



Enter & View Report

Wirral Hospice St John's

Service address: Mount Road,
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Service Provider: Wirral Hospice St John's

Date and time: Wednesday 4th January 2017

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Acknowledgements

Healthwatch Wirral would like to thank the Manager, patients, relatives, and staff at Wirral St John's Hospice who gave us a warm welcome and spent time talking to us.

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

The visit also takes into consideration the fact that many of the patients spoken to may have an illness and/or disability, including dementia, which may have an impact on the information that is obtained.

What is Enter and View?

Part of the Healthwatch Wirral work programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.



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

1.0 General profile of the service that was entered and viewed.

Wirral Hospice St John's, a Charitable Trust Hospice, provides care and specialist palliative support for adult patients with life-limiting illnesses including cancer, heart, liver and kidney disease, respiratory and neurological conditions.

2.0 Purpose of visit

To verify service user feedback

3.0 Type of E&V visit undertaken

Announced

4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.



The Enter & View visits are a snapshot view of the service, and findings are reported based on the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

5.0 Discussions, findings and observations

Healthwatch Authorised Representatives visited the hospice at 11.00 am on Wednesday 4th January 2017. We were asked to sign in and use the hand gel in line with the organisation's infection control procedure.

We were met by the Head of Clinical Services, Judi Ebbrell, who took us to an office on the first floor to have a discussion about the policies and working practice at the Hospice.

We were informed that the Hospice provides care across a number of settings including a 16 bed in-patient ward. At the time of our visit there were 13 patients on the ward.

Patients can be referred to the in-patient ward by GPs, Hospital Consultants, Specialist Palliative Care teams and Community Matrons. All in-patients are discussed at Multi-Professional Disciplinary Team (MPDT) meetings which are held every week. A plan is devised for each in-patient to address their needs and/or complex care.

The Hospice provides Outpatient Clinics, a Day Therapy Unit and Hospice at Home Service. Care and support for carers and families are also provided by the hospice.



Patients in the Day Therapy Unit are able to attend for several weeks and take part in a very varied programme of activities including creative therapy, aromatherapy, quiz and bingo. In- patients can also participate in these activities if they are well enough. Patients are discharged from Day Therapy when their identified needs have been met.

The "Hospice at Home" Service supports patients and their carers enabling them to be able to remain at home for longer or to spend their final days there. At least 85% of patients cared for by Hospice at home are able to die at home.

We were told that it costs in the region of £4 million a year to run the Hospice. Some funding (around 1/3rd) comes from NHS grants but the majority is from donations from individuals, charitable trusts, companies and other organizations.

Health and Safety

The Hospice has a Service and Maintenance Plan and the building and equipment are regularly checked and maintained. We were told that a lot of the decorating etc is carried out by volunteers (sometimes corporate). This keeps costs down and enables them to maintain a high standard.

There is a fire alarm test every week but evacuation procedures are not routinely practiced as it would be difficult to involve patients due to the nature of their condition.

Care Plans

We did not have sight of care plans but were informed that they are person centered and accurately reflect people's needs and wishes including End of Life. Plans for discharge and future care are discussed on admission and regularly throughout a patient's care.



Complaints

The Hospice has a complaints procedure. The Management has an 'open door' policy to deal with any issues or complaints. Patients and their relatives are made aware of the complaints procedure on admission and we were informed that very few complaints are instigated.

Staff and Training

Staffing levels are dependent on the acuity of the patients in the Hospice at the time.

Staffing:

Early shift- 5 Registered nurses and 2 Health Care Assistants

Afternoon and evening shifts. - 3 registered nurses and 1 Health Care assistant.

We were informed that the Hospice's staff are very flexible and willing to provide cover when necessary. They do have their own "Bank" of 10 registered nurses and 2 or 3 HCAs and rarely have to use agencies.

As specialist palliative care is provided, patients need a high level of input so an Acuity tool (See Glossary) is used to identify whether a patient needs additional care.

The Hospice employs a Patient & Family Support Team which is a multi-professional team focused on the emotional wellbeing of patients and their families. The team aim to minimise the impact of physical changes associated with illness on daily life through rehabilitative care. The team consists of a Physiotherapist, an Occupational Therapist, Social Worker, Aromatherapist and a Bereavement Counsellor. Monthly psychology and counselling sessions



are held for the benefit of patients and their families.
The Hospice has a specialist Pharmacist who is employed by Wirral University Teaching Hospital NHS Foundation Trust (WUTHFT)

Medical cover is provided by 2 full time and 1 part time doctors. Medical students are on rotation and there is input by GPs as part of their training. There is also a team of Palliative Care Consultants who cover across Wirral who will give input when appropriate or necessary. The Hospice has an army of 500 volunteers who provide invaluable support in all areas.

Training, Induction and Appraisal

Staff receive a full induction on appointment and also have 2 appraisals per year. Informal supervision is readily available and a plan is in place to formalise this.

There is a budget for external training and free training where appropriate can be accessed.

End of life training is undertaken by all staff and the Hospice is part of a pilot scheme to develop a single record of care for people in the last days of life in collaboration with WUTHFT.

The Hospice also provide a comprehensive Education and Training Prospectus aimed at supporting and informing Wirral Health and Social Care professionals about all aspects of palliative and end of life care.

Nutrition and Hydration

When we talked to staff they appeared to understand the need for adequate nutrition and hydration for patients. Patients are not routinely weighed as it is not deemed appropriate because of their debilitating conditions. The hospice uses a screening tool to monitor



nutrition and hydration. On admission patients are asked what their food preferences are to enable them to have a good choice of food at mealtimes. Dietary supplements may be added if it is necessary. Mealtimes are protected but the Hospice is flexible on this arrangement. Staff are available to help patients who may need assistance at mealtimes and there is also a good range of snacks available at all times. We were told that volunteers will even go out to a shop to get something a patient specifically wants.

Pressure Ulcers

The Hospice manages the prevention of pressure ulcers by providing ongoing training to staff, using repositioning and specialist equipment. Patients are assessed on admission and advice is sought from the Tissue Viability Service when appropriate. Pressure relieving mattresses are in use on most beds and those at risk will be nursed on airflow mattress. They also have a few tilting beds.

Falls

The Hospice manages falls by using risk assessments, medication reviews, alarm and falls mats, and by conducting regular Health and Safety checks and monitoring patients closely.

Any incidents are recorded in the Care Plan and through the Hospice Incident Reporting procedure. All falls incidents are reviewed by the Falls Group which is a subgroup of the Clinical Governance Group.

A risk assessment is carried out on admission as patients are all deemed as high risk because of weakness and medication etc. Falls prevention care plans are in place and the OT and Physio work with patients to reduce risk. The Hospice has falls mats and when necessary hire special beds, but the intention is to purchase one when a suitable bed has been identified.



DoLS and DNAR (See Glossary)

The Hospice manages these by following legal and best practice guidelines. Patients are reviewed and Best Interest meetings may be held.

Advanced Care Planning is discussed with patients where relevant and DNAR discussions held where appropriate.

All clinical staff are trained in CPR but if patients require advanced life support they will be transferred to an acute hospital.

Activities

The Hospice provides day therapy and staff and volunteers help with these activities. The activities include arts and crafts, games, quizzes as well as therapies detailed earlier in this report.

The Hospice has its own transport to enable patients to attend day therapy.

Environment

Reception

The entrance and foyer were clean, tidy, well decorated and welcoming. Hand cleaning stations were readily available throughout the building.

The reception was hosted by 2 volunteers who appeared very efficient. There was also a small retail area and a large coffee shop where an exhibition of a patient's artwork was on show. The patio doors led out



to a paved garden area where patients and visitors could sit and enjoy a coffee or meal.

Corridors

The corridors were wide, free from obstruction and had handrails to enable patients to safely move around the premises. Information about staff and who is on duty was displayed for the benefit of visitors and patients.

Day Therapy Unit

The Unit was well laid out with Physiotherapy and OT assessment rooms and a large well equipped activities room.

The patients we saw were enjoying participating in different activities or relaxing.

The Day Unit Manager said that she was keen to engage with the community more by going into schools to describe their service and also encouraging teachers to visit. It is hoped that this will dispel the myth that the Hospice is a sad place thus encouraging them to volunteer, gain a better understanding and to improve attitudes to terminal illness, thus helping people to deal with this on a personal level.

Information Area

There was a reception desk which was run by volunteers who are available to provide verbal information. A vast amount of leaflets were displayed in the area. The volunteers and Clinical Managers have developed a Patient Satisfaction Survey and this survey is reviewed weekly by the Clinical Managers.



In-patient Ward

The ward was clean and bright and consisted of 3 bays with three beds and 7 good sized single en suite rooms. The irregular design of the bays gave a feeling of space and privacy and patients are allowed to have personal belongings in their area to make it feel homely.

Lounge

This was a good sized room and was very well decorated bright and fresh with local photograph canvases on the wall. The photographs were taken by members of staff. Families are encouraged to use the room and various celebrations have taken place there including weddings.

There was also a quiet room available for patients and their relatives, It was comfortably furnished with seating and coffee tables. Several 'Light up a Life Books' were on display along with a Tree of Memories.

Family Room:

This room had ensuite facilities and is available for relatives to use when a patient is poorly. They are awaiting new furniture including a sofa bed.

Smoking Room:

A designated room is made available for patients to use. It is monitored by CCTV so that staff are not put at risk of smoke inhalation.

1st floor:

Sited on this floor were office space and staff rooms plus a large meeting room which is also used for training and other functions. Memorial Services are held in the quiet space and HUB.



There was lift access to this floor.

All of the areas were clean, bright and fresh and the decor was very good.

Bathrooms

There were several well equipped bathrooms available for patients to use. They were very well appointed and had specialist adapted baths. All had non slip floors and sufficient dispensers of hand wash. Call bells were sited within easy reach.

Kitchen

The kitchen had a high food hygiene rating of 4. It was well equipped and well-staffed, clean, tidy and organised. The Chef had previously worked in care homes but said he really enjoyed working at the Hospice and the flexibility he is given. He is able to interact with the patients individually and there is a whiteboard in the kitchen with patient preferences. There is a 4 weekly menu and lunch has 2 varied options for both courses. Meals are served on 3 different trays; red if the patient's room has restricted access due to an infection, green for independent patients and blue if the person needs support with eating.

Laundry

This room was well equipped and organised. WUTHFT provide bed linen and the Hospice provide patients with fluffy duvets and blankets for extra comfort.

External Areas

The Hospice had access to WUTHFT car parks (not owned by the Hospice) and there is Pay and Display parking nearby. The garden areas were well maintained and all well-tended by volunteers. They were attractively laid out with plenty of garden furniture, a pond and various sitting areas for patients and visitors to enjoy.



Feedback (from Staff, Service Users, Relatives, Visitors, Carers)

Staff - All staff we spoke to were open, enthusiastic and caring, they all seemed to really enjoy their work and interacted well with each other and the patients. Staff reported that they support each other and are also supported by management.

Patients / Relatives - Patients and relatives also seemed relaxed and happy and praised the quality of the care and empathy they received.

6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit

6.1 Safeguarding Alerts.

The Manager confirmed that the Hospice reports any alerts to CADT and CQC and all incidents are documented and investigated

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team.



7.0 Conclusions

On the day of our visit, Wirral Hospice St John's appeared to provide a very pleasant environment with a good atmosphere. It was evident that patients received a high level of care. Staff interacted well and were responsive to patients' needs.

The areas visited were bright, spacious, well decorated and in good condition. The newer building additions were well designed to meet the patients' and staffs' needs

8.0 Recommendations

- **Display Healthwatch 'Your Voice' leaflets in the Information area to allow feedback to be gathered independently.**

9.0 Supplementary feedback from the provider post visit

Wirral Hospice St Johns would like to thank Healthwatch for visiting our organisation and providing a positive report based on their visit.

We appreciate the positive feedback about our services and are proud of the high quality of the services we provide to the people of Wirral which is evidenced through this report.

We would like to also thank the staff, patients and visitors who took the time to speak with Healthwatch on the day of the visit.

We will display the 'your voice' leaflets as suggested to allow independent feedback about our services to be obtained.



10.6 Healthwatch follow up action.

Provide the Hospice with 'Your Voice' leaflets

11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, to CQC, and The Family and Wellbeing Performance Committee.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

Glossary

Acuity Tool A Tool to measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce.

CADT Central Advice and Duty Team

CPR Cardiac Pulmonary Resuscitation

CQC Care Quality Commission

DoLS Deprivation of Liberty Safeguards

DNAR Do not attempt resuscitation

HCA Health Care Assistant

OT Occupational Therapy

MDT Multi-Disciplinary Team

RGN Registered General Nurse

WUFTH Wirral University Teaching Hospital NHS Foundation Trust



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