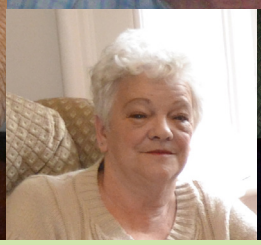
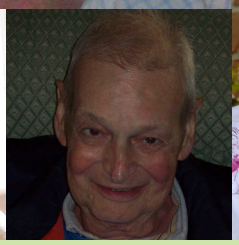
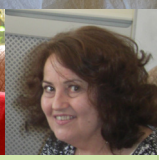






2017

Beaumond House Community Hospice

Quality Account

32 London Road
Newark
Nottinghamshire
NG24 1TW
t: 01636 610556
www.beaumondhouse.co.uk

Beaumond House is a Registered Charity no: 1025442

Contents

Welcome to our Quality Account

Welcome to our Quality Account for the year 2016/17. This document not only sets out the quality of the services we provided over the past 12 months but hopefully will give you a greater understanding of our care services and what we are doing to drive our standards even higher during the years to come. The vision that underpins everything we do is one of supporting local people to access high quality end of life and palliative care when they need it.

We do this by providing the very best care we can; by not resting on our laurels and always learning lessons, responding to what people tell us and acting to keep improving the quality and the safety of services. We are continuously striving for a better experience for the people who use our services and increased access to our services. The past 12 months have seen us continue to improve the quality and effectiveness of our services at a time when resources are increasingly scarce, demand is greater and innovation and transformation are vital.

Some of achievements we are most proud of during the past 12 months include:

- the increased provision of registered nurses supporting all services
- increased Hospice at Home care capacity
- the positive feedback from our CQC inspection and the achievement of the rating of good in all areas.
- the ongoing modernisation of both inpatient and day therapy environments
- increased staff survey satisfaction reporting

There is always more to do and with your continued support we look forward to providing safe, effective, responsive, caring and well-led services to meet the future needs of the population.

Dr Julie Barker
Chair – Care Services Development Board Sub-Committee

Introduction

A Quality Account is a report about the quality of services by a healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are an important way for services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of care and treatments that patients receive, and patient feedback about the care provided.

The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year. The requirement is set out in the **Health Act 2009.** Amendments were made in 2012, such as the inclusion of quality indicators according to the **Health and Social Care Act 2012**. NHS England or Clinical Commissioning Groups (CCGs) cannot make changes to the reporting requirements.

Our report includes initiatives, developments and achievements within the year.

We are a nurse-led community hospice serving those in our community who have a life-limiting condition with palliative care needs. Our aim is to provide professional, person-centred care, delivered in a home from home setting or in a person's own home. Patients and their families frequently comment on the warm and happy atmosphere they experience. We have committed staff who do all that they can to provide a quality service, delivered with care, compassion and respect. The well-being and safety of patients and carers is essential and we work hard to provide a safe, effective, caring, responsive and well-led service.

Our values underpin everything we do:

1. We work with integrity and passion to deliver individualised holistic care for patients and their families
2. We create a happy supportive atmosphere where all staff and volunteers feel valued
3. We develop true partnerships, benefitting all parties, inspiring confidence and pride
4. We have open transparent two-way communication drawing real value from all relationships.

Our Quality Account seeks to demonstrate how we meet these values.

Governance of our hospice

Our Board of Directors share ultimate responsibility for governing Beaumond House Community Hospice and they direct how it is managed and run. The Board of Directors, have established six sub-committees which ensure governance and scrutiny on all aspects of Beaumond House ways of working including care services, human resources, strategy, finance and facilities, fundraising and marketing and governance, risk and scrutiny.

To strengthen the expertise and oversight of our care services, two new board appointments were made this year. The new directors are Amanda De La Motte and Dr Della Money. Amanda is an Advance Nurse Practitioner and Della is a Consultant Speech and Language Therapist. Further information about all our directors can be viewed on our website.

We are grateful for the work of our specialist advisors. Mrs Julie Humphreys serves in this capacity on the care sub-committee. Specialist advisors are not board members and play no part in the board decision-making processes; their role is to offer expert advice to the directors. Specialist advisors have specific qualifications and experience. Julie is a senior manager with expertise in governance, regulation and compliance.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England.
They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. CQC inspectors use professional judgement, supported by objective measures and evidence, to assess services against five key questions:

- Are we safe?
- Are we caring?
- Are we effective?
- Are we responsive to people's needs?
- Are we well-led?

We were inspected by CQC during the summer of 2016. As part of the inspection process, CQC carried out a pre-inspection information gathering exercise, visited us unannounced and completed an on-site inspection, and spoke with people who use our services, including their families, carers and staff. A formal report was written and can be accessed via the CQC website or on our website in the publications section.

Ultimately, we were all delighted to be rated as GOOD across all five key questions. CQC stated in our inspection report:

'People's experiences and views about the quality of care was consistently positive. A person who received care in their own home told us: 'The staff are all lovely, they're all caring and very kind'. People who were staying in the hospice expressed views such as: 'I can't fault them. I'm so well looked after, pampered is the only word', 'It's lovely, you couldn't get better anywhere, I'm most pleased I started coming' and 'I feel wonderful here, I don't want to go into hospital, it's lovely here'; One person also remarked: 'It's a happy place. People think I wouldn't like to go in there but it's great. It's a place where I don't think they would ever turn you away'.

Structure of the care team

The Board of Directors are required in law to routinely assess and monitor the quality of care we deliver to our patients. As part of that process, the board undertook a business needs analysis to review, pilot and implement a 24-hour registered nurse care model. The ambition behind this change was specifically to improve the quality of care offered to patients. One of the key actions arising from this review was to review our care team of registered nurses and healthcare assistants to increase their responsiveness and effectiveness.

Following a formal consultation process to improve continuity of care and communication between the care teams, we restructured the working patterns and changed some roles and responsibilities. Because of the project we have recruited more registered nurses who provide improved cover. The recruitment of nurses with the right values, the right experience, skill, knowledge has proved challenging and is ongoing. The country is experiencing a national shortage of nurses and this is having an impact on our own recruitment process.

In addition, our Heads of Care have responsibility and accountability for certain aspects of our care services. One Head of Care takes responsibility for all care delivery and the other leads on quality improvement and clinical governance.

As a result of these changes we have improved our quality of care by:

- ensuring there is registered nurse cover always, which ensures we have the right staff in place caring for those patients with complex health needs
- improving our response to patient need, particularly within our hospice at home service
- improving our continuity of care processes
- improving staff job satisfaction.

Day therapy

Over the past 29 years we have provided day care places for 11 patients per day with specific care needs. In the past, day care was mainly centred on providing activities, socialisation, nutrition and hydration, and delivering some nursing care. We have found that people's needs are getting more complex and the healthcare environment has changed significantly. Too many people do not get the right care and support they need at the end of life. Improving access to palliative and end of life care can only be addressed if it is a priority at a local level, (Hospice UK, 2016).

With this in mind, in 2017, we introduced an improved day therapy service with an additional aim of attracting more patients from all backgrounds and with an ambition to end any local inequalities in end of life care.

Our day therapy now provides a nurse-led assessment service for people of all ages who have a life-limiting illness. As well as an individual nursing assessment, patients attending day therapy will have input from complementary therapists, chaplains, other healthcare professionals and, where appropriate, creative therapists. We have been aware, through patient feedback, that not everyone wants to or would feel well enough to attend a whole day in our day service and we now tailor the time spent with us against the specific needs of the patient.

A new day therapy initiative called, 'Feeling good and living well' was introduced. We provided a six-week course of therapeutic activities, such as complimentary therapy, music therapy, relaxation, mindfulness and gentle exercise. People who attended a course expressed that they found it helpful. One person said: *'I would like to attend another six-week course at some time in the future as I found it very fulfilling'.*

As part of widening access to our services to younger people, we embarked on a programme of refurbishment of the day rooms to give the environment a fresher, more appealing look. New and more adaptable furniture has been ordered along with more suitable flooring.

Patients who attend our day service have commented positively on the changes:

One patient said, *'great opportunity to meet people in similar situation to mine…who understand the illnesses and frustrations of it';*

Another patient commented: *'Attending has increased my self-confidence as I was beginning to be housebound';*

Finding out what people think about our services

Comments, compliments and complaints

We encourage people to tell us what they think in ways such as our 'Tell us what you think' leaflet, user-satisfaction surveys, and our Hospice User Group. We are pleased to report that we received no formal complaints during this year.

Patient surveys are conducted regularly. The feedback from patients has been overwhelmingly positive with areas such a respect, dignity, privacy, responsiveness all scoring highly.

The three areas that we have identified for improvement are:

- discussing future care needs
- spiritual care
- an improved explanation of medicines on discharge from our care.

Hospice user group

We launched a forum called the Hospice User Group in May 2016. This has provided a valuable perspective for us, and has resulted in:

- changes to the reception area, e.g. lowering the reception desk
- making adjustments to the back door to improve the experience of people who use wheelchairs via that entrance
- improving our information by providing a folder with updates and information on local resources and events for day service patients.

Friends and family test

The Friends and Family Test is an important feedback tool that supports the fundamental principle that people who use services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. It provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming our services and supporting patient choice.

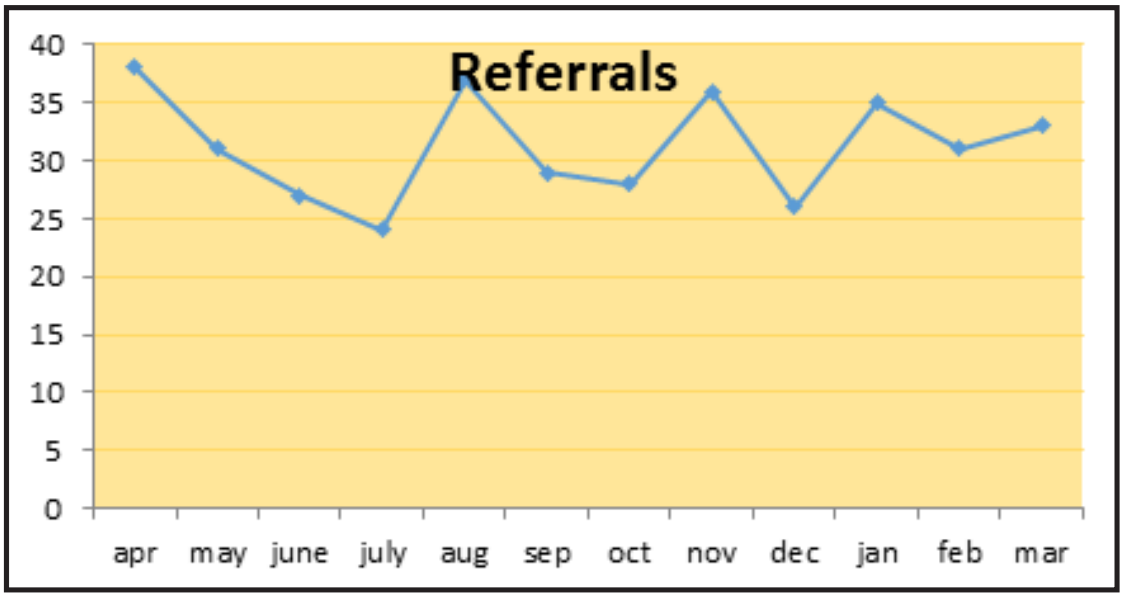
We started to use this simple test in 2016, and asked people if they would be likely to recommend Beaumond House to their family and friends. The responses indicate that 97% would be very likely to recommend us. One person said: *'I have found the staff in my previous dealings with Beaumond House to be brilliant and extremely supportive and they provide an invaluable service to our community';*

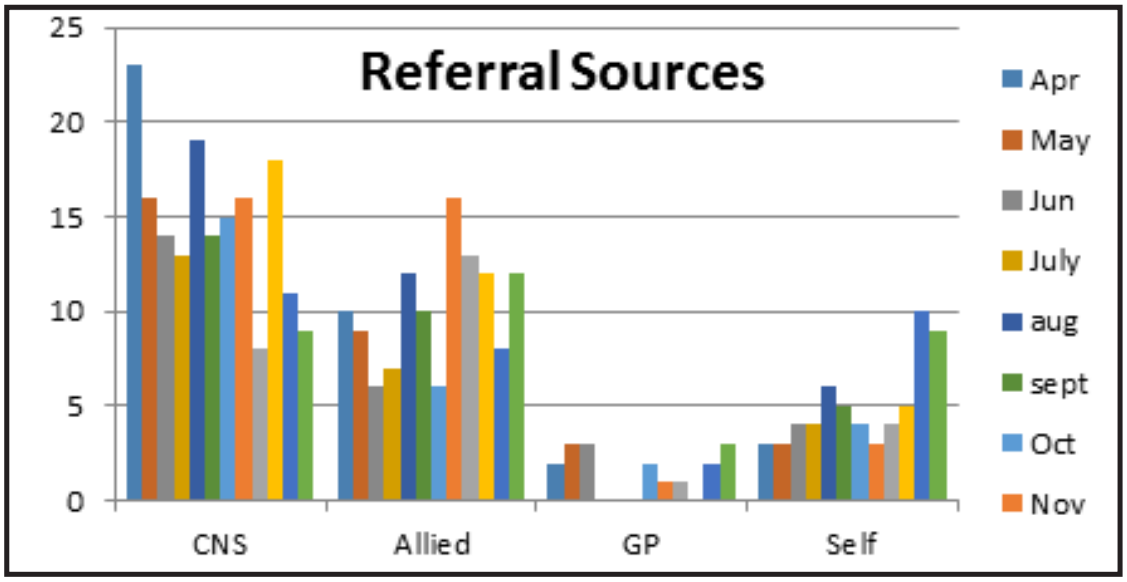
Other people stated:
'Always somebody there, even for the little things';
'Not what you expect. Full of laughter and fun. Wonderful staff who do so much for us';

Clinical activity

Indicator	2015-2016	2016-2017
New referrals	377	375
Admissions to the in-patient unit	101	92
Bed occupancy	75%	76%
Average length of stay	13 nights	12 nights
Day care/day therapy attendances	2462 sessions	2509 sessions
Hospice at Home hours delivered	3203	4126
Bereavement support	167 sessions	207 sessions
Benefits advice	536 sessions 187 people	560 sessions 175 people
Complimentary therapy	442 sessions	450 sessions

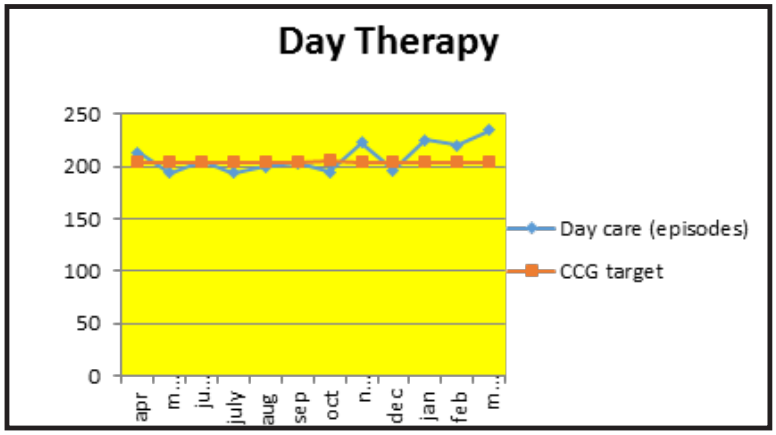
Our referrals



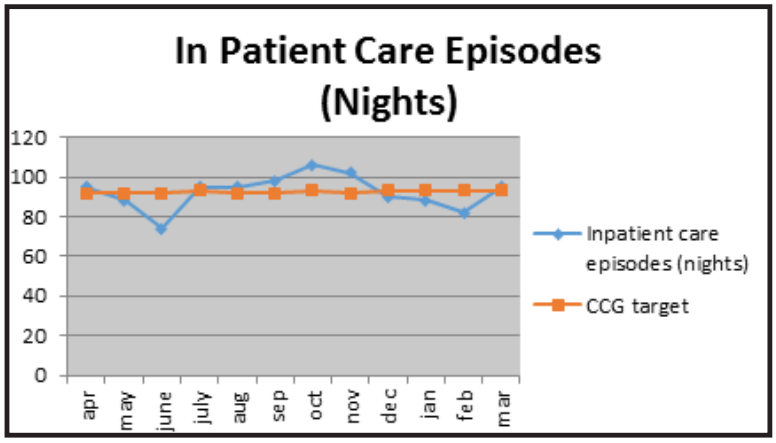


Our activity

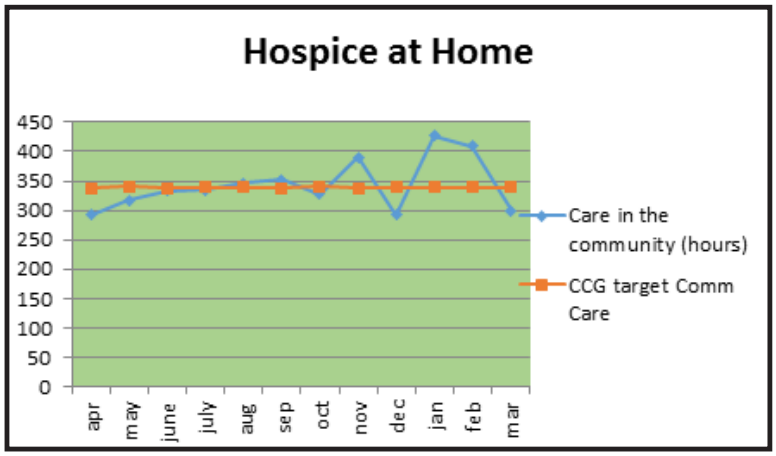
Attendance at day therapy increased particularly during the last quarter of the year. The main reasons for this were the wider awareness of our services and the new therapeutic groups that we introduced.



As can be seen below our inpatient episodes remained about 90 patients per month. We finished the year at the target set for us by the Clinical Commissioning Group.



Demand for our Hospice at Home provision increased in January 2017 and in February 2017 but March 2017 was a quieter month. In total for the year we exceeded our target for home support.

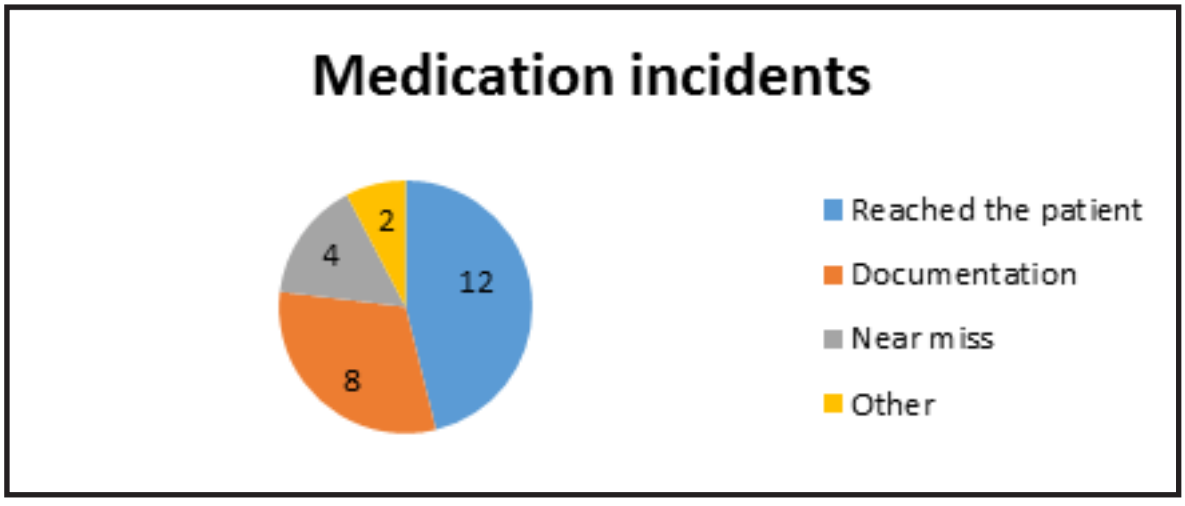


Equipment loans

For the first six months of this year we ran an equipment loan service and 68 items of equipment were loaned out during this time. Although the service had been well-received by patients and carers there were concerns about infection control and maintenance, particularly recliner chairs. A decision was made to support people to access equipment from other professional providers rather than continue to provide this ourselves. We have now compiled a directory of equipment providers to signpost people to access equipment.

Learning from medication incidents

We have been encouraged by the level of reporting of incidents, including near misses, as this reflects our values of having an open, supportive culture. Recognising that incidents and near misses can happen and reporting them, helps everyone learn and improve the safety of care we deliver.



None of the medication incidents resulted in harm to patients and by reporting incidents and near misses we have improved practice by:

- implementing a pocket drug calculation aid
- improving our syringe driver chart
- discussing dispensing with a local pharmacy and as a result a new process to improve identification of medication is in place.

Safety thermometer

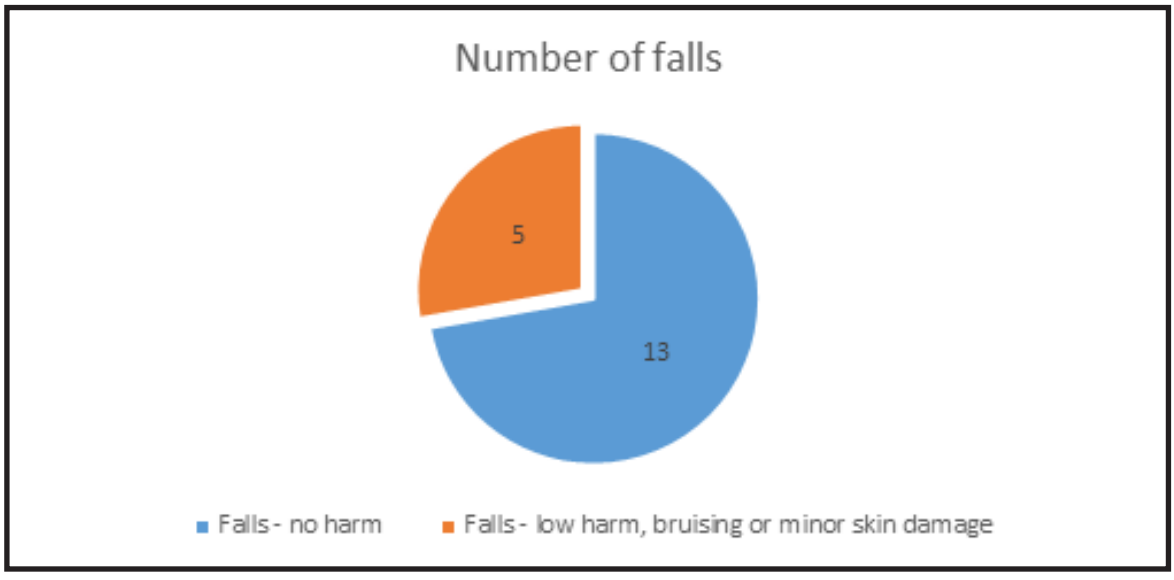
The NHS Safety Thermometer allows staff to measure harm and the proportion of patients that are 'harm-free' from pressure ulcers, falls, infections (in-patients with a catheter) and venous thromboembolism during their working day, for example at shift handover.

We started collecting 'Safety thermometer' data in October 2015.

We record four main areas of potential harm to patients:

Falls (with and without harm)

A total of 18 falls occurred in 2016/17. Only six experienced harm and this was found to be at a low level, for example bruising or minor skin damage. When a fall has occurred, we fully investigate the matter with the aim of improving the overall care and safety of the patient.

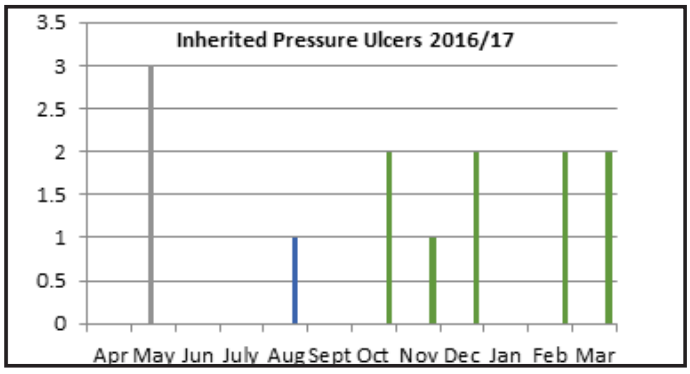


This year we started to use a falls toolkit developed by Hospice UK. This includes a comprehensive incident reporting plan which we have found effective when reviewing the patient.

Pressure damage

The Braden Scale for predicting pressure ulcer risk, is a tool that was developed in 1987 by Barbara Braden and Nancy Bergstrom. The purpose of the scale is to help health professionals, especially nurses, assess a patient's risk of developing a pressure ulcer.

We ask all patients if we can carry out a skin assessment on admission. A total of 13 patients were admitted to Beaumond House with existing pressure damage. Only two patients acquired pressure damage during their in-patient stay. When pressure damage is found or occurs, we fully investigate the matter with the aim of improving the overall care and safety of patients.



Healthcare-associated infections

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections. The most well-known include those caused by Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs and cause significant morbidity to those infected. As a result, infection prevention and control is a key priority for healthcare providers.

We are pleased to report we have had no HCAIs to report during this period and our heartfelt thanks go to all our staff and volunteers for their successful efforts in keeping our patients free from infection.

Venous Thromboembolisms

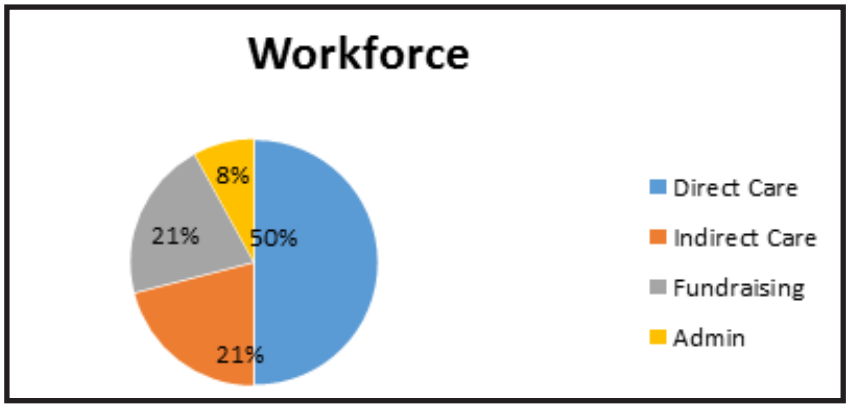
A venous thromboembolism (VTE) is the formation of a blood clot in a vein usually in the leg. Sometimes a clot forms in the lungs and that is a pulmonary embolism. All clots are serious and we are pleased to report that we have had no VTEs to report during this period.

Our Human Resources

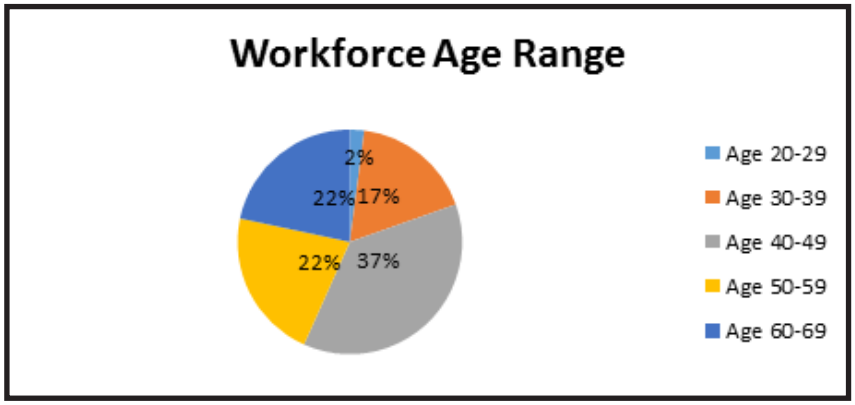
Beaumond House Community Hospice aims to be an equal opportunities employer and aspires to be inclusive to reflect the local population. Everyone is different. The benefits of an active approach to equality, diversity and human rights are far-reaching. We have an inclusive culture and we believe that by encouraging diversity we can have a positive impact on the high standard of patient care delivered at Beaumond House and that it offers patients greater choice. We are committed to valuing differences between people and understand the positives of employing a diverse range of talented people.

During this reporting period, we had 46 contracted staff members and the total whole-time equivalent is 31 members of staff. The workforce comprises of nurses, healthcare assistants, catering, housekeeping, fundraising and administrative staff (including HR, Finance, Facilities and Care Support services). When extra staff are required we call upon a bank of staff who know our services and who have all completed mandatory training.

In addition, we have many volunteers who work alongside our care staff and without them patients would not have as much individual support. Volunteers are trained to enable them to contribute effectively to our workforce. We also have valuable staff and volunteers who work in housekeeping and catering who we rely upon and whose time and skills are both appreciated and valued.



Indirect care staff includes essential housekeeping and catering staff



Below is a graph showing some of the key areas of mandatory training that we require staff to complete. There are many other training topics which enhance our staff and volunteers' knowledge and skill, such as completing training on the Mental Capacity Act. Care staff also participate in learning and development sessions and clinical supervision.

Staff Survey

Each year we carry out a staff survey. The main reason for doing this is that it provides an opportunity to establish two-way communication and involve employees in the development process by giving them a direct voice to the leadership team and the Board of Directors. This year 76% of employees completed the staff survey which is our highest response rate to date.

The top three areas that have improved are that:
- 90% of staff feel that there is open and transparent communication that draws value from relationships
- 92% of staff believe that Beaumond Hospice respects individual differences
- 95% of staff said that they can access the right learning and development opportunities when needed.

There were areas that that we need to improve on and, following two workshops and consultation with staff, an action plan was produced. The areas identified were mainly about how we help staff feel valued at work and as a result we introduced several initiatives such as a 'shout out' board and Thank You cards to help demonstrate our appreciation of the work that staff and volunteers do at the hospice.

Quality Initiatives

As highlighted by Dr Barker at the beginning of this document, this year has been a year of significant change. We have increased the provision of registered nurses in our in-patient services and increased the Hospice at Home care capacity. We had positive feedback from our CQC inspection and we have several initiatives that have started to improve both inpatient and day therapy environments.

These include:
- completion of improvements to day therapy services
- refurbishment of the ground floor accessible toilet and shower
- re-design and upgrade of the upstairs shower, toilet, sluice, and clinic room facilities

We will continue to invest in staff through training and development and opportunities offered around work experience.

We will work to ensure that Beaumond House continues to engage with the local community as we further develop the services offered to the people in our district.

We have planned improvements to our website and this is one example of how we will do this. Also, our Annual Public Meeting that will be held in November 2017 and we hope you will join us at that event and tell us how you would like us to further improve our services. (Further details about the APM will be posted on our website).

Acknowledgements

Thanks go to the following professionals who contributed to this report.

Dr Julie Barker – Chair - Care Services Development Board Sub Committee

Debbie Abrams OBE - RN

Charlotte Coggins – HR Manager

Amanda De La Motte - Advanced Nurse Practitioner

Helen Hume RN - Head of Care

Julie Humphreys RN - Specialist Adviser

Dr Della Money – Consultant Speech and Language Therapist

Louise Sinclair RN - Head of Care