towards the end your nurses came out at nighttime to help & be with us at such a sad time & they were wonderful. As I say I'm not sure how we came to your attention (neither of my parents were receiving treatment for cancer, my mother had suffered a catastrophic fall & had head trauma, my father was just very old-101). For the sake of others who might be in our position I would hope they too would know of you so perhaps it might be worth your time looking at how the communication works?”





“Firstly the counselling I received with Rachel when my mum was poorly and when she then died was such a lifeline and it was really very helpful to me and much appreciated. I felt very lucky I could access it at a time I needed and want to thank Trinity for that. I felt compelled to give feedback around the more difficult parts of accessing the service though in the hope it helps other young carers in future. I found I often got very different advice from the hospital and the hospice and this was incredibly difficult to handle as I didn't know what to do and I really wanted to seem calm and helpful to mum but often felt at a loss of what to do as advice differed so dramatically. I think more joined up working / training across settings with staff would help. For example, Oncology would tell us if anything changes you must call/go to A&E where as the hospice (somewhat understandably given the diagnosis was terminal) would say don't go to A&E and stay at home. This was very difficult as mum would be in so much pain and I wouldn't be able to help so we would end up going up to A&E even though I wasn't sure this was the best place for her. I think some common pathway would help this between the hospital and hospice. I did feel dismissed during one meeting too as I broke down in tears and expressed I didn't know what to do and I felt scared when I was alone with mum as I didn't know how to manage her symptoms and was told by staff 'well you'd just call us' the tone in which this was said felt dismissive and I didn't feel listened to or validated as a carer. Tragically at the end of mums life her plan was to die in the hospice and this couldn't happen due to lack of beds. Whilst I understand this can't be prevented, often this was tough and she died in A&E. The last week of her life she declined a lot and asked the nurse to be admitted and we were told she wasn't ready and then a few days later she died. Again I felt dismissed as a carer and despite phone calls asking them to reconsider an admission they maintained she wasn't clinically ready. A district nurse attended and spotted her feet/legs indicated end of life was near. I write this all with good intentions in the hope it's easier for other families in the future as I think the hospice is a fantastic resource. I work in health care so I understand staff burnout/desensitisation to your working environment, I often felt staff didn't consider this was new to me and my mum and we found ourselves in a situation we didn't know anything about (I work in mental health not physical health).”





## Staffing levels

Lower staffing levels during night shifts were also highlighted as an area for improvement. One respondent noted that administering medication at night required multiple staff, which could leave the remainder of patients with less immediate attention, suggesting a more even balance between day and night staffing levels be implemented.

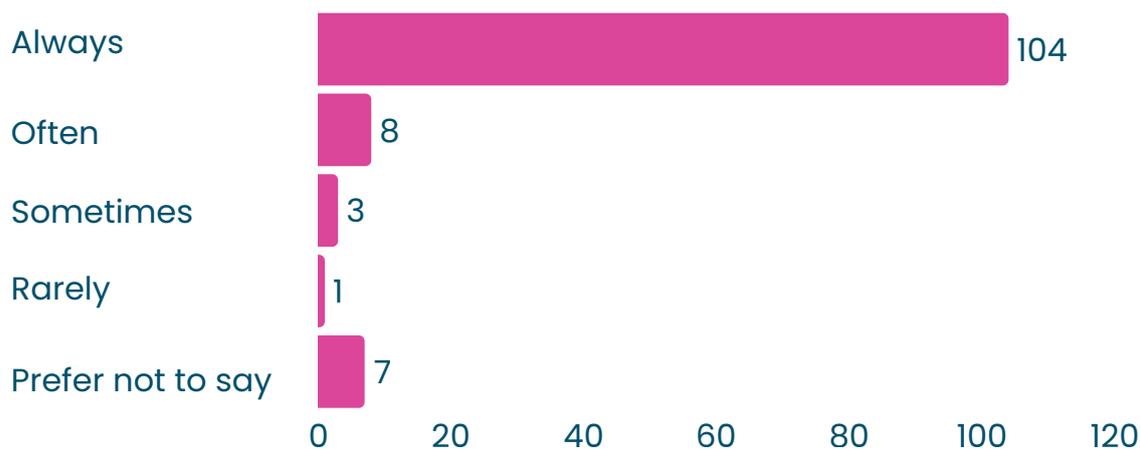
“There should be more night staff on the floor like there is on the day shift as night shift is just as important to the patients at night as during the day they still have to do the drugs round with qualified staff to give out to the patients as there needs to be a checker on what drugs are administered just as during the day. With more staff on the day shift this is easier for them, but on nights it takes 2 people to come of to do the drugs which leaves them shorthanded to attend to the rest of the patients. This should be equal on both shifts.”



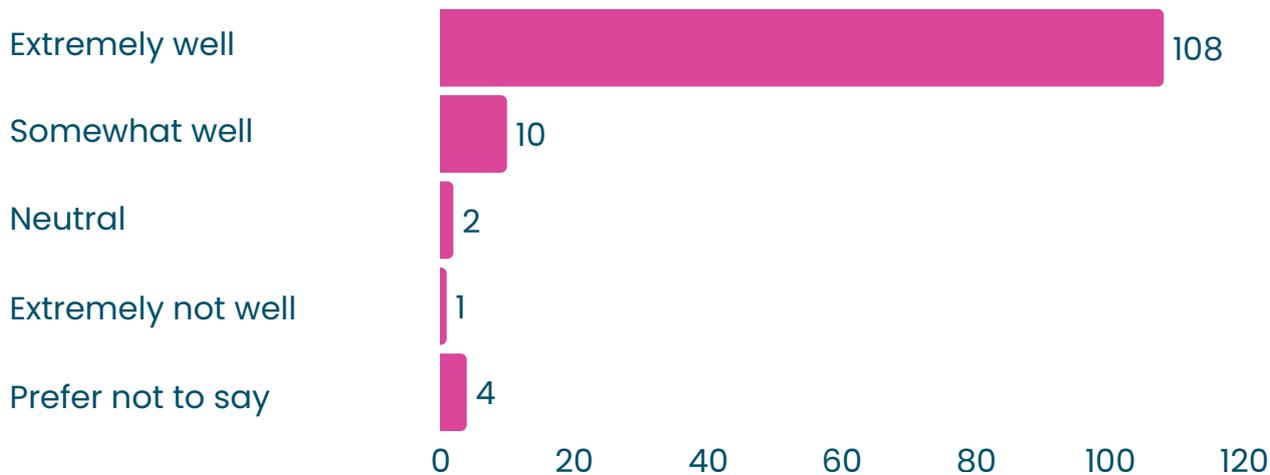


# Communication & Information

When communicating with the Trinity Hospice team, do you (or your loved one) feel your opinions and concerns are listened to and valued?

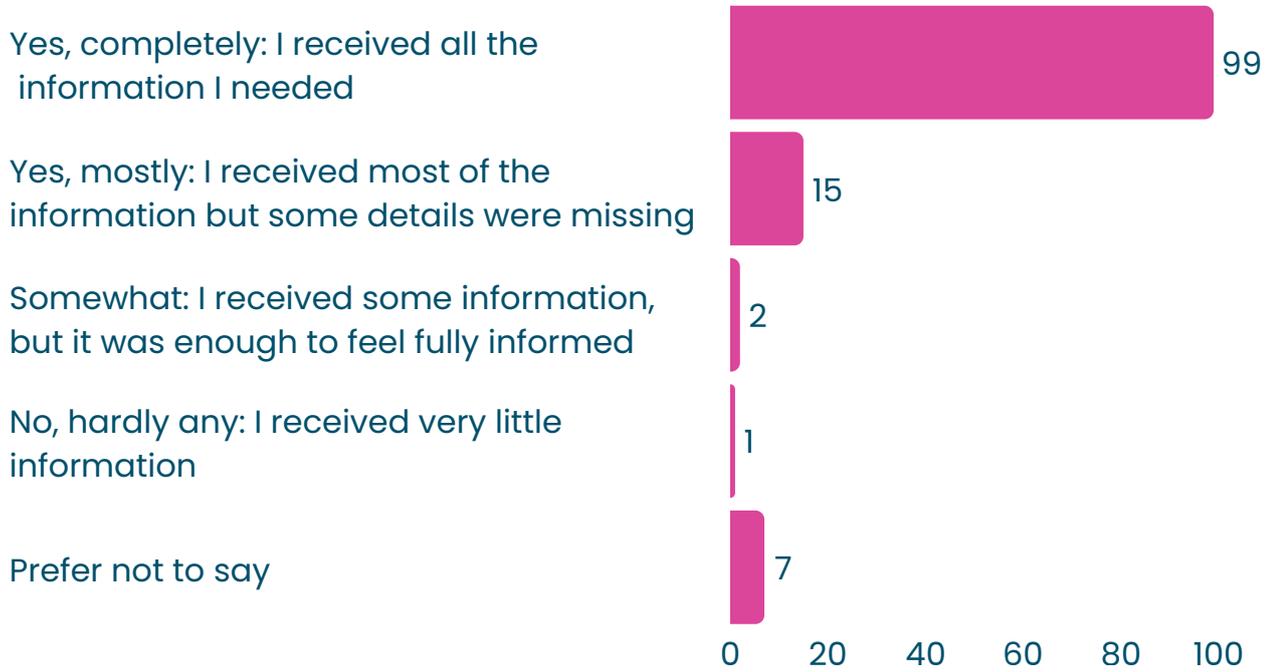


How well did staff communicate with you (or your loved one) about care and support?





## Were you (or your loved one) given enough information about the different services and support Trinity Hospice provides?



## If you (or your loved one) needed to contact someone for help or information, how easy was it to reach the right person?





**We welcome your thoughts on communication provided by Trinity Hospice. Please share any positive experiences, as well as any areas where you feel communication could be improved:**

## Positive experiences

Overall, feedback reflects **overwhelming positive experiences** with regards to **communication** at Trinity Hospice, with a strong emphasis on **compassion, accessibility, professionalism** and **clarity**. **21** respondents stated that the communication was either **'excellent'**, **'very positive'** or **'all good'**. Some expanded, stating that there were **always staff available to call**, day or night, and that messages were returned in a **timely manner**. Many of the respondents stated they had **no complaints**, with little room for improvement.



"We never had any issues communication was easy and I can't even think of ways it could be improved."

"The regular communications I get from Trinity, whether it be about memory garden/light up a life/remembrance service events are very welcome. I will continue to support Trinity whenever possible."

"Very satisfied with all experiences provided - no complaints."

"Always able to contact someone no matter what time of day or night."

"Always able to make contact easily or have my messages returned timely, very professional & efficient."



## Excellence of staff care

Feedback highlighted the **consistently high standard** of support offered by Trinity Hospice staff, with families and friends frequently describing interactions as **caring, attentive** and **reassuring**. Visitors noted that staff routinely checked in on them, often **'popping their heads in'** to ensure they were **comfortable** and asking if they needed anything. This **thoughtful approach** helped families and friends be seen and supported during emotionally difficult periods.

Respondents valued being encouraged to **'ask anything'**, with staff creating a **safe space** for open conversations, **offering guidance** that was tailored to the needs of **both patients and families**.





“The staff at Trinity were always approachable, kind, knowledgeable and honest. Their skill in dealing with difficult topics is outstanding. Nothing was too much trouble, and they answered our many questions and we always felt that we were listened to.”

“The staff couldn't of been more helpful, they were always there to answer queries just to be a reassuring voice.”

“Happy with support given at a difficult time.”

### Kindness, respect and dignity

Respondents consistently **praised the kindness** and **respect** shown by Trinity staff. Families described **positive experiences**, noting they were always **treated with dignity** and that **'everyone was so nice'**. Many highlighted Trinity's communication as **exemplary**, describing it as **clearer, easier, and more consistent than other services** involved in care. Overall, these reflections show the high regard families have for Trinity's compassionate, reassuring, and human approach during difficult times.

“The staff were always very helpful, answering any questions or easing concerns at a very difficult time.”

“Trinity could well teach a lot of other establishments how to communicate with people, especially those who are in distress.”

“Trinity were so much easier to communicate with than the other sections involved in the treatment of my mum.”

“I was kept well informed of my husband's care and anything I wanted to know, they were there to give any help.”

“Communication was open and honest but always handled with care and compassion. When a question was asked which they were not sure, they were able to answer they were always able to signpost us to the correct area or person, rather than fob us off with an incorrect answer. We never felt that asking a question was a problem.”





## Areas for improvement

Although the vast majority of feedback was **positive**, a small number of respondents **suggested areas for improvements with regards to communication**. Feedback referred to **missing information** (e.g. Memory Elephant), having difficulty reaching **Hospice at Home staff**, and a **poor** staff interaction.



“We didn’t have any issues once an inpatient, but while at home and in hospital, I struggled to find the right help. I didn’t know there were Trinity nurses at Blackpool Victoria.”

“The lady that came to see my dad was lovely with him and us, she even said she would arrange for his dog to visit in the garden at Trinity. We have never been given any reason for why he was not moved into trinity or why communication stopped.”

“The communication during care was spot on, but afterwards, once she had passed, we missed out on things like the Memory Elephant because we weren’t aware.”

“Since my wife passed away, I have had a number of communications with the hospice, even visited a couple of times. Sometimes it can feel that there are too many letters but I suppose that is only when I am feeling a bit down in the dumps. As a result of these communications though, I have developed a even stronger affinity to Trinity so in a way it is a win-win.”

“I have been a stalwart supporter of Trinity since it first began but felt disappointed in the night staff and the one member of staff who clouded my whole experience.”

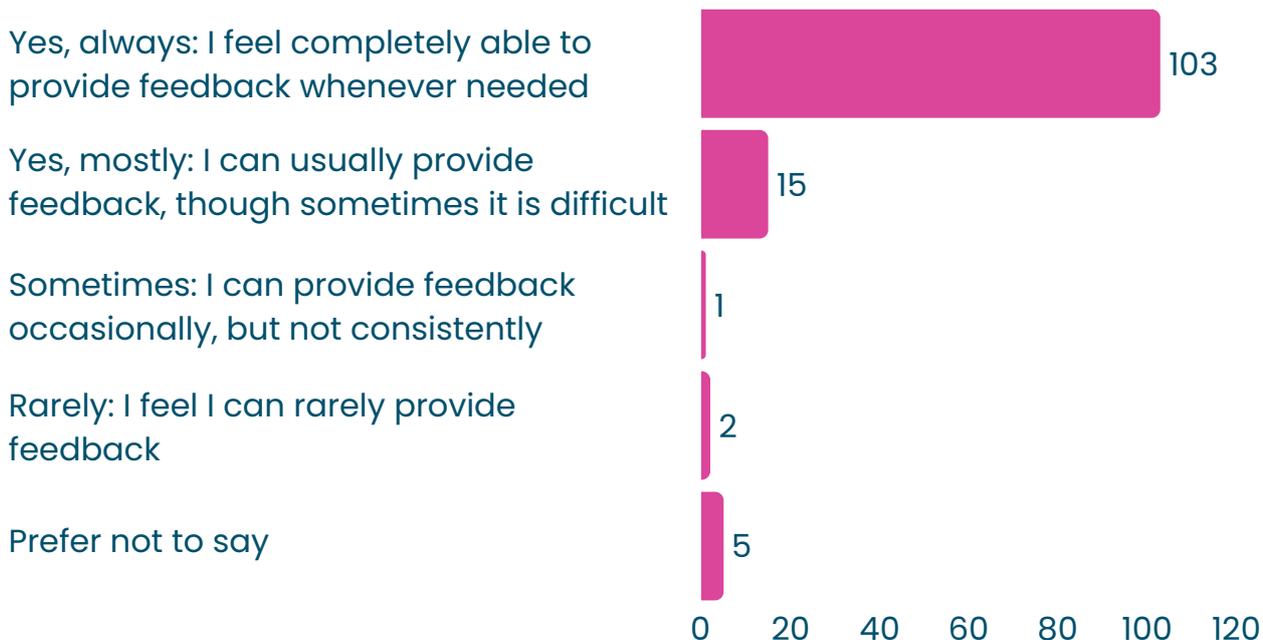
“Sometimes difficult to contact nurses on the Hospice at Home service but this is understandable. Their work often cannot be interrupted.”



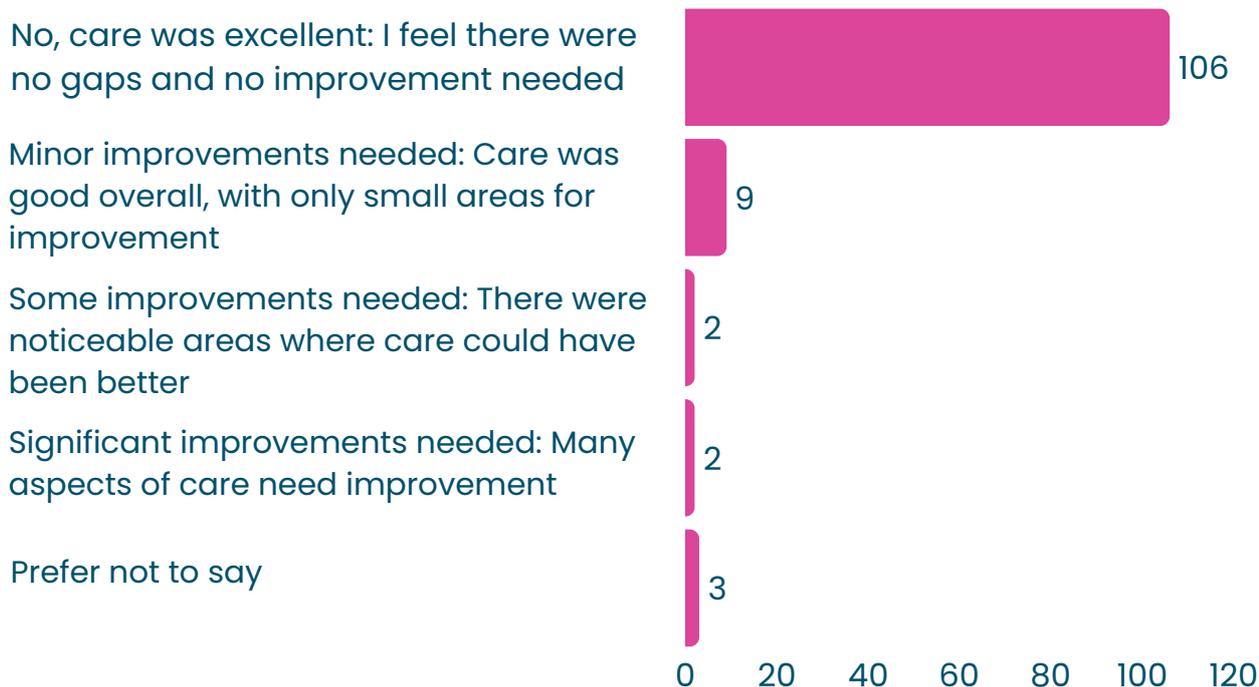


# Feedback & Improvements

**Do you feel that you (or your loved one) are able to provide feedback to Trinity Hospice team when you need to?**



**Are there any gaps or improvements to be made in the care and support that you (or your loved one) received?**





**If comfortable, please share your thoughts on how Trinity Hospice could make it easier for you (or your loved one) to provide feedback, and whether there are any gaps or areas for improvements in the care and support offered:**

Of those that provided further information, **27** reported **no gaps or improvements needed** regarding feedback processes or the overall quality of care at Trinity. Many described the care as **'exceptional'**, emphasizing strong **communication**, consistent **support**, and frequent **opportunities** to share feedback throughout their experience.



“We love giving feedback as the care received was exceptional.”

“I don't feel Trinity could do anything else in my mind there already doing everything possible to help and comfort patients and families.”

“No gaps or need for improvement as I received total care and support when needed.”

### **Improved accessibility of feedback options**

**3** respondents suggested making feedback options more **visible** and **accessible**. Although Trinity Hospice already promotes their iWantGreatCare forms, individuals recommended **placing physical forms in reception** and **waiting areas**, while **increasing awareness** of existing online options. One person also proposed a **condolence postcard** after a bereavement, gently reminding families that they can provide feedback at any time.

“Feedback forms maybe available on reception.”

“It could be a simple postcard offering condolences and saying that feedback can be given at any time via various means.”

“Maybe have some online feedback forms, these could exist, but I have never looked.”





## Communication and end-of-life care

3 respondents reported instances of **miscommunication** when their family member **transitioned** to end-of-life care. These experiences highlight the need to review **internal communication processes** to ensure that families receive timely, clear, and consistent updates during critical moments.

“The only thing I had to say is when they put my mum on end of life care I wasn’t notified, they said they had informed my daughter, but she had no knowledge of this. I had to complain that they had stopped feeding her and were only giving her meds, only then did I find out she was on end-of-life care.”

“Communication, and please don't make promises to people that you can't keep.”

“Not move someone who is end of life somewhere else in their final days.”

## Awareness and education of end of life

1 respondent felt that families would benefit from **clearer, more accessible information** about the end-of-life stage, particularly when care takes place at home. Increasing the visibility of this information may help families better understand what support is available.

“If I was to take the journey again the only improvement I would say ... would be to educate the families on the active dying phase of the patient as I really struggled and felt scared when my mum was passing at home. It’s different in the hospice/hospital setting as there are people there who guide you. Dying at home ... well.. It’s not something that anyone wants to face but I think if I was more educated on the process I would have been a little calmer.”





## Counselling and bereavement support

1 respondent highlighted the **value of counselling services** and suggested that the hospice might consider **proactively** reaching out to **bereaved family** members at **set intervals**, for instance, **around the one-year anniversary** of their loss. This **gentle follow-up** could **reassure** families that **support remains available**, particularly for those who may not feel ready to engage soon after their loved one's passing.

“My sister's children did not take up the counselling/listening options. Is there room/funding for Trinity to contact them again, one year after their mum's passing, to see if they are more able to express themselves?”

## Other

Others shared that there were **difficulties** arranging an **admission** for their loved one into Trinity, **relating to care access pathways** rather than the hospice. A further respondent shared that they found some of the survey questions **weren't easy to answer** after their loved one passed in July 2025.

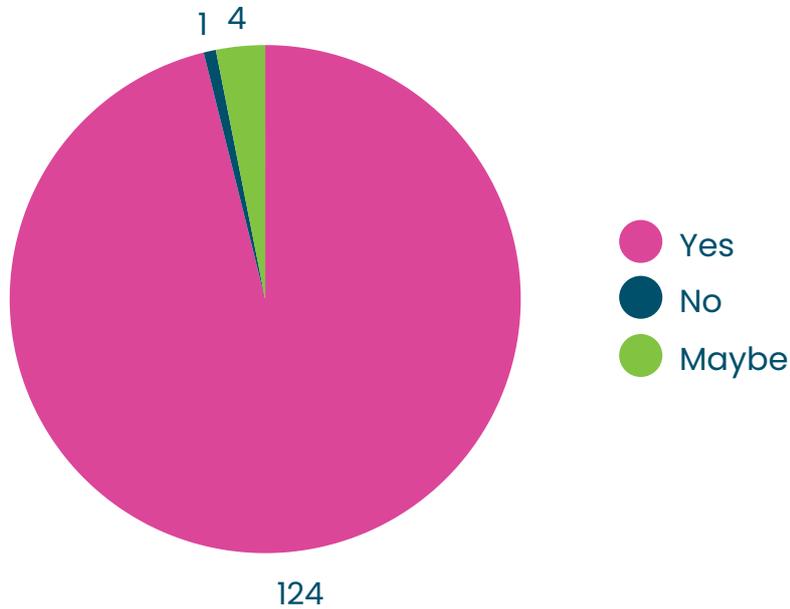
“A bit of a struggle to get him in at Trinity but this was our GP and not the hospice.”

“The patient died in July 2025, some of the questions are not easy to answer.”





## Would you recommend Trinity Hospice to others who may need similar care or support?



### If no or maybe, please share why, if you feel comfortable to do so:

5 individuals selected **no** or **maybe** when asked if they would recommend Trinity Hospice, however only 3 provided **further detail**. 1 participant felt that their loved one was required to leave the hospice **unnecessarily**. Another expressed **dissatisfaction with the conduct** of a particular member of staff, which left them feeling **disappointed**. The third respondent reported that while they would recommend Trinity Hospice's **counselling service**, they **lacked confidence** that other services consistently met the needs of **all individuals**.

"As stated they made my Husband leave unnecessarily in my opinion."

"Hospice at Home and in the community were second to none as I had always expected but as mentioned before one trained nurse disappointed me and my family."

"I would recommend the counselling (and have) however I wouldn't be 100% confident in recommended other services to carers as I wouldn't be sure they'd get their needs met."





## Is there anything else you'd like to tell us about your (or your loved one's) experience with Trinity Hospice?

### Quality of care and support

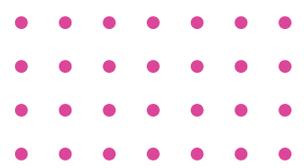
**31** individuals commented on the **exceptional standard of care and support** provided by Trinity Hospice. Feedback consistently described the **care as outstanding**, delivered by **compassionate, kind, and dedicated staff**. Many felt the care went above and beyond, with nothing ever being too much trouble. Staff were frequently praised for being **amazing, helpful, and supportive**, ensuring people **felt heard, well cared for, and comforted**. Support was also noted to extend beyond the end of life journey, with **wraparound care** offered to families and loved ones following a bereavement.

“Beautiful place, so calm and peaceful yet if someone wanted to take a living donkey in to cheer people up, it would be allowed. Not a miserable place at all.”

“Outstanding care and support provided by all involved in my mums' care during both her stays. The support with myself and family was incomparable. We got to spend time with her without worrying about what we would do next, nothing was any trouble. Thank you so much for everything.”

“All of the teams worked together to provide excellent care and support. We all have to die, but my husband had the best experience possible. I felt that they really cared about both of us, and I don't know how I would have coped without them.”





## Gratitude and appreciation

9 respondents expressed **gratitude** and **appreciation** for the work of Trinity Hospice. Many felt the hospice gave them **precious time** with their loved ones, ensuring **comfort** and **dignity** during a difficult period. Individuals shared that they would be **eternally grateful** for the care their loved ones received, which allowed them to spend **meaningful** and **special time together** at the end of life. This sentiment was reflected in their commitment to continue supporting the hospice through donations, recognising hospice care as **essential** and **invaluable**.

“Being able to stay at the hospice with my dad in his final days was the most precious gift Trinity could have given me, I will be forever grateful and there are not enough words to express how thankful we are to have such an amazing place as Trinity.”

“She was able to spend her last week's in comfort and enjoy the company of friends and family and have special time together.”

## Trinity hospice services

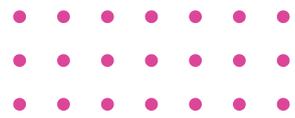
6 respondents spoke **highly of the range of services** provided by Trinity Hospice. Individuals highlighted access to the **Trinity chaplain** and the **Memory Lady**, both of whom provided families with **comfort and reassurance** during a sensitive time. Individuals also shared the **Hospice at Home service**, noting that it enabled a more **personalised approach to end-of-life care**. Additional **invaluable support** was recognised through the **Admiral Nurse** and the **volunteer service**, further enhancing the overall care experience.

“After my husband passed I found great comfort from Helen the chaplain and Elaine memory lady.”

“The home team was exceptional as was the Pastoral care and volunteer service.”

“She was never an inpatient at Trinity as she wished to remain at home. Just glad that the home hospice service was available as it was vital in making Sue's last days a little easier for both of us.”





## Other

Other respondents shared **their hopes for the future** of Trinity Hospice, emphasising the importance of continued funding to strengthen the services already in place. Some shared a need for additional **dementia support groups** for their loved ones. Others expressed that the community would be significantly impacted without the Trinity Hospice services in Blackpool, and that greater **government funding** is needed to reduce reliance on fundraising and ensure the hospice's **long-term sustainability**.

“This service is a valuable part for the Fylde Coast, you never know when you might need this service it’s needed more than you know but I felt supported throughout.”

“Would be absolutely awful experience without them. I hope they continue to receive funding.”

“Would like to see dementia support groups available more often.”





# Service Spotlight



“As a family, we used Trinity Hospice at Home service last year when my nana passed away. They were exceptional but the only criticism was that they didn’t have enough capacity, and they were really stretched. We rang them at 5am and they did not arrive until 2/3 hours later. The care team told us that they had to travel to Lytham first and then they would come to us. They did inform me that there would be a wait and did everything they possibly could to arrive sooner. My suggestion is that there should be teams based in Blackpool, Fylde and Wyre rather than being stretched across the whole area. When they arrived, the team were really compassionate, and they did what they needed to do to provide care and comfort. The problem with my nana was that she wasn’t known to the Trinity services as her first interaction was with the Hospice at Home team.

Grandad stopped his cancer treatments 6 months ago, he attended the Living Well service at Trinity and he absolutely loved it. He had 1-1 appointments with Karen who took the time to get to know him and build a rapport. He would go for an hour a week for the first few weeks. Trinity liaised with the hospital and GP in order to get the medication stopped and his quality of life massively improved from that point onwards. Karen had stabilised the situation and it was no longer necessary for him to attend the Living Well Service every week. Karen told him that he was in the Trinity system so if he felt he needed to return, he should get in contact immediately.

He has become unwell again recently, so I rang the Living Well Service to get support. They were brilliant with liaising with his GP and kept up to date with his doctor’s notes. Grandad has been visited by a member of the Hospice at Home team who were lovely and spent a lot of time with him. She said she would ring him about his X-ray results; however, he sadly missed the call. Someone else rang from the team who had a different approach as she offered for Trinity to take over his care as opposed to the GP. Grandad declined his offer as he had a good relationship with his GP and is awaiting upon X-ray results.

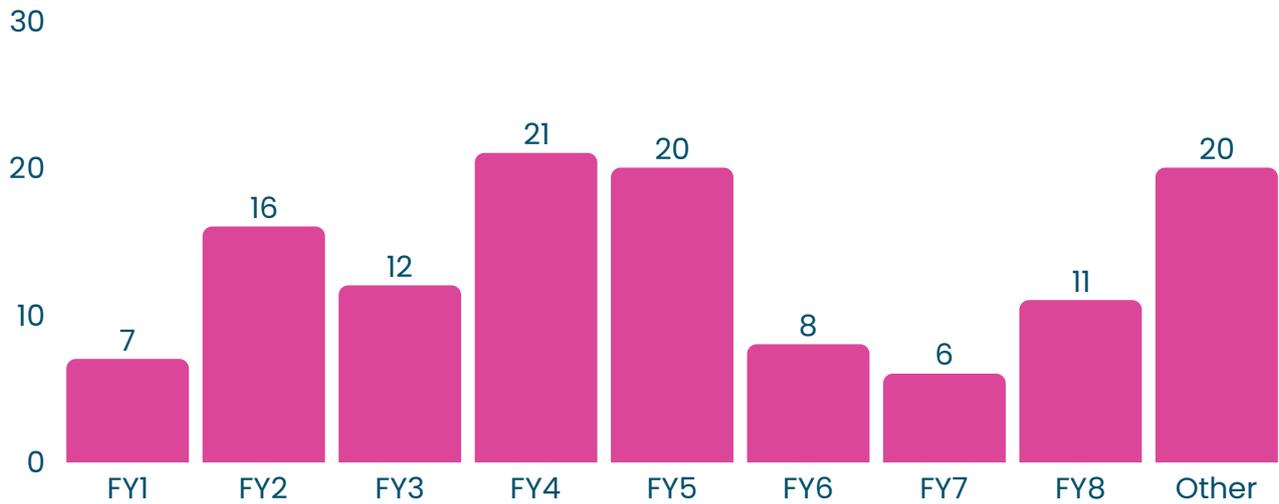
From this experience, I think it is important for Trinity to ensure a collaborative approach with other primary care networks. It is important that Trinity strengthen relationships with GP practices, and I think they should be in GPs more frequently. This would ensure referrals are embedded within their pathways.”





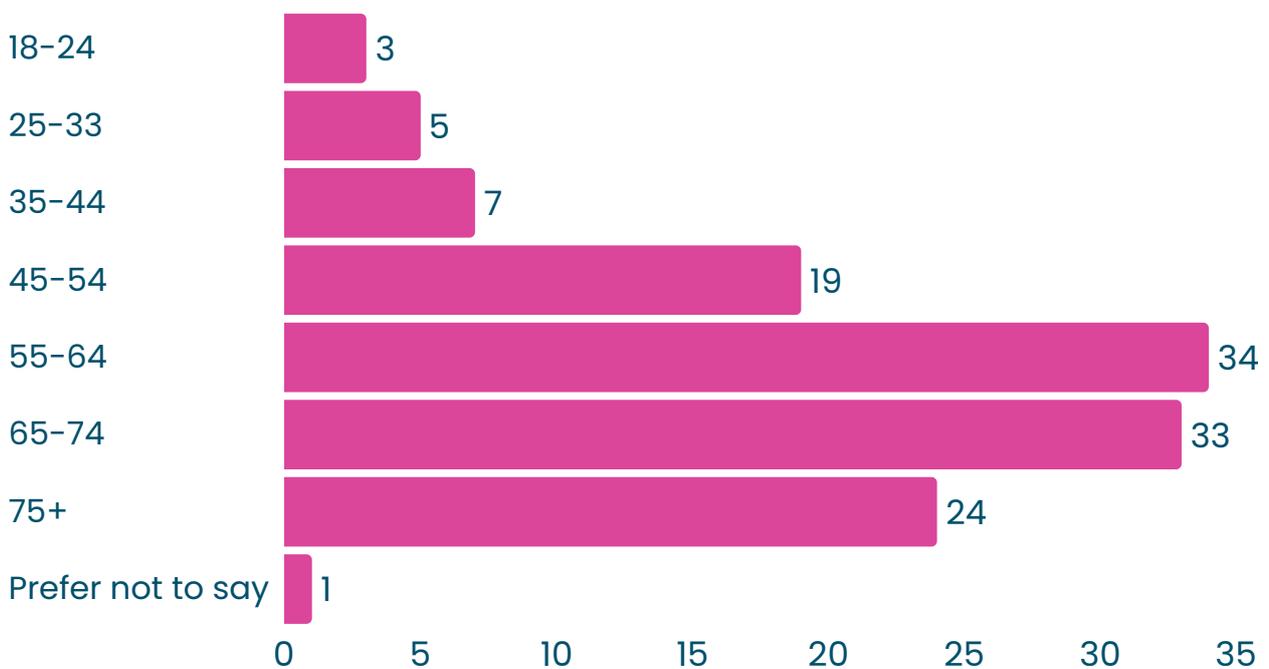
# Demographics

Please enter the first half of your postcode:



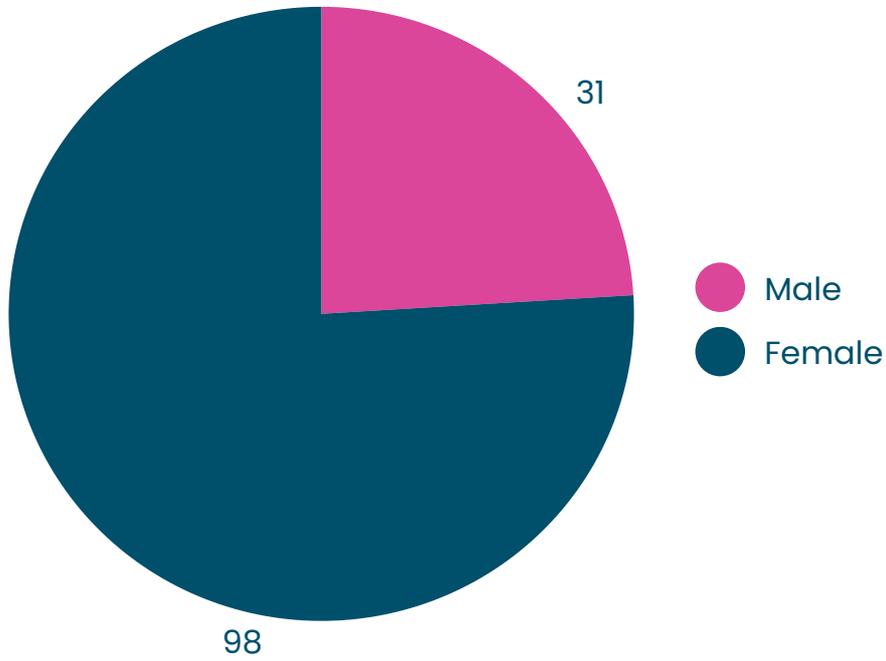
Other comments also included "PR2, PR3 ,PR4, PR7, BBL5, BB10, SW17, HP4, OI3."

How old are you?

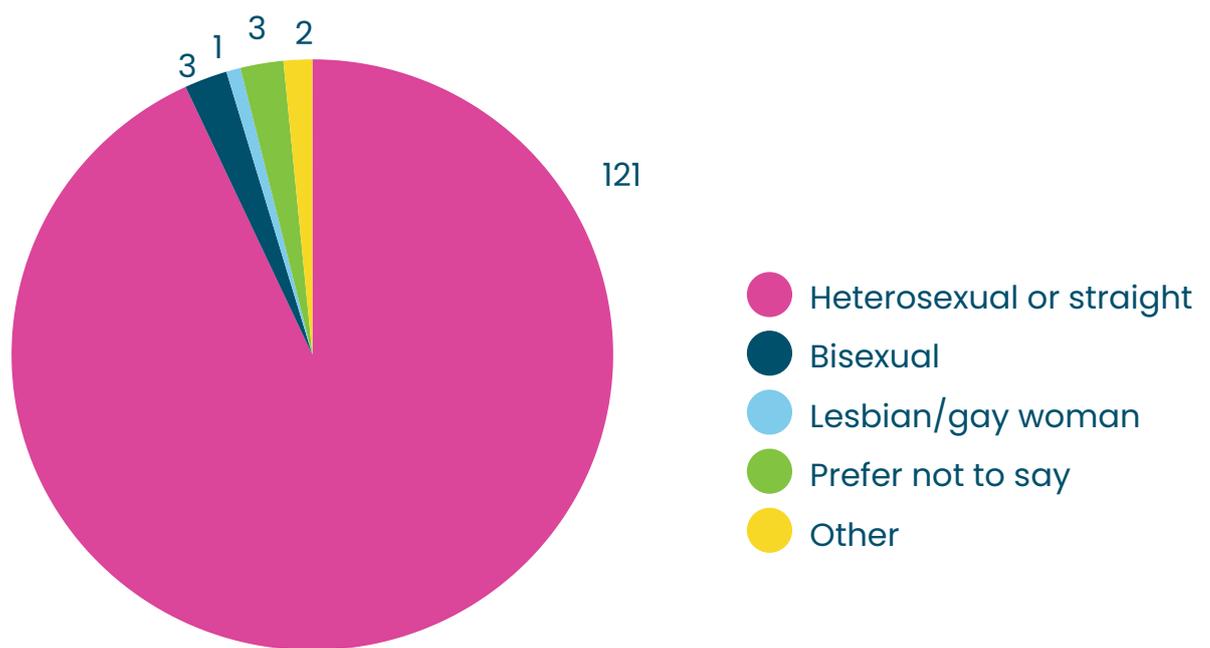




What gender do you identify as?



What is your sexual orientation?





### *What is your ethnicity?*

White: English, Welsh, Scottish, Northern Irish or British	124
White: Irish	1
White: Other White	1
Prefer not to say	1
Other	2

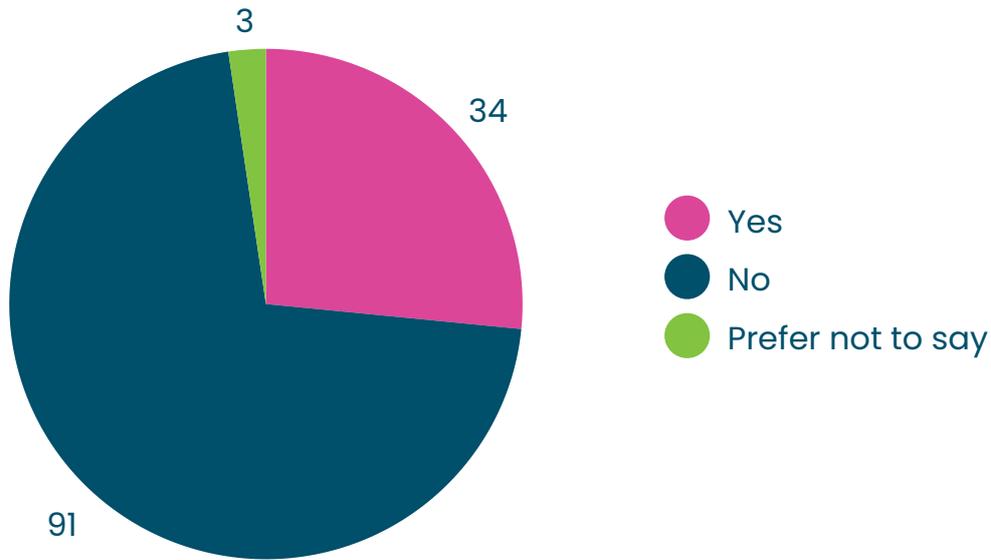
### *What is your employment status?*

Working full-time (30+ hours)	38
Working part-time (16-30 hours)	12
Working part-time (less than 16 hours)	3
Unpaid work, including regular voluntary/work experience	2
Caring responsibilities	4
In full-time education (student)	1
Retired	64
Long term sick or disabled	5
Prefer not to say	2
Other	2

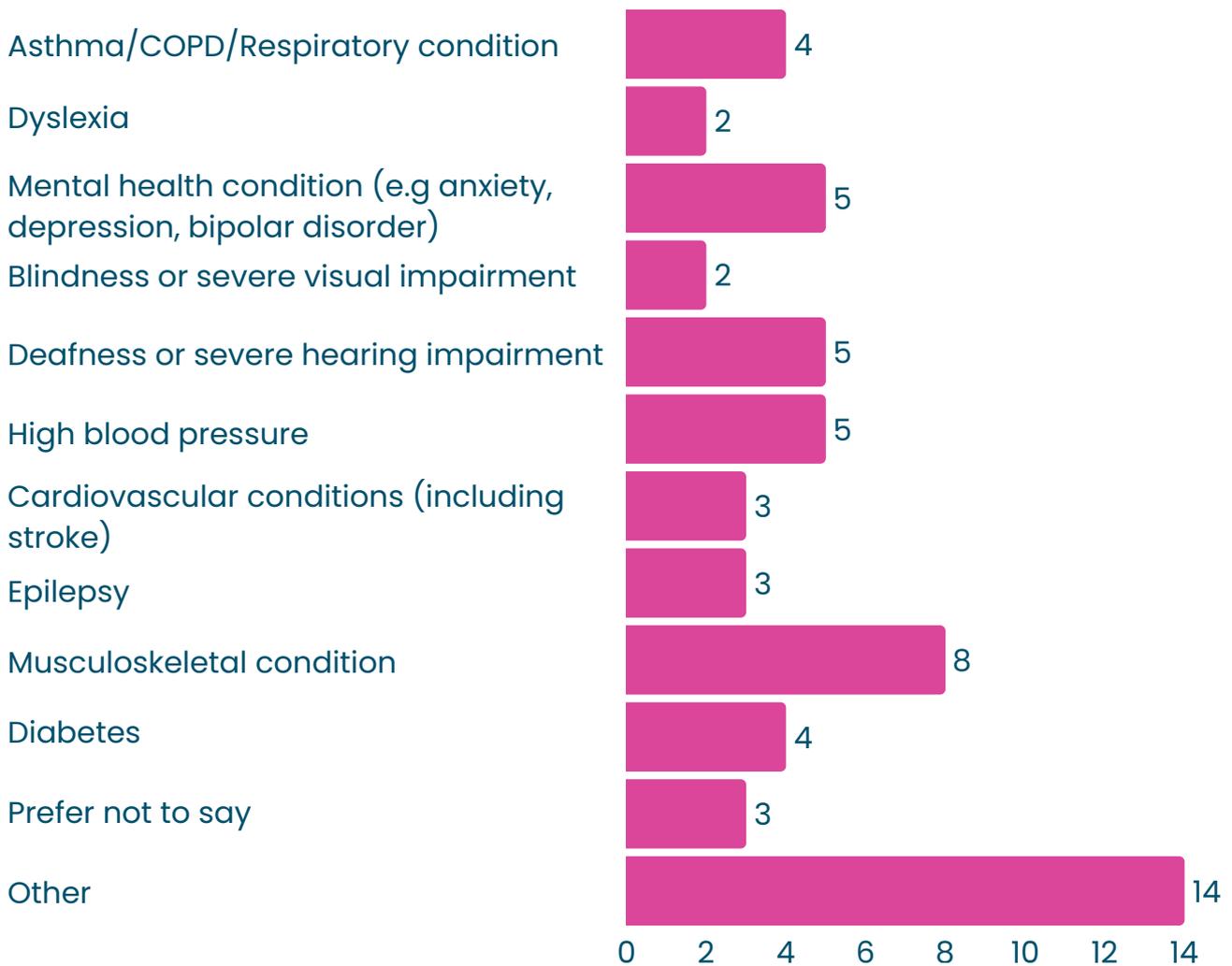




Do you have a long term health condition or disability?

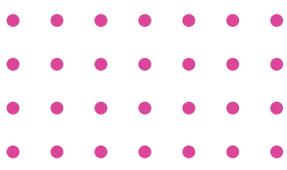


Which of the following long-term health conditions or disabilities do you have?



Other comments also included "Bile duct cancer," "MND-ALS," "Bowel/colon cancer," "Cancer," "Fibromyalgia," "Arthritis."





# **Dementia Lounge Visit**





# Dementia Lounge

The Dementia Lounge is a monthly session, held on the second Tuesday of each month, providing support for people living with dementia and their families and carers. The session is led by Maxine Emslie, Admiral Nurse at Trinity Hospice, alongside volunteers who can offer specialist dementia-related advice and signposting.

Healthwatch Blackpool attended the Dementia Lounge on Tuesday 9th December, from 10:30am to midday. The session included refreshments and a festive performance by a local primary school choir, which was warmly received by attendees. During the session, Healthwatch Blackpool engaged with 7 attendees, as well as staff and volunteers. The following sections summarise the feedback shared.

Thank you to Trinity Hospice for facilitating our visit.



Supporting you and your carers

## Dementia Lounge

Join us for refreshments & support, share your thoughts and put your questions to our friendly professional advisors in a relaxed environment

on the second Tuesday of every month  
10.30am - 12.30pm

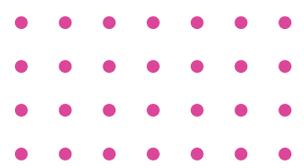
Join us in the Living Well Centre, Trinity Hospice Bispham.

Trinity Hospice  
Compassion and care

Booking NOT necessary, just pop in.  
For any further info call 01253 358881

Registered Charity No. 511009





## Have you or your loved one received any other support from Trinity Hospice (e.g. Living Well, Hospice at Home, nursing support, counselling)? If so, which ones?

Most individuals shared that the Dementia Lounge is the primary service they have accessed through Trinity Hospice. 1 individual had previously attended sessions at **Beaverbrooks House**, while another shared that they have been attending the Dementia Lounge for 18 months, emphasising the **friendly and welcoming** atmosphere. Others noted that they attend the lounge regularly and **value both** the **staff support** and **social aspect** of the sessions.



"No, just attended the dementia lounge."

"I used to go to Beaverbrooks House, this is our third session here."

"I've been accessing the dementia lounge for 18 months; I love coming here, I like it because everybody is so pleasant. I only accessed another Trinity service when my other half was living, he had home help, they were really good. They were good with me as well, I felt well supported."

"We come here every month, the support from the staff is brilliant, we love the social aspect."



## What do you find most helpful or enjoyable when accessing the Dementia Lounge?

Many individuals highlighted the **strong sense of community** and **togetherness** felt during the sessions. **Music-themed activities** were particularly well received, with one respondent recalling visits from a ukulele band and singers. Other activities included sessions with **Blackpool Football Club**, **seated exercise sessions**, and **group outings** with the Trinity team for fish and chips. Staff were consistently described as **friendly, knowledgeable**, and **accommodating**, contributing to a **warm** and **welcoming atmosphere**.





"Husband likes music and he really likes the singing."



"I live on my own, and this group is lovely and I am lonely sometimes at home. I keep myself busy and help the neighbours with knitting or gardening. I like watching football too."

"Enjoy being with people in the same situation, everybody has the same problems."

"It gets everyone together and its nice because it's a bit lonely."

"Friendly, the staff are so knowledgeable. they took us all on the trams and we had fish and chips."

"The friendliness and so hospitable."



### Do you feel supported and treated with care and respect by the staff/volunteer/wider Trinity teams?

Participants consistently described the staff and volunteers as **friendly**, **supportive** and **wonderful**. Many highlighted the **welcoming nature** of the team, particularly for **newcomers**. Several referred to the staff as **"brilliant"** and valued the **personal connections** they had built through regular visits and opportunities to **make friends**. Overall attendees reported **feeling well cared for** and **strongly supported** by everyone at Trinity.





“Yes, it’s wonderful.”

“We feel so supported by everyone.”

“They’re brilliant.”

“Yes, they’re all wonderful. I’m new but they’re all very friendly and wonderful.”

“Brilliant- my daughter works at hospice, and she does a lot of fundraising.”

“I make lots of friends here. The staff are all lovely. Julie comes to see me which I enjoy.”

### Was it easy to get the help or support you needed from Trinity?

Most participants shared that accessing support from Trinity was **straightforward**, often facilitated by **signposting** from **family** or their **GP**. Staff, particularly Maxine, was **frequently praised** as **“brilliant”** and doing a **“great job.”** Some participants contrasted this with the **challenges** of **obtaining funding** elsewhere to support similar groups. However, one person noted initial **difficulty** accessing the service, as it is **not widely advertised**, and they only discovered it after attending another dementia group that did not meet their needs. Overall, those who accessed Trinity described the **support as excellent** and delivered by staff who consistently go above and beyond.

“It was actually very easy. My daughter signposted me here and my GP was involved. “

“Yes, Maxine is really good.”

“Hard to get support from council- got to fight for funding.”

“Fantastic.”

“Maxine is brilliant- she does a great job.”

“Not really at first – it’s not well advertised – its knowing about it.

“We went to a different dementia group one time, on Newton Drive and there was only half a dozen people there. One day we went and we sat there, and one chap threw a pack of cards on the table and said, “play that,” we left after that.”





## Is there anything Trinity could improve to make things easier for you or others?

Participants could **not suggest** any improvements for Trinity Hospice, describing the staff as being **“so friendly.”** They **valued the social aspect** of the sessions, including the **opportunity to chat** and **make friends**, noting that the sessions provide a chance to **“get away from the mundane.”** Overall, individuals expressed a **strong satisfaction** with the service and felt it meets their needs **effectively.**

“No can’t think of anything it is nice to have a chat, and everyone is so friendly.”

“No can’t think of any improvements- enjoy it, gets you away from the mundane, makes friends.”

“Not for me, I’m happy with everything.”

“It’s the first time I’ve been, the people in Trinity are amazing.”

## Is there anything you feel would make the Dementia Lounge even better?

When asked if improvements could be made to the Dementia Lounge, participants unanimously said no. They described the lounge as **“great”** and **“wonderful,”** expressing that they are **happy** with it exactly as it is.

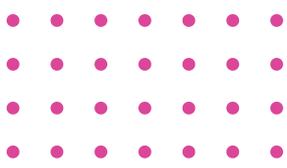
“It’s pretty new to me, but there’s nothing that could make it better.”

“No, don’t change anything.”

“No, it’s great.”

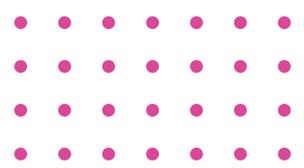
“Nothing, it is absolutely wonderful.”





# In Patient Unit Enter & View Visit





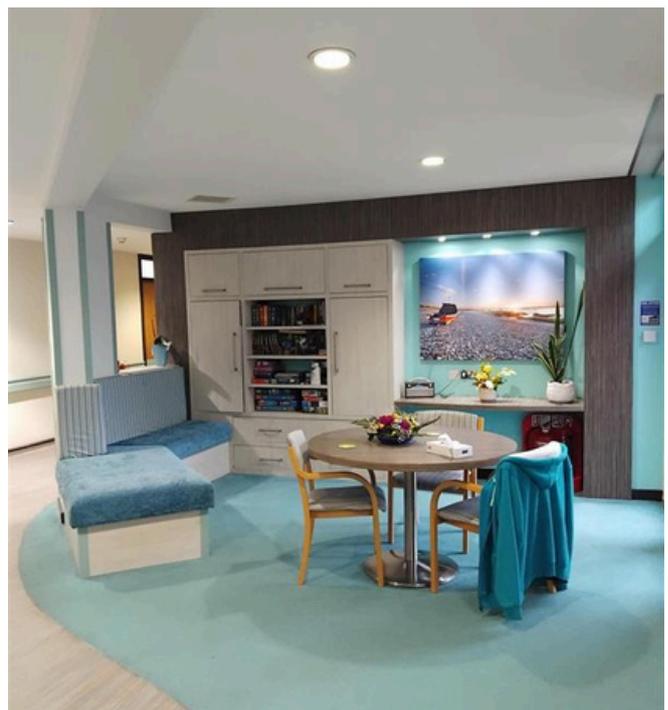
## What is an Enter and View?

Healthwatch have a power under the Local Government and Public Involvement in Health Act (2007), to carry out Enter and View visits. This is a legal power in which Healthwatch can enter health and social care services (which receive public funding) to see them in action. This enables Healthwatch to ascertain what is working well with services, and identify any areas for improvement. The following enter and view information relates only to the service viewed at the time of the visit, and is only representative of the views of the staff, patients and relatives who met members of the Enter & View team on that date.

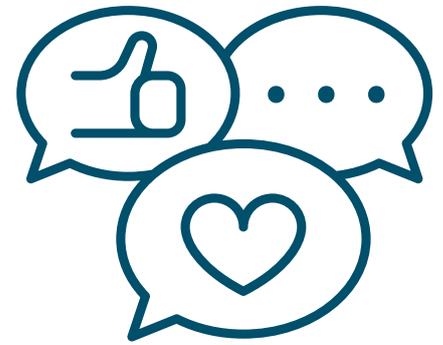
## Introduction

Healthwatch Blackpool carried out multiple Enter and View visits within Trinity Hospice's In Patient Unit (IPU) on the 3rd, 4th, 13th and 20th of November, at varying times of day, gaining a comprehensive understanding of how the unit operates. During these visits, the team observed the environment, spoke with hospice staff, and gathered feedback from patients, relatives and loved ones.

Healthwatch Blackpool engaged with 7 patients, as well as staff and relatives during the visits, acknowledging that some patients had limited capacity or were too unwell to participate. The feedback gathered across the four visits is summarised below in relation to the IPU and patient experiences.



# Patient Feedback



## Staff Manner

During the visits, Healthwatch Blackpool representatives found all staff to be extremely accommodating, kind and compassionate. This positive approach was consistently observed across every visit and among all members of staff. Patients spoke very highly of the staff at Trinity Hospice, describing them as exceptionally supportive, friendly and reassuring. They shared that staff were particularly effective in supporting their emotional needs through meaningful conversations. One patient explained that they felt able to ask any questions they had, whilst another highlighted how the staff's positivity helped to keep them going.

"Have a good laugh with staff."

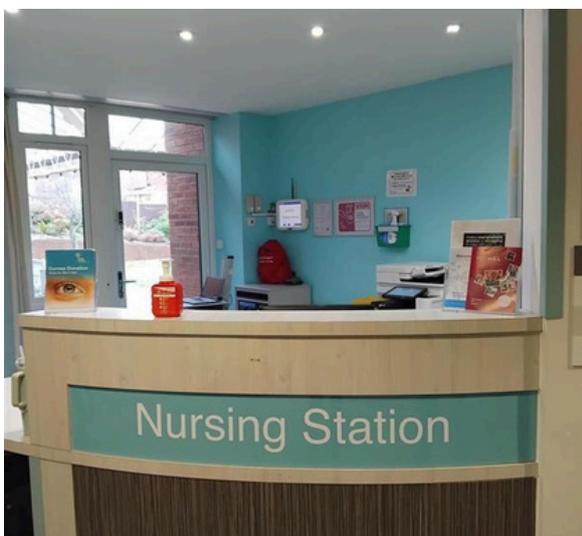
"Can't do enough for you, it's another world."

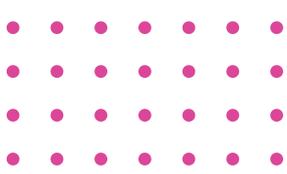
"If you ask questions and they can't find the answer they will. Never seen anything like it, they put you at ease."

"Positive, they keep you marching forward."

"Very good conversation, always got a smile on their face."

"They're really friendly and laid back, far more relaxed."





## Quality of care

The IPU accommodates up to 14 patients in single bedrooms, many with ensuite facilities, supported by shared bathrooms and specialist equipment. Staffing levels are based on patient need, with one-to-one support provided where required. Each side of the ward is led by a nurse in charge, supported by two nurses and two healthcare assistants. Staff training is comprehensive, combining mandatory e-learning with ongoing practical and clinical skills development, including in-house training sessions and specialist courses, such as dementia care.

When engaging with patients, they shared overwhelmingly positive feedback about their care within the IPU, frequently describing it as excellent. Patients reported feeling extremely well looked after, noting that nothing was too much trouble. Staff were praised for their kindness, attentiveness and responsiveness, with particular appreciation for prompt pain management and regular personal support, such as offering drinks.

“Even the ladies who come and tidy your room ask if you need anything.”

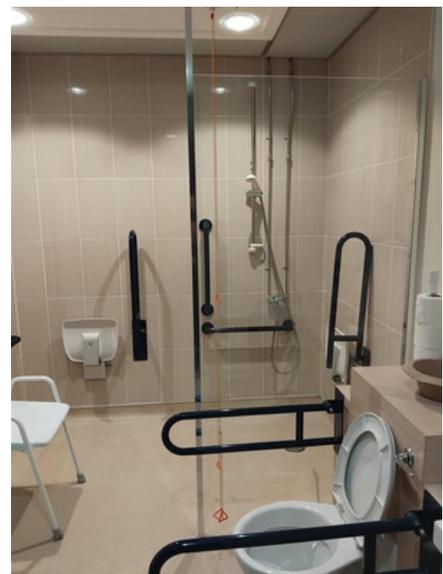
“It’s been very good, a lot of effort goes into it. Everyone is very kind. Can’t speak highly enough.”

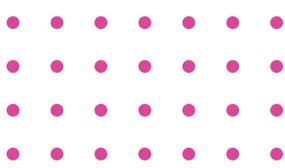
“They are fantastic - In general terms they are just what you need as an antidote to the hospital.”

“10/10 for everything, its an amazing place. Was having problems with pain meds and brought me in here to change and manage needs.”

“Unbelievable, you can’t ask for anything better. They’re really really good.”

“Since I’ve been here you can’t fault it, the service they give is first class from food to medical.”





## Daily Life

Staff informed Healthwatch Blackpool representatives that daily life within the hospice is largely shaped by the individual needs and condition of each patient, with the primary focus placed on comfort and wellbeing. Care is delivered in a flexible and person-centred way, recognising that patients energy levels and preferences can vary significantly from day to day.

Patients are able to access the hospice's Living Well services, alongside opportunities to take part in activities, such as arts and crafts. Staff explained that they aim to facilitate activities and support that reflect what each patient would like to do, rather than following a rigid programme, allowing this to be more personalised. As this is an inpatient unit, there is no fixed activity schedule, allowing care and daily routines to adapt sensitively to each patient's wishes, abilities and clinical needs.

"Taken around the grounds by staff when it is better weather."

"I watch TV. I have got my phone and my laptop."

"No not really - most patients are pretty bed bound."

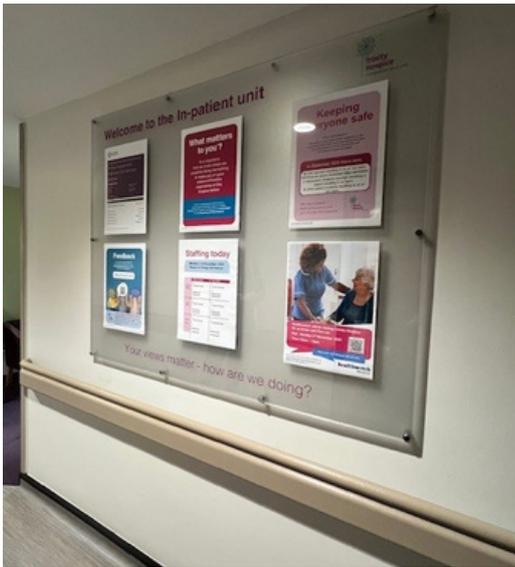
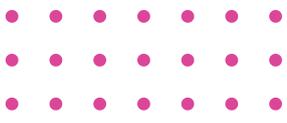
"I get up to very little as I'm bed bound."

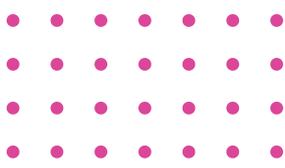
"Physio - slowly progressed, progressed from lying in a bed to standing."

"People come in and wash me twice a day."

"If I wanted to they would wheel me to the window."







## Visits and contact with loved ones

Staff informed Healthwatch Blackpool representatives that visiting times are generally between 11:00am and 8:00pm, however this is flexible and dependent on the stage of the patient's care. Where appropriate, visiting can be extended to allow access 24 hours a day. Meal times take place from 12:00pm to 1:00pm and 4:30pm to 5:30pm, and visitors are politely asked to avoid protected meal teams where required.

Staff noted that families are able to take patients out when appropriate, subject to the patient's condition and medication. They explained to Healthwatch Blackpool that when a patient is in the final stages of life, the hospice aims to support families to be present as much as possible. Loved ones are actively encouraged to visit regularly, and it was evident that family support plays a vital role in the wellbeing and comfort of patients.

"Loved ones regularly visit - can visit anytime apart from mealtimes."

"Lots of family support."

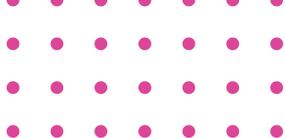
"Yes, it seems ok."

"My brother is back and forth transporting family, as well as grandchildren visiting."

"Family are from down south, I have a few friends that pop in now and then."

"Oh yes my wife's coming in, she's not worried."





## Food

Staff explained that Trinity Hospice has its own canteen and catering team, with meals guided by patient preferences, rather than a strict menu. Whilst a small daily menu is available, staff noted that the emphasis is on providing food that suits each individual at all times. Dietary needs are assessed on a patient-by-patient basis, including support for specialist diets, such as pureed meals. The canteen is open until 6:00pm, with staff able to provide snacks outside these hours. In some cases, loved ones can also purchase meals from the canteen for a small fee.

Patients spoke very positively about the food within the IPU, highlighting the variety and quality available. Although there are usually two main options, patients felt staff were responsive to their needs and happy to provide alternatives when required.

“Food here is beautiful, all homemade.”

“If you don’t want anything in the menu they can make anything for you. Extra little bits, never seen a system like it. You can have a glass of wine with your family if you like. They would get you KFC if you wanted it.”

“10/10 its fabulous!”

“Sweet + sour chicken and beef dinner, all freshly done its like a restaurant.”

“Two simple choices but you can have anything you want.”

“Food is like being in a restaurant you can’t fault it.”

## Safety, privacy and wellbeing

Patients consistently shared with Healthwatch Blackpool that they felt a strong sense of safety, privacy and wellbeing within the IPU. Many spoke positively about the environment in their rooms and said they felt secure. One patient commented that they “couldn’t fault it,” rating security as 10 out of 10.

“Yes I do. I like my room.”

“Oh yes.”

“Oh yes, I feel safe.”

“Lovely environment.”

“Yes, totally secure, it’s a 10/10 place, couldn’t fault it.”



## Patient Involvement

Staff informed Healthwatch Blackpool that much of the feedback received is provided verbally. Trinity Hospice also use iWantGreatCare forms to formally gather feedback from patients and families, which are reviewed by the governance team and, on occasion, shared online. In addition, it was noted that families often provide feedback through cards and messages. Staff acknowledged that there is scope for improvement in this area, as a significant amount of feedback is currently received informally, and therefore may go unrecorded.

Patients spoke positively about their involvement in providing feedback to staff. 1 patient highlighted how open and transparent staff were, particularly in relation to gaining access to their notes. Another patient emphasised the level of personal choice they had in their treatment, stating that they felt they had “total control.”

“Yes, you can talk to whoever you like at any time, nothing is hidden. Can access notes any time. Very open. If you want to know something you can just ask. I don’t think there’s any time it’s not open.”

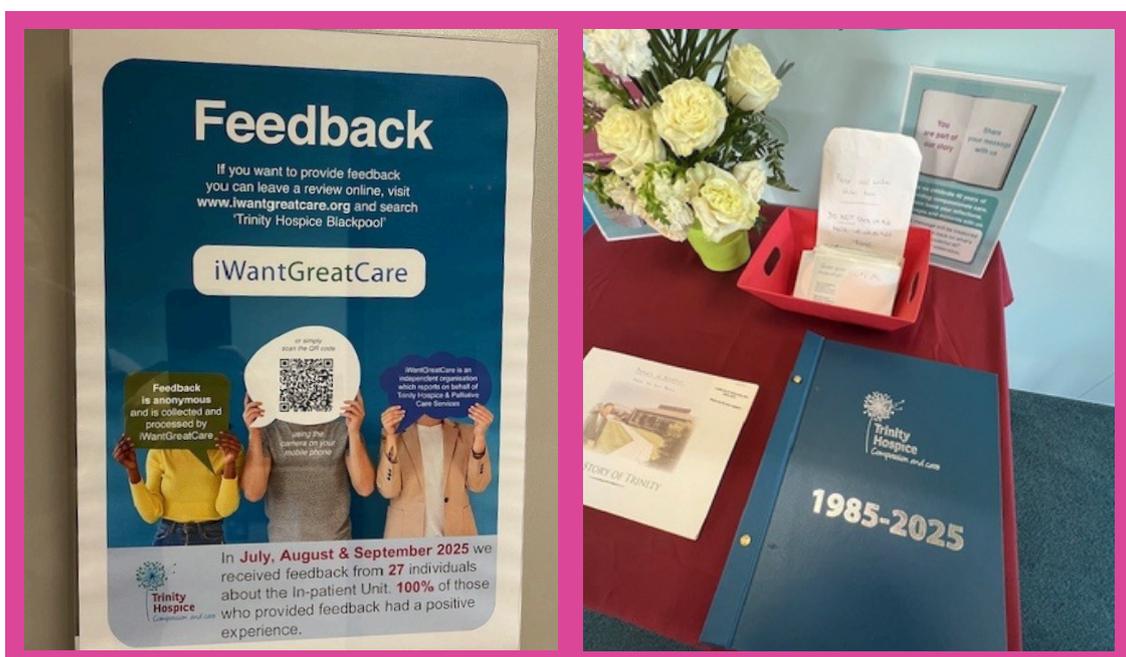
“Me and my family can’t knock it at all.”

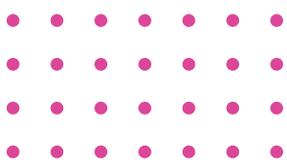
“Oh definitely, but haven’t ever had any concerns.”

“I can chat to any of the nurses or carers.”

“Oh yeah, the doctor that comes in, the treatment has been discussed and agreed upon by me.”

“He has kept me totally informed, they accept my choices.”





## Activities

Staff noted that there are no scheduled activities within the IPU, however patients are able to access activities through the hospice's Living Well service. They also informed Healthwatch Blackpool representatives that Trinity Hospice has a designated hair salon which patients can use when the hairdresser is available, or they may arrange for their own stylist to visit.

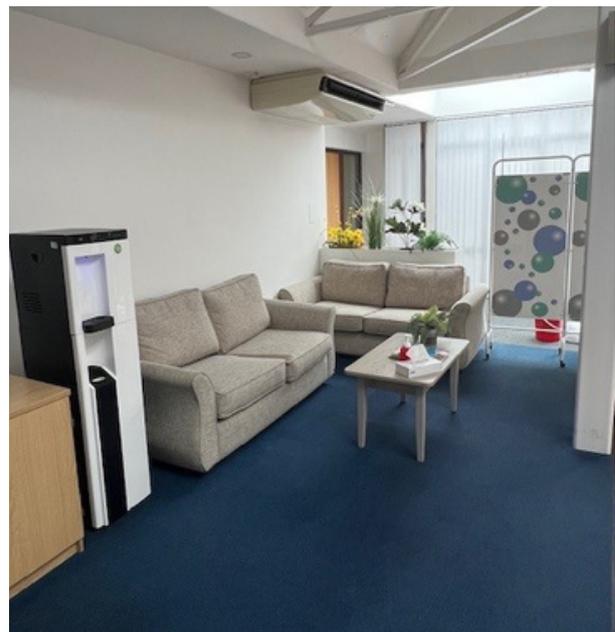
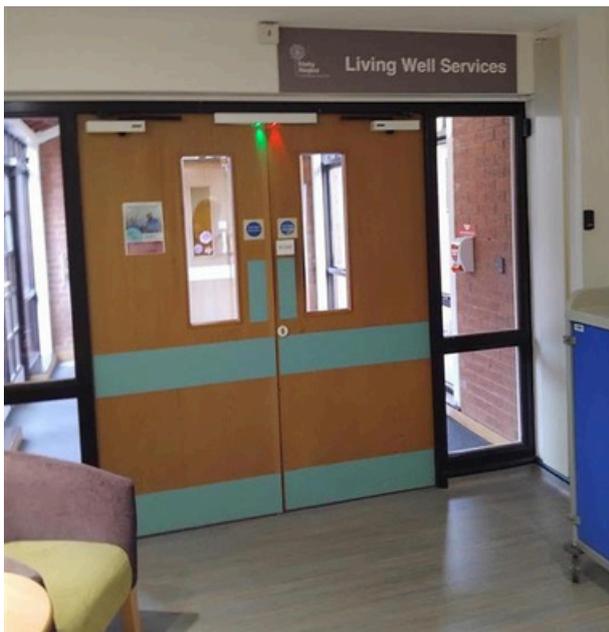
Patients were well aware of the activities available and shared that staff regularly encouraged them to get involved. Activities mentioned included painting and drawing, as well as spending time in the lounge, which also has a small shop.

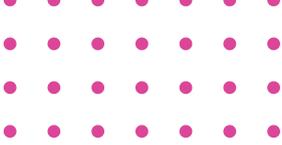
"All sorts - there is a lounge with a shop."

"Painting, drawing, I made 2 scarfs, I really enjoyed the crafts."

"Staff encourage you to get involved with activities."

"Currently I stay in but that may change."







## Relative Feedback

Relatives shared positive feedback about the care and support provided at Trinity Hospice. They described staff as having a lovely, kind manner and felt reassured that staff were consistently attentive and “on top of everything.” Visiting was described as flexible, with staff being highly accommodating and ensuring relatives felt respected at all times.

One relative highlighted that, although their loved one was on a limited meal plan, staff remained flexible in what they could provide. They valued access to the courtyard, which includes a pool table, a relaxing seating area with a television, and a children’s play section. The relative felt it was beneficial that their loved one had a spacious private room, which offered a high level of privacy.

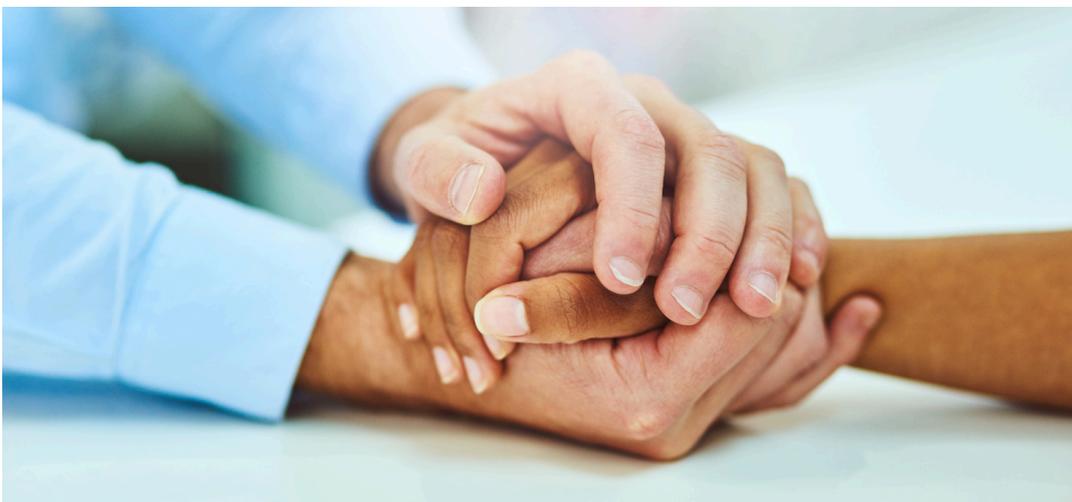
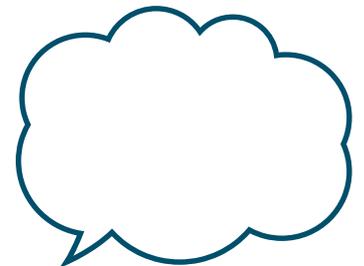
Overall, relatives felt the service was exceptional, and that both they and their loved one were very well supported. They shared that any concerns could be raised easily with staff, and described their experience of the IPU as cathartic, noting that the calm environment helped them to slow down and cope during a difficult time.

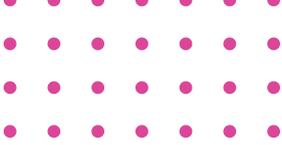
“The service is amazing – good care, very well looked after.”

“Accommodating to everything.”

“Families and loved ones can access the courtyard.”

“Staff are very respectful.”





# Visit summary & observations

## Pre-visit

The visits to Trinity were prearranged as per the Healthwatch Blackpool work plan. The hospice was notified via email, ten working days before the visit. The hospice were asked to display posters and make patients and families aware of the planned visits. The visits were conducted in line with current infection prevention control measures.

## First impressions

Trinity Hospice is located on Low Moor Road in Bispham, a quiet residential location. The location provides a peaceful and calm atmosphere while remaining easily accessible via Bispham Road. Local transport links and amenities are within walking distance of the hospice. There is ample parking available on site, including designated disabled bays, and the car park is only a short walk from the main reception. Access to the building is through the main reception. Healthwatch Blackpool Enter and View posters were clearly visible at the reception desk, throughout the IPU, and in other areas of the hospice, such as the Living Well Service and the Linden Centre.

Healthwatch representatives were welcomed by the friendly reception team and, during each visit, were introduced to David Kay (Director of Clinical Services) and Patrick Blencowe (Nurse in Charge).

## Environment and communal spaces

During the visit, staff gave Healthwatch Blackpool a tour of the IPU and welcomed conversations with patients, loved ones, and staff. Most rooms are single with en-suite bathrooms, specialist beds, wardrobes, bedside cabinets, and TVs, all overlooking the hospice gardens. Patio doors provide easy access to outdoor spaces, and rooms include personal storage, a DVD player, Wi-Fi, and space for mobile phones or laptops.

The IPU also includes a large lounge for patients and families, featuring a large-screen TV and a charity stall used for fundraising. Within the IPU, there are several quiet and comfortable seating areas for patients and their loved ones, with a wide range of reading materials available. The unit also features a fully equipped hair salon, which patients can use when the hairdresser is available.



An internal courtyard provides additional recreational options, including a table tennis and pool table, with drinks and snacks available. Quiet areas, such as the chapel, are available for patients and their loved ones. Additionally, relative rooms are provided for overnight stays, ensuring comfort and support throughout their time at Trinity Hospice.

## Observations of patient and staff interaction

At the time of the visit, Healthwatch Blackpool representatives observed staff providing compassionate care and engaging positively with patients and loved ones in their rooms.

## Challenges

Trinity Hospice undertakes a variety of fundraising activities, including skydives, fun runs, and wedding dress walks. There are charity shops located across Blackpool, Fylde, and Wyre. Additionally, a small shop within the IPU lounge contributes funds directly to support the hospice.

Care at Trinity Hospice is essentially free for all patients. Funding comes from a combination of sources, with approximately one-third of running costs provided by the government and NHS, and the remainder raised entirely through charitable efforts. Staff highlighted staffing pressures, noting difficulties in recruiting additional palliative care staff to meet the growing demand.

## Oral Health

As part of the 2023–2028 Oral Health Strategy, every person’s oral health should be assessed as part of the holistic needs assessment and personalised care planning process in hospices. Healthwatch Blackpool ensures that oral health is discussed during our Enter & View visits.

Staff informed Healthwatch Blackpool that patients oral health is closely monitored by hospice staff. Some patients experience oral thrush or dryness due to oxygen use, and in these cases, mouth gels and tailored individual oral care plans are provided. It was also explained that the hospice’s oral care policy is regularly updated to ensure patients receive consistent support, and maintain good oral health.



# Overall visit summary

Healthwatch Blackpool had a positive experience when visiting the IPU. David, Patrick, and the rest of the team were friendly and welcoming, and patients and relatives were happy to speak with the Healthwatch Blackpool team.

Feedback from patients and loved ones, alongside observations during the visit, indicated that patients were highly satisfied with the care they received.

The main area identified for improvement within the IPU related to the collection and recording of feedback. Much of the feedback received is verbal and therefore goes unrecorded, meaning valuable insights from patients and families may be missed. It is recommended that staff consistently log all feedback into a centralised system to ensure it is captured, reviewed, and acted upon.

In addition, distributing feedback forms to patients and families throughout their stay, rather than only at the end of care, would allow real-time feedback, and enable staff to respond promptly to any concerns. Regular review of both written and verbal feedback would further support continuous improvement, highlight areas of excellence, and ensure that patient and family voices continue to inform and shape the care provided.

Overall, Trinity Hospice can celebrate the many positives highlighted throughout this report. The dedication and outstanding work of staff is evident, and their success deserves recognition.

Healthwatch Blackpool would like to thank staff, patients and relatives for accommodating the visits and for taking the time to share their experiences with the team.



# Managers Overall Feedback



## **Were you happy with the Enter and View arrangements prior to the visit?**

“Yes we were very happy to welcome Healthwatch into Trinity Hospice and welcome their feedback.”

## **Please use this space to outline any positives aspects of the visit?**

“The Healthwatch Team were engaging with the team and with patients and their families. Their approach was friendly, they were punctual and the Enter and View visits were well planned and communicated.”

## **Do you have any comments on staff conduct?**

“All staff were friendly and respectful at all times.”

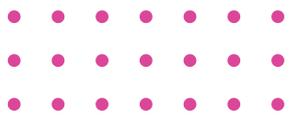
## **Please use this space to outline any negative aspects of the visit?**

“There were no negative aspects to the visits.”

## **Is there any way in which Healthwatch Blackpool can improve?**

“We cannot think of any ways in which Healthwatch can improve and would welcome them back to Trinity Hospice in the future.”





# Conclusion and Recommendations





# Conclusion

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Feedback from patients, families, and visitors consistently highlighted the high standard of care at Trinity Hospice. Staff were widely praised for their professionalism, compassion and dedication, demonstrating dignity, respect, and empathy. Clear, consistent, and respectful communication was also noted as a key strength, helping patients and families feel informed, listened to, and supported.

Patients and their loved ones reported feeling actively involved in care decisions, and valued the wide range of services offered by Trinity Hospice. These include the Dementia Lounge, Living Well sessions, counselling through the Linden Centre, chaplaincy support, and Hospice at Home care, all of which provide reassurance, practical support and emotional comfort, helping patients and families navigate extremely difficult times with confidence.

During visits to the IPU, Healthwatch Blackpool representatives consistently observed staff being accommodating, kind, and compassionate. Patients spoke highly of the care they received, describing staff as supportive, friendly, and reassuring, particularly valuing emotional support through meaningful conversations. Many felt able to ask questions freely, appreciated staff positivity, and noted that their personal choice in treatment decisions was respected. Relatives also reported feeling well supported, highlighting the calm and welcoming environment that helped them cope during difficult times. Staff were praised for attentiveness, prompt pain management, and practical care, with patients frequently describing their experience as excellent.

Whilst most feedback overwhelmingly reflected the high quality of care at Trinity Hospice, through survey and one to one conversations, some areas were identified whereby services could be strengthened. Patients and families highlighted the need for more visible and accessible feedback options, additional guidance and support during care transitions, clearer information and awareness about hospice services, and what to expect during the end-of-life stage.

Improved collaboration with hospitals, community services, and primary care networks was highlighted to support smoother transitions and continuity of care. Consistently capturing verbal feedback, enhancing bereavement support, maintaining adequate staffing, particularly at night, and expanding locally based Hospice at Home teams were also suggested to further enhance Trinity's services. Addressing these areas would build on the hospice's strengths and further enhance the patient and family experience.





# Recommendations

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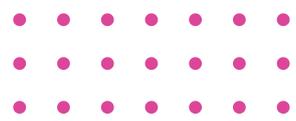
## Strengthen feedback and follow-up opportunities

- Display physical feedback forms at the reception area, alongside clearer promotion and signposting of existing online feedback options, such as iWantGreatCare. Raising awareness of both physical and digital methods would allow patients and their families to choose the most convenient way to share their experiences, helping to increase engagement and collection of meaningful feedback.
- A significant amount of feedback is currently given verbally to staff, particularly within the IPU, and consistently capturing and recording this would be highly beneficial. Implementing a structured system to document verbal feedback would create an accurate and reliable record of patient and family experiences, preventing valuable insights from being lost.
- Continue to strengthen follow-up contact after bereavement and introduce other methods to capture feedback, such as a condolence postcard or later check-ins, to gently remind families that feedback can be shared at any time. Longer term follow-ups, for example up to a year post-care, could also provide additional reflections on patient and family experiences.

## Improving communication, support, and education for patients and families

- Provide additional guidance and practical advice to patients and families during care transitions, such as moving to a care home, to help them understand what to expect and navigate these changes with confidence.
- Provide patients and families with clear, easily accessible information about Trinity Hospice services, including Memory Elephant, Trinity nurses, and Hospice at Home support. Key information should be visible, understandable, and consistently shared across all care settings, to help families access the right support at the right time.
- Strengthen end-of-life awareness and education for patients, families, and carers by providing clear, accessible information about what to expect during the end-of-life stage, particularly when care is provided at home or across various settings. This should include guidance on available support, symptom management, and who to contact for help, ensuring families feel fully informed and supported.





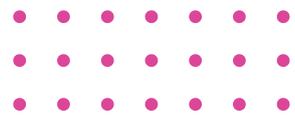
## **Reinforce coordination and communication across primary and secondary healthcare services**

- Continue to strengthen collaboration between Trinity Hospice, hospitals, and community services to support smoother transitions and continuity of care for patients and families. Working towards a more joined up approach, with consistent guidance across healthcare settings, may help reduce delays and improve the overall experience of care, supporting patients to be cared for in their preferred environment wherever possible.
- Strengthen collaboration with primary care networks, such as GP practices, by increasing Trinity Hospice's presence within these settings. Greater integration into GP care pathways would assist with earlier identification of patients who may benefit from hospice care, and ensure smoother, more coordinated access to support for both patients and their families.

## **Enhance staffing to improve care and efficiency**

- Where funding allows, consider expanding local Hospice at Home teams so that dedicated teams are based locally in Blackpool, Fylde, and Wyre, rather than covering the entire region. Feedback gathered highlights that travel arrangements can delay visits, for example, teams sometimes need to travel to further areas of the region before reaching patients, even when urgent support is required. Establishing local teams would reduce travel times, improve responsiveness, enhance continuity of care, and allow staff to provide timely, personalised support. This approach would also support more efficient use of resources, ensuring that patients and families receive consistent, high-quality care in their own communities.
- Review and adjust night shift staffing levels to ensure sufficient coverage, particularly during medication administration, so that all patients receive timely and consistent care. Implementing a more balanced distribution of staff between day and night shifts would help maintain high standards of care around the clock.





# Contact Us



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# Thank You!

