Quality Account

Welcome to our Quality Account

Welcome to our Quality Account for the year 2017/18. 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, and innovation and transformation are vital.

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

- The achievement of the Macmillan Quality Environments Charter mark which reflects the ongoing improvements to both inpatient and day therapy environments
- Staff successfully completing additional specialist training including Dementia Care
- The provision of new fit for purpose beds for inpatients and new equipment for use in both the inpatient and the day therapy services
- Increased use of electronic patient records ensuring effective communication about care plans with all professionals delivering care and treatment
- 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.

Thank you

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

Contents

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 and this year we have structured it using the five key questions that CQC ask of all healthcare providers. 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.

Ultimately, we were all delighted to be rated as GOOD across all five key questions and the full report is on our website for information. We anticipate a further inspection later this year and our ambition is to achieve recognition for the outstanding care that is provided.

Are they safe?
Safe: you are protected from abuse and avoidable harm.

Are they effective?
Effective: your care, treatment and support and achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Are they caring?
Caring: staff involve and treat you with compassion, kindness, dignity and respect.

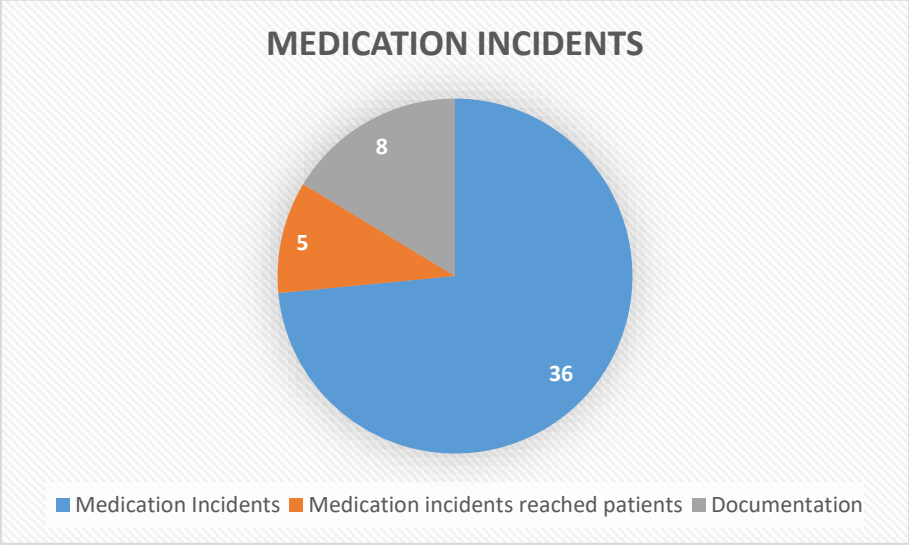
Are they responsive to people's needs?
Responsive: services are organised so that they meet your needs.

Are they well-led?
Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Safe

Learning from medication incidents

We have been encouraged by the level of reporting of incidents, 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.

By encouraging the reporting incidents, we can investigate, look at and promote best practice and make changes to our systems where needed.

Some ways in which we promote best practice are by providing an annual update on medication for the care team and disseminating information from the Nottinghamshire Medicines Management team.

We have listened to feedback from the RN's on our medication system for recording the giving of injectable medications and changed the way in which we document this to make the process simpler.

Our designated pharmacist supports the team with information, through audit and provision of training.

Safety thermometer

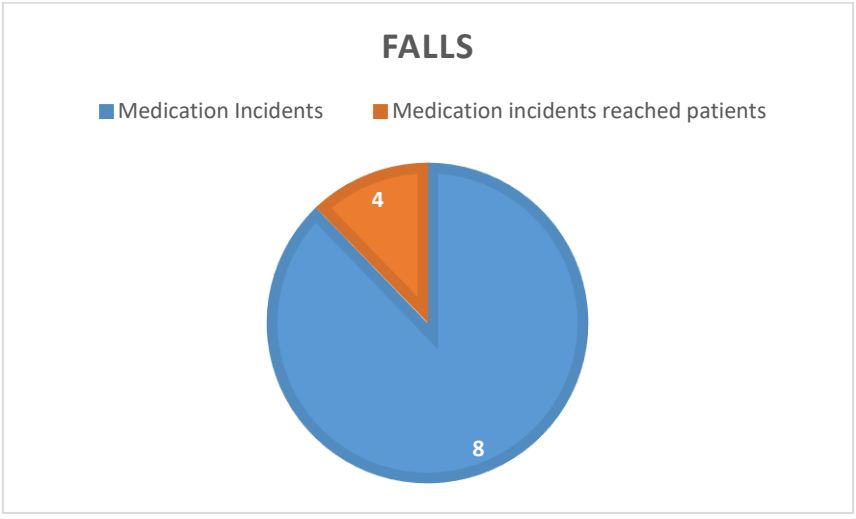
The NHS Safety Thermometer allows staff to measure harm and the proportion of patients that are **'harm free'** from **pressure ulcers**, **falls**, **infections** (in-patients with a catheter) and **venous thromboembolism** during their working day, for example at shift handover.
We started collecting 'Safety thermometer' data in October 2015.

We record four main areas of potential harm to patients:

Falls (with and without harm)

A total of 12 falls occurred in 2017/18. Only 4 experienced harm and this was found to be at a low level, for example bruising or minor skin damage. We assess each person for their risk of falling on admission and look at their history of falls and the risk factors that may specifically relate to their circumstances and condition. We then work with the person to reduce risks, refer to the falls prevention team for further support if required, whilst promoting the persons independence and autonomy.

When a fall has occurred, we fully investigate the matter with the aim of improving the overall care and safety of the patient.

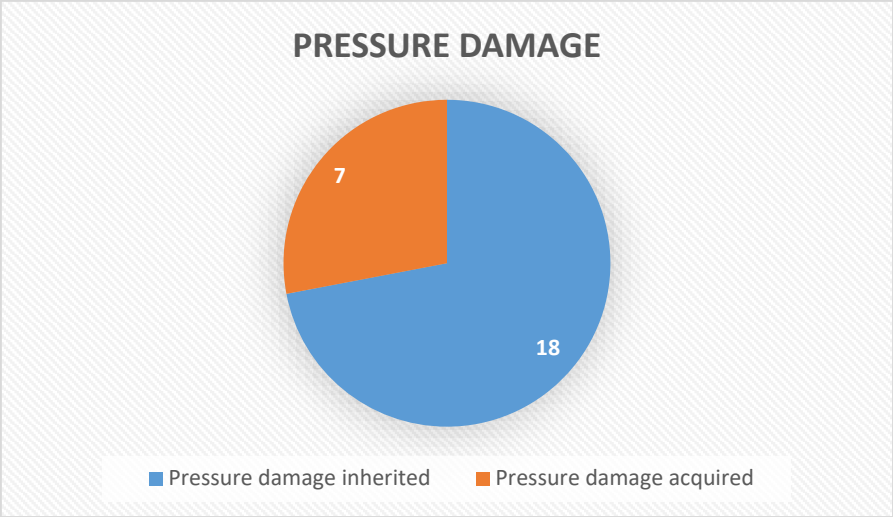


We continue to use a falls toolkit developed by Hospice UK. This includes a comprehensive incident reporting plan which we have found effective when reviewing the fall.

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 may carry out a skin assessment on admission. A total of 18 patients were admitted to Beaumond House with existing pressure damage. Seven 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.



Preventing pressure damage is very important to us as we know how painful a sore can be and how long this can take to heal. We have specialist equipment available for in-patients and day patients to help prevent damage for example high specification pressure prevention mattresses and cushions.

There are many factors that can contribute to pressure damage so it essential that our care team have the right skills and knowledge to work with patients to reduce risks and identify any early signs of skin damage. We provide training on induction for all members of the care team and then have updates to help keep our team up to date on pressure prevention.

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 are a key priority for healthcare providers.

During 2017/18 we had two catheter acquired infections that developed during in-patient episodes and one patient admitted with an existing catheter acquired infection.

We had one suspected case of Clostridium Difficile where we started our action plan until confirmation that the sample obtained was negative. The approach we take is to commence precautions on suspicion of Clostridium Difficile to help prevent any potential spread of this 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.

Effective

Clinical Activity

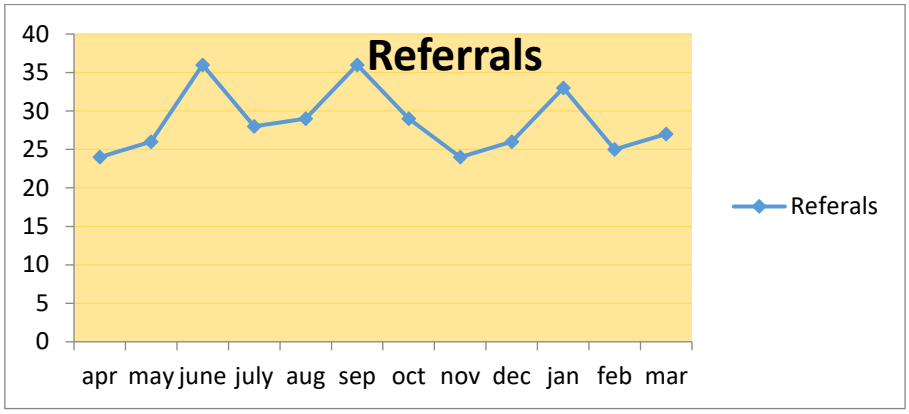
Indicator	2015 - 2016	2016 - 2017	2017 - 2018
New referrals	377	375	343
In-patient Admissions	101	92	143
Bed occupancy	75%	76%	80%
Average length of stay	13 nights	12 nights	8 nights
Day therapy attendances	2462 sessions	2509 sessions	2417 sessions
Hospice at Home hours delivered	3203	4126	3681
Bereavement support	167 sessions	207 sessions	145 sessions
Benefits advice	536 sessions 187 people	560 sessions 175 people	304 sessions 150 people
Complementary therapy	442 sessions	450 sessions	See below

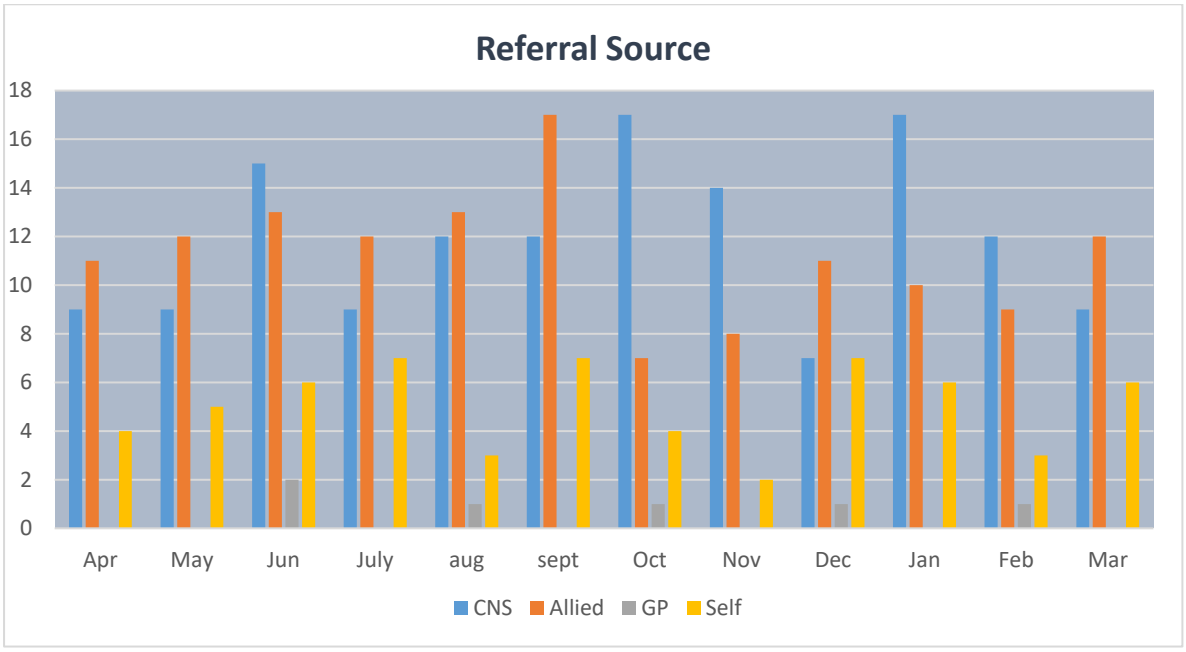
Complementary therapy – during this year a wider range of staff and volunteers provided a range of therapeutic interventions making it difficult to count the exact type of and number provided. We have continued to provide Indian Head Massage, Hand and Foot Massage, and Reiki.

We are recruiting to our volunteer team to provide this service in a more flexible way and aspire in the future to have a dedicated, quiet area for provision in the hospice grounds.

Our referrals

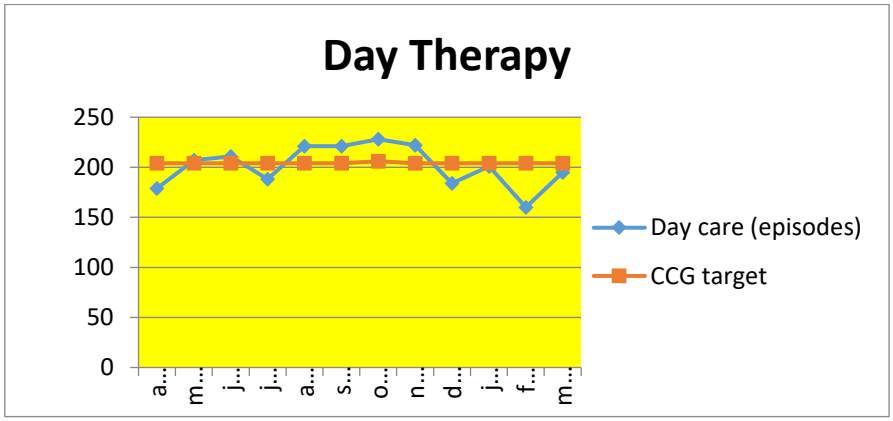
The following two charts show that our referral rate varies from month to month but overall it has stayed at around 35 referrals a month. We get most of our referrals from clinical nurse specialists (CNS) and from other health professionals (Allied).



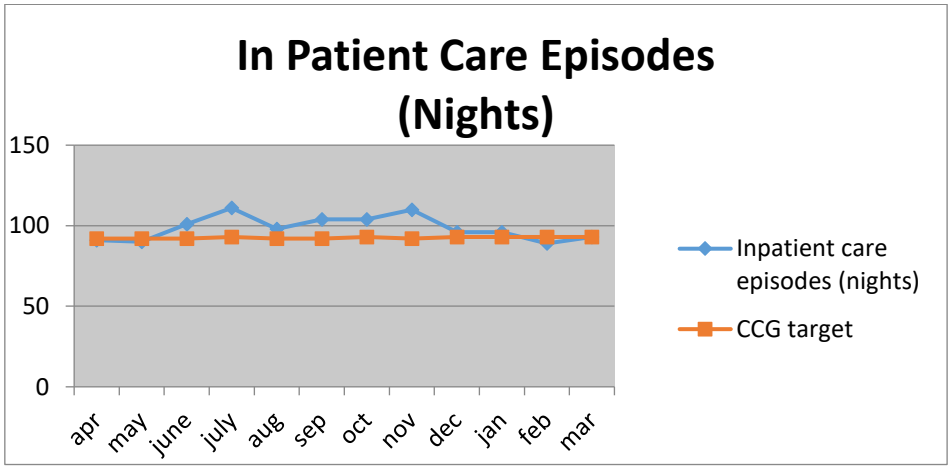


Our activity

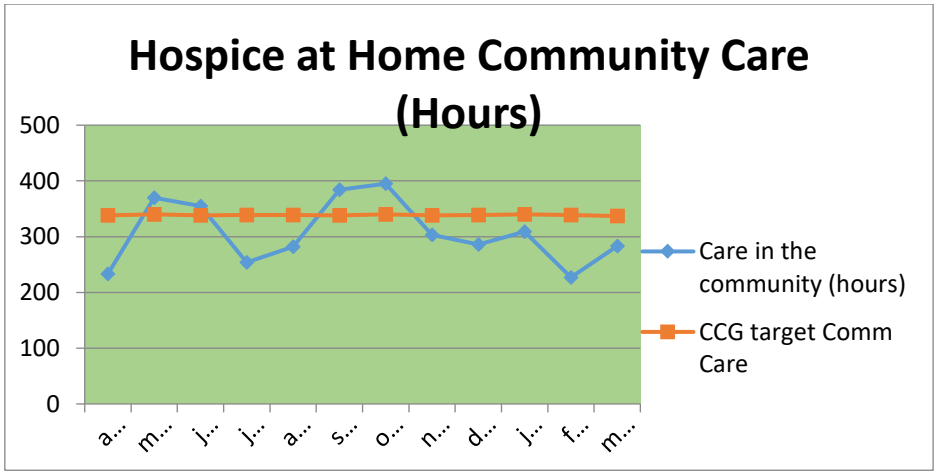
As can be seen on the following table attendance at Day Therapy remained fairly consistent throughout the year with an understandable drop during the adverse weather of the winter months.



The table below shows our inpatient episodes increased from about 90 inpatient episodes per month to over 100 inpatient episodes. We finished the year in excess of the target set for us by the Clinical Commissioning Group. In-patient occupancy levels were an average of 80% across the year



Demand for our Hospice at Home provision has fluctuated during the last 12 months. In total for the year we did not quite achieve our target for home support. We are acting to increase awareness of the additional capacity and anticipate an increase in referrals next year.



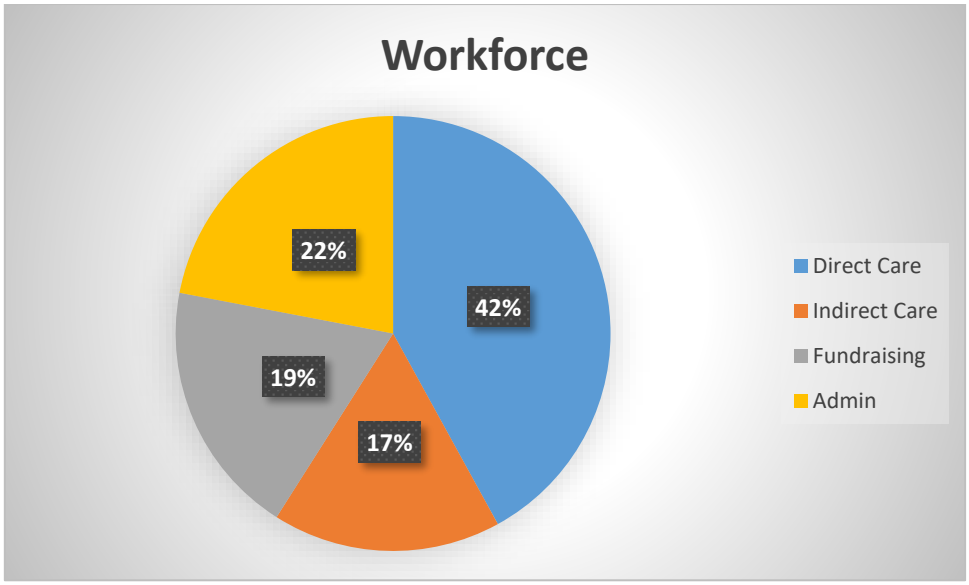
Our Human Resources

Equal opportunities are at the heart of our employment practices and Beaumond House Community Hospice aspires to be inclusive to reflect the local population.

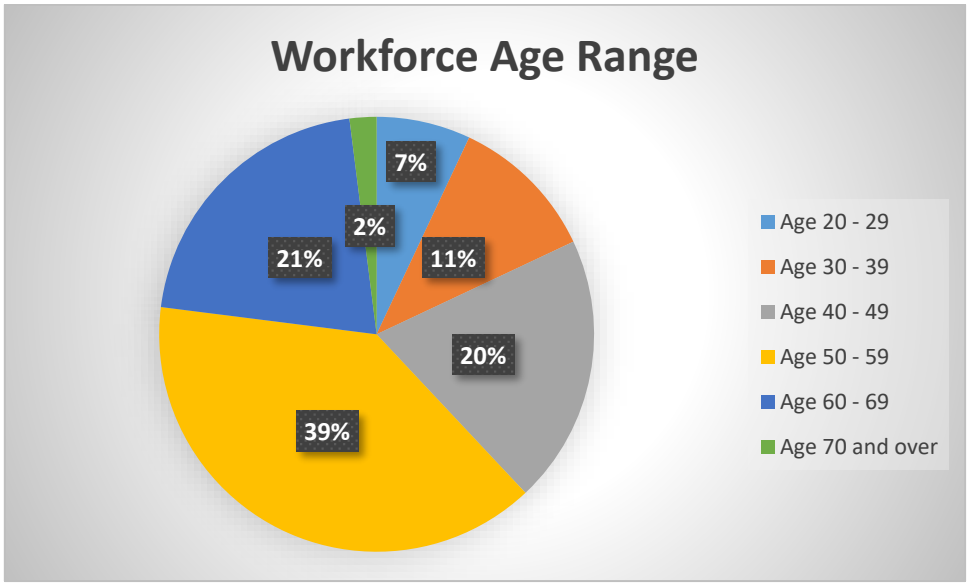
Everyone is different. The benefits of an active approach to equality, diversity and human rights are far reaching. We have an inclusive culture and we believe that by encouraging diversity we can have a positive impact on the high standard of patient care delivered at Beaumond House and that it offers 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 54 full and part time 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.

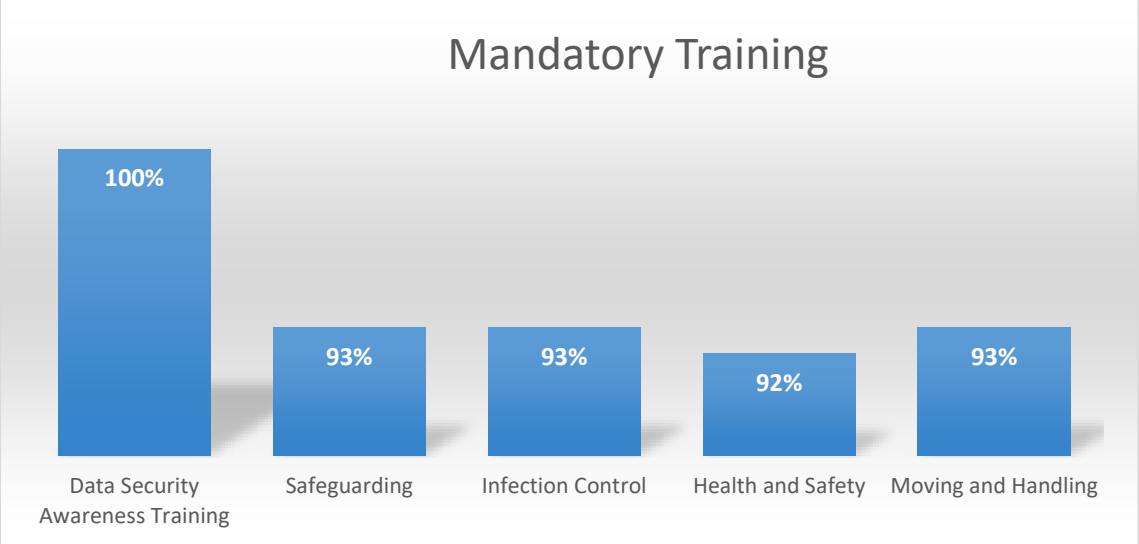
In addition, we have many volunteers who work alongside our care staff and without them patients would not have as much individual support which we regularly receive positive feedback about. Volunteers are trained to enable them to contribute effectively to our workforce.



Indirect care staff includes essential housekeeping and catering staff meaning that nearly two thirds of staff are care facing



Below is a graph showing some of the key areas of mandatory training that staff complete. There are many other training topics which enhance staff and volunteers' knowledge and skill, such as training on the Mental Capacity Act. Care staff also participate in learning and development sessions and clinical supervision. In addition, this year's topics for the care team are Compassion in Practice, Continence and Catheter Care, End of Life, and Pain Management. Five members of staff who have achieved Level 2 in the principles of Dementia. Nine members of staff have enrolled for Level 2 Diabetes, Level 2 End of Life, Level 2 Cleaning Principles, and Level 2 Nutrition and Health.



Workforce Strategy

This month we have launched our workforce strategy. A full copy can be read on our website. Our workforce includes contracted and bank staff and volunteers. Without everyone we would not be able to provide the high-quality care services that Beaumond House delivers.

The workforce strategy sets out our ambitions and the key challenges facing us during the next five years. The Board of Directors and the Leadership Team are committed to continuous learning and development and investing in our workforce.

We hope that through the transparency of our ambition, that together, we can build on the excellent palliative and end of life care in Newark and District that is currently provided and continue to further improve the flagship services we offer.

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 63% of employees completed the staff survey which was a most welcome return rate.

We are celebrating these top five items that our workforce tells us we are doing right:

- Patients and families were able to exercise choice at the end of life with dignity
- We provided open access to good quality professional personalised care
- Employees state they haven't been harassed bullied or abused by their manager or by a patient in the last 12 months.
- We are proud to work for Beaumond House
- My work is interesting

We are looking at what can be done to improve our approach to these five points:

- Pay does not really reflect performance
- Pay is seen as not being comparable to other similar jobs in other organisations
- Job security could be better
- Poor performance should be dealt with more effectively
- Achieving a good balance between work and private life could be improved

Achievements of the last 12 months (2017)

- Implemented and consolidated the model of care for inpatient services
- Recruited differently to build a more diverse team – considering the local community we serve
- Fully recruited to nurse vacancies
- Improved our retention of current staff
- Successfully tested our business continuity plan
- Commenced work on succession planning for critical posts
- Key policies have been reviewed and updated
- Working towards joint staff bank with a neighbouring hospice
- Provided innovative training and development
- Achieved the Mindful Employer accreditation
- Committed to be a Disability Confident Employer

Effective Communication

SystmOne and paper light

We have been working to improve our recording of information to make communication with other services more effective.

The electronic system that we have had in place for several years has been developed and we are working towards being paper light. The advantages of this for patients is that, with their consent, we can share information on their care with other health care professionals (HCP) and vice versa. This more streamlined approach helps us all to work towards the patients' wishes and goals as well as sharing care planning and records. For people who have made plans for their future care and have identified wishes for their care at the end of life, it means that all those involved in making this happen have the right information held centrally. The person does not have to have the same conversation with each HCP they meet, and this can be updated at any time.

Caring

Day therapy

We provided day care places for 11 patients per day with specific care needs. In 2017/18, we continued to improve and develop our day therapy service with the aim of attracting more patients from all backgrounds and with an ambition to end any local inequalities in end of life care.

We provide 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. In addition to our day therapy coordinator, our day therapy now has weekly dedicated time from our newly appointed Clinical Nurse Lead. The aim of this is to provide more tailored care specific the patient's needs, develop and facilitate more 'outcome' based therapies, and support our day therapy coordinator.

We have continued to develop our 'feeling good and living well' therapy sessions and have extended the course to 10 weeks to ensure the patients gain the upmost benefit of our therapeutic activities. We have worked alongside various voluntary agencies to provide more practical support for the patients for example our 'friends against scams' session which is featured on the current timetable, as well as therapies such as complimentary therapy, music therapy, relaxation, mindfulness and gentle exercise. We have had fantastic feedback from our patients who have been attending the chair-based exercise classes. One patient said, "*I haven't done any exercise for years, it was fantastic!"*

We are continuing this theme in our regular day therapy days, recently implementing a chair- based 'Boccia' session, which provides both mental and physical stimulation and benefits the patients core strength which can help to prevent falls. Patients of varying abilities have enjoyed these sessions, giving positive feedback.

The refurbishments carried out over the past year have been a success. The new flooring has improved accessibility for all, the rooms now have a modern clean feel whilst maintaining the calm and cosy atmosphere. The artwork has inspired comments such as "*I could look at that picture all day, it's so soothing".* We are eternally grateful to a wonderful team of volunteers who have dedicated their time and efforts to enable the refurbishment to take place.

Patients who attend our day service have commented how much comfort they get from coming to day therapy. One patient said, "*I love coming here, everyone is so friendly, there's so much laughter."*

Another patient commented: '*When I started coming here I'd lost so much weight as I couldn't face eating. You encouraged me to start eating again and now my weight has been stable for 3 years."*

Responsive

Comments, compliments and complaints

There are many ways we get feedback and all feedback is welcome and where required action taken to address any concerns. We collate the comments from thank you cards and share with staff and volunteers by way of acknowledging and appreciating their hard work. We had 1 complaint last year that was fully investigated, and remedial action taken.

Finding out what people think about our services

We have several ways in which people can give us feedback on our services:

- 'Tell us what you think' leaflet which can be used for comments, suggestion, compliments and complaints
- Patient surveys
- Friends and family test (would you recommend our services?)
- Directly in person, by email or letter to Head of clinical Services
- Through our social media channels
- Hospice User Group

Comments we receive on our care and services are valuable in informing us of where we can make improvements. 'You said, we did' is a way of demonstrating our responsiveness:

You said; We had feedback from day patients that there was some difference in the approach of our volunteer drivers.

We did; Our volunteer coordinator and patient support manager held a session with the drivers to talk through some of the challenges and provide some teaching. We now also have specific moving and handling training for those who volunteer as drivers to ensure safe transport to and from the hospice.

You said; there had been some occasions when staff or volunteers had not introduced themselves.

We did; we are championing the 'hello my name is' campaign to encourage everyone to introduce themselves and their role within Beaumond House.

You said; an average of 19% of responses to our questionnaire indicated we had not tried to address spiritual needs.

We did; we have raised awareness within the care team about spirituality, what it is and is not, through our Learning and Development sessions. We are also working with our chaplaincy team to produce a leaflet for people who use the services to introduce them to spiritual and religious care at the hospice.

You said; some responses to our questionnaire indicated that not all people received the information on how to comment on the services.

We did; we now have a champion in our care team who coordinates the availability of a pack for people with all the relevant information and leaflets required to understand services available and how to comment, compliment and complain.

Hospice user group

The Hospice User Group (HUG) meets every three months. This a group of patients, carers, volunteers and staff. HUG has provided a valuable perspective for us, and has resulted in:

- A review of the warmth in the day therapy suite and new thermostats being fitted to the radiators
- The clock hands being painted black, so it can be read more easily
- The introduction of an I pad for use in day therapy

We consult with the group on key developments, improvements and new literature and welcome ideas and feedback.

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 ask people if they would be likely to recommend Beaumond House to their family and friends. The responses indicate that 100% would be **very** likely or likely to recommend us.

One family said: 'We can't fault the care that was given to our relative in their final days; therefore, we would wholeheartedly recommend Beaumond House Community Hospice".

Other people stated:

"The nursing and support staff are extremely caring and professional"

"The compassion shown has been wonderful. Staff have been able to give their time, not just to Mum but to me"

Well led

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 five sub-committees which ensure governance and scrutiny on all aspects of Beaumond House ways of working including care services, human resources, finance and facilities, fundraising and marketing and governance, risk and scrutiny.

To strengthen the expertise and oversight of our services, two new board appointments were made this year. The new Directors are Dr Katie Maloney and Mr Phillip Hoskins. Further information about all our Directors can be viewed on our website.

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, Directors regularly visit to carry out Directors inspections and health and safety inspections. The learning from these inspections is considered at relevant Board sub-committees with action logs used to ensure follow through on actions.

We have paid attention to the Duty of Candour and worked to increase our openness and transparency whilst ensuring that the personal information we hold about people is kept confidential. The being open principles of candour and ethical duty of openness apply to all incidents and any failure in care or treatment. The duty of candour applies to any incident that may have occurred.

In making this duty a reality for people who come into contact with our services. We have ensured there is clear, strong organisational support for staff to follow their ethical responsibility in being open and honest with patients. While the duty applies to organisations, not individuals, individual staff must cooperate with it to ensure the duty is met.

In addition, this year, significant work has been undertaken to achieve level 2 of the NHS Information Governance Toolkit. This provides additional assurance about how we handle and keep safe people's information. This work has put us in a good place to demonstrate compliance with some new legislation implemented in May 2018 about Data Protection (GDPR).

Quality Initiatives

As highlighted by Dr Barker at the beginning of this document, this year has been a year of continuous quality developments including work to achieve accreditation of the Macmillan Quality Environments Mark and we are delighted with the results of that.

Next year we will continue our quality improvement programme as we work towards achieving a rating of being 'outstanding' in care in our next CQC inspection. We are putting together a portfolio of evidence to apply for an important external benchmark recognised nationally as the Gold Standards Framework.

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 Community Hospice 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 will be held in November 2018 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/Director/GP
Dr Katie Moloney – Director /GP
Debbie Abrams OBE - RN
Charlotte Coggins – HR Manager
Amanda De La Motte – Director and Advanced Nurse Practitioner
Dr Della Money – Director and Consultant Speech and Language Therapist
Louise Sinclair RN - Head of Clinical Services
Karen Brown RN – Lead Nurse