

QUALITY ASSURANCE VISIT			
Date of visit:	2 May 2025	Time of visit:	1000 to 1320hrs
Provider Visited:	Arthur Rank Hospice, Cherry Hinton Road, Shelford Bottom, Cambridge. CB22 3FB		
Visiting team members:	Cambridgeshire and Peterborough ICB Xolie Ncube – Clinical Quality Lead Helen Wickenden - Infection Prevention and Control Nurse Practitioner Hayley Stock - Macmillan Palliative and End of Life Care Transformation Lead Paul Magan – Patient Safety Manager		
PROVIDER NAME team:	Sara Robins- Director of Clinical Services Jenny Oakes- Inpatient ward Manager Carly Willis – Matron for Clinical Services		
Verbal feedback given to:	Sara Robins		

PURPOSE OF VISIT
The quality assurance visit was conducted as part of the Cambridgeshire & Peterborough Integrated Care Board (CPICB) scheduled visits for providers with an NHS contract, delivering care to the Cambridgeshire & Peterborough population
CONTEXT
<p>Arthur Rank Hospice provides care and support for people living in Cambridgeshire with an advanced serious illness or other life-limiting condition and those who need end of life care. The service provides care in several areas including hospice at home, inpatient services, therapy services - occupational therapy and physiotherapy, counselling service, complementary therapy, bereavement support as well as a palliative care hub via the 111 phone call centre, Lymphoedema and community services.</p> <p>Morning huddles are held on weekdays involving, inpatient staff, palliative hub, hospice at home, and wellness centre staff to discuss and review service demands and make decisions on home visits and where extra support is required for patients. The huddles are supportive for staff, patients and families as the decisions made ensure patients with complex care needs access any available beds.</p> <p>The Hospice is supported by a Medical team is 3 consultants, 2 speciality doctors and 5 resident doctors (GP, palliative medicine registrar and an internal medicine). There are 2 part time pharmacists provided by Cambridge and Peterborough Foundation Trust work at the Hospice 4 mornings per week.</p>
SUCCESES
<ul style="list-style-type: none"> Awarded Silver Best Employer Accreditation (East Region) based on outstanding staff survey results. Electronic Prescribing System funding has been sourced, with plan to implement by September 2025. Established Family and Patient Support Team, comprising a chaplain, therapist, and social worker to provide holistic care. Formed a multidisciplinary Admissions and Discharges Working Group to streamline patient flow and reduce unnecessary hospital admissions.

RISKS AND CHALLENGES

- Community demand for services has become a growing challenge, and this trend is expected to continue due to the projected increase in the aging population in the coming years.
- Ongoing changes in community re-modelling are impacting service delivery and infrastructure planning.
- Patients are often presenting for services at a late stage, limiting the hospice's ability to provide comprehensive end-of-life care.
- Patient records are on SystmOne and on paper (such as drug charts, care plans and other charts). Hospice aim to get electronic prescribing in place by September however a completely electronic system will take some years as requires human resources and funding.
- The referral process is not being followed consistently by those referring into the Hospice. This does not lead to delays in admissions but can delay hospice ability to triage community patients and signpost them to the most appropriate service, sometimes this is not hospice services.
- There has been no clinical educator for the past year; however, a candidate has now been recruited for the position.

PATIENT EXPERIENCE

First 15 steps: (First impressions – what do you see, hear, smell, feel?)

- Sign posted clear from the main road as well as from the park and ride facility with signs for foot path
- Adequate parking space for patients within the hospice grounds.
- The facility offers a welcoming ambience, patients and visitors were acknowledged promptly, contributing to a respectful and person-centred first impression.
- Homely environment with a bench at the entrance and a vegetable and plant stall where the public can help themselves and make a donation if they wish.

Inpatient Unit

The inpatient unit is on the ground floor with staff managed access via intercom, has 23 beds. Currently 21 beds are commissioned, 12 specialist beds and up to 9 Nurse led beds commissioned by Cambridge University Hospital.

Environment

- Calm, peaceful space with single bedrooms and shared bays
- Sink at entrance to the unit with soap, towels and bin
- Staff controlled entrance
- Quiet room for use by families or staff as required
- Bathroom adapted for patients with different needs, independent, hoist, wheelchair users. Assortment of bath salts available for use by patients for relaxation. All donated to the hospice.
- Reception area has check in and out system as well as feedback on checkout.
- Medication room is adjacent to the reception with a keypad lock
- Staff offices are behind reception with nurses, therapist and doctors' offices
- Corridors are spacious, clean and well maintained with lovely wall art

Patient Experience: (feedback)

The unit collates feedback from patients and families, they have consistently received positive feedback. Team had opportunity to speak with one patient and family who were present visiting and shared as below:

- Excellent care
- Bells answered within seconds
- Family communication had been excellent
- Food was very good and on time
- Staff very considerate and facilitate away visits as requested

Staff Feedback

Visiting team had opportunity to speak with several staff with different disciplines during the visit and feedback as below:

- Outstanding teamwork within the unit, management visible including executives and always willing to listen.
- Enjoy working at the Hospice with some staff having worked for a long time over 20years.
- Staff work well as a team with all disciplines and regardless of grades they listen and support each other.
- Career development is offered with staff choosing and being encouraged to engage.
- Staff can identify if a colleague needs support and will offer supervision with another team member to ensure that psychological safety and prevent normalising emotions following difficult death.
- Volunteers serving meals feedback was they enjoyed helping within the hospice and feel part of the team.

Medical Team Feedback

Visiting team member had opportunity to speak to the doctors in the office and shared as below:

- The member of medical staff felt well supported and listened to.
- They also felt truly like part of a team and expressed how this is not always the case in different working environments, but it really is the case at Arthur Rank.
- They informed of the support, which is also received from the Addenbrookes Consultants, and highlighted an example of when one of the Consultants came over to the hospice to support with a particularly complex patient overnight.
- Regular debriefs are commonplace and support is offered to each other within the medical team and in the wider ward team.

Living Well Centre

This is a day centre located on the ground floor of the building with some rooms on the first floor with use of the lift access. Living well service offers a range of support on different days, an assessment is undertaken to identify the best therapy for individuals.

Environment

- The centre has a lounge, kitchenette, art area, offices and a gym.
- The staff office was clean and tidy.
- The patient and carer lounge was clean, tidy and welcoming.
- It was well used and busy on the day we visited.
- Patients were chatting both with each other and staff members. There was also some group work taking place at various times during the visit.

Service Provision

The service is fully funded by the Arthur Rank Charity. Patients are referred or refer themselves to the living well service. There is a waiting list, and patient numbers are managed according to acuity of patients and how much input they need, so actual patient numbers under the service can vary. Waiting times to access the service can range up to 8 weeks dependent on demand.

The team consists of one fulltime clinical specialist Nurse, one fulltime team lead, a carer support worker for 4 hours per week, one Registered Nurse for 22.5 hours a week, and a band 2 support worker for 4 days a week. They are nearly at establishment with a vacancy accepted and due to start very soon. The team would obviously like more staff to be able to tackle the waiting list but are very understanding of the restrictions on funds available, and are very appreciative of what they have in place already.

The living well service provides the following provision across 4 days of the week:

Virtual-

- Live Zoom drop in sessions.
- Online exercise classes.
- Good death project sessions with input from the Clinical Nurse Specialist who will pick up on anything that needs to be discussed or progressed further

Face to face sessions-

- Outpatient appointments 1:1 session to discuss pain management and other needs.
- Occupational therapy and Physiotherapy support.
- Complimentary therapies.
- Different programmes, including the 12-week wellbeing programme for patients and carers.
- Clinics to discuss and fill in respect forms and discuss medication and symptom management.

Patient Experience: (feedback)

- Visiting team member did not speak with any patients using the service during the visit, as they were otherwise engaged in activities.
- The team lead informed the visiting member that patient feedback is very positive and demand for the service is high.
- The team are very understanding of the differing needs of patients and are aware that patients sometimes require sensitive management, and that it can take time for patients to want to engage with the team and the services available.
- The atmosphere in the communal lounge was very interactive and relaxed.

Staff Feedback

- Staff working in the living well service enjoy working at the hospice and feel well supported and listened to.
- The team work hard to ensure that they are all supporting each other, as the job can be quite demanding due to the level of support, which is needed to be delivered, and the nature of the roles they work in.
- Staff love the work they do and feel they make a real difference to patients. This is echoed in patient feedback.
- There was freedom to speak up guardians in place and a poster was on the office wall in the office detailing who these were.
- Staff felt encouraged to bring forward new ideas and are currently working on establishing an automated advice line for patients to access, as well as considering the implementation of groups which would explore the dying process and look in more detail at symptom management with patients, so that they understand this process more clearly.
- Staff are aware of how to access policies and procedures and knew who to report any incidents or concerns to.
- All staff had completed level 2 psychological training.

Hospice at Home and Community Services

The two teams, North and South provide specialist nursing care and support in peoples own homes or place of residence during their end of life. The team offices are within the building administration block.

Environment

- Coded locks on office doors.
- Office spaces are open and appear clean and organised.
- Meeting booths are available for confidential conversations/meetings to take place.
- DSE assessments are completed by staff but no docking stations or monitors for staff working from laptops and seen to be 'hunched' over whilst working at desk from laptops.

Patient Experience: (feedback)

- Compliments are usually received in card form that are displayed on boards in the team room.

- Feedback that is communicated to the charity electronically is shared with the community teams.

Staff Feedback

- Staff reported feeling well supported with SLT regularly checking in and knowing all staff members names. SLT accessible when needed.
- Although staff reported supervisions do not happen as regularly as they should they do have regular informal touchpoint meetings and feedback.
- Hospice at Home team reported that all their nurses had attended leadership and management training and a 2-day communication course. Reports that education team will source training opportunities where it is requested such as Stoma training being delivered by CPFT at the request of the hospice at home carers.
- 4 members of staff (2 x team leads, 2 x RNs) collectively agreed it was a good place to work, and that the charity is very supportive to their needs.
- Increase in hours of care the teams have been able to deliver.
- More triage support required.

General Feedback

Patient Safety

The hospice uses Vantage software, incidents are logged then an alert is sent via email to the chief executive officer, director of clinical services and the matron. Incidents are reviewed depending on the rating and action for ones with high scores are taken at the earliest possible timely. Director of clinical services undertakes a review of incidents daily. Patient Safety Incident meeting is held fortnightly where incidents logged for that period are reviewed, action plan agreed with an action logs. Themes are identified and support the learning required which is logged as an action and improvement for the teams.

Safeguarding

Clinical Services Director mentioned they were looking at implementing a risk assessment tool that is currently being used by the local authority. ICB visiting team will share the safeguarding team details for support.

Care Plans and Documentation

Two care plans were reviewed within the inpatient unit, findings as below:

- Care plans are in paper form in folders with different colours
- No index of sections in folders
- Documentation was clear and legible
- Charts were fully completed and signed
- Medical Administration Charts were up to date and signed
- Noted another patient chart in incorrect folder, staff removed and added to correct patient folder.

Infection Prevention Control

- The sluice, treatment room and laundry in the inpatient ward were clean and well organised.
- The general ward environment was clean and uncluttered.
- When questioned staff were aware of who is responsible for cleaning what and when.
- Sharps bins were dated and signed.
- Fridge temperatures were being monitored and recorded, and the fridges were clean and tidy.

SUMMARY OF GOOD PRACTICE

The Hospice has very good structures in place to ensure the services provided are of good quality and high standard. Teamwork was evidently outstanding with very positive feedback overall. Observed were several volunteers who were very pleasant in their tasks and evidently part of the team. Spoke with kindness and enthusiasm within the areas there were involved for example serving patient meals in the inpatient ward and have all been trained in food hygiene.

ACTIONS AGREED

- Care plan folders should be clearly numbered and regularly checked to prevent any mix-ups
- Display Screen Equipment (DSE) assessment be undertaken with monitors provided for hospice at home staff.
- Safeguarding Assessment Tool – HS will share ICB Safeguarding contact details with the hospice
- IPC Training Hub – HW will send the relevant details to the hospice

Report completed by:	Xolie Ncube Helen Wickenden Hayley Stock
Date sent to provider:	21 May 2025