

*"From our first contact with your staff my husband and I were helped in every possible way with kindness and efficiency. we could not have had better treatment."*

Carer of a Rowcroft patient



**rowcroft**  
hospice

## Quality Account 2015/2016



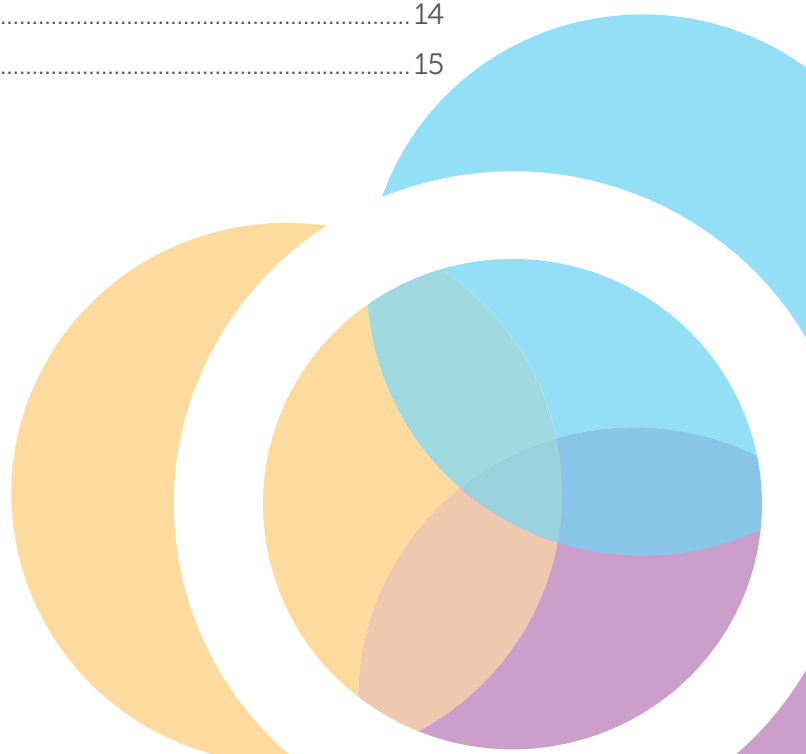
Rowcroft Outpatient Centre



# Rowcroft Hospice Quality Account 2015/2016

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# Chief Executive's introduction

As an independent charity, Rowcroft Hospice continues to provide the only community based Specialist Palliative Care Service to patients and families in South Devon, serving a geographical area of 300 square miles covered by 35 GP surgeries. We rely heavily on our supporters to raise the majority of our costs. In 2015/2016, 67% of our costs were met by charitable funds. We are so very grateful for the generosity of those who support us.

We also rely on the dedication and commitment of our staff, Executive Team, our Trustees and our volunteers as we strive to sustain the provision of high quality services in our patients' homes, Inpatient Unit, Outpatient Centre, Care Homes and Community Hospitals.

This is our sixth Quality Account. It is produced to assure patients, families, NHS Commissioners and the wider population of South Devon that our care provision is safe, effective, responsive, caring and well led. These were the fundamental standards examined by the Care Quality Commission (CQC) during their unannounced inspection in January 2016. I am delighted to report that their overall rating of our services was 'Outstanding', the highest possible.

I am pleased to support this Quality Account as a fair and accurate representation of the services provided by Rowcroft Hospice.

**Giles Charnaud**  
Chief Executive of Rowcroft Hospice



# What our organisation is doing well

The Care Quality Commission (CQC) inspects Hospices based on the fundamental standards of being safe, effective, caring, responsive and well-led. In this section, we give examples of how we are meeting these standards.

## Operating safely

We take the safety of our patients and staff very seriously.

### Incident reporting

Our staff are encouraged to highlight any issues of concern and we were the first hospice to sign up to the 'Speak Out Safely' initiative. There is an open culture for reporting incidents and near misses, including pressure ulcers, slips, trips and falls and medication issues. All incidents are investigated by a clinician from a different work area and recommendations made where appropriate. In line with the Duty of Candour regulations, we inform patients of any errors or incidents concerning them and, with their permission, we also inform their next of kin.

- Following concerns regarding our incidence of pressure ulcers, we invited the Tissue Viability Lead for the Acute Hospital Trust to conduct six one hour sessions at the hospice during June and July. The aim was to improve knowledge of skin assessment and pressure area care. These were open to clinical staff and were mainly attended by nurses and health care assistants. We can now better differentiate between ulcers caused by pressure and those with other causes and staff have increased confidence in skin assessment and use of pressure relieving equipment.
- The Pharmacy Committee have looked at the medicines reconciliation process to make this more robust. Medicines reconciliation is a method to ensure that patients remain on the correct medication, regardless of the setting in which they are receiving care.

*"There were robust systems in place to keep people safe and minimise risk"*

CQC report 2016



*"I thought Rowcroft was very serene and calming. I was very happy to leave my husband with you because I knew he was being looked after wonderfully."*

Carer of a Rowcroft patient



# Operating safely continued...

## Safety improvement strategy

The quality and service development manager undertook a five day intensive course on patient safety, delivered by the Institute for Healthcare Improvement.

- This nurse is now working with IPU staff to promote real time responses to issues as they arise. Small changes in process or documentation are piloted immediately and will feed into larger scale improvements.

For example:

- As an immediate measure to improve the documentation of wounds, new diagrams were introduced into care plans.
  - This has led to a larger project to improve care plans generally.
  - Staff have the freedom to introduce and pilot small changes.
- The aim is to create an environment that promotes the likelihood that staff will do the right thing, for example medicines that have similar packaging are stored away from each other to reduce the possibility of error.



### Environment and hygiene

The organisation employs a nurse who is a dedicated Infection Prevention Practitioner. This nurse is responsible for staff training and for all policies in safe clinical practice, housekeeping and health and safety in relation to the prevention of infection.

This nurse also facilitates Patient Led Assessment of the Care environment (PLACE) This is a requirement of NHS facilities but not of hospices in the voluntary sector. We engage voluntarily in the spirit of openness and transparency.

In this, our sixth Quality Account, we can report for the sixth year in succession that no patient has suffered a hospice acquired infection.

We remain fully compliant with the Needle Safe regulations and have done so for the past three years. No needlestick injuries from the use of needles in our Inpatient Unit have occurred in the hospice during that time.

CQC report states 'The environment was fit for purpose and well maintained.'



# Operating effectively

We aim to make every day the best day possible for our patients and families

## We test ourselves against agreed standards

Our ongoing audit programme is key to monitoring our performance against accepted standards, both local and national.

- Our annual analysis of data concerning hospice admission – waiting times and reasons for waiting – highlighted that a shortage of male beds had become an issue, leading to longer waits for men requiring admission. We have reconfigured our ward arrangements to increase the availability of beds for male patients.
- Our compliance with the latest standards of medicines management has improved further over the last 12 months.

## We listen to those who use our services

We have committed to at least two more years of the 'I Want Great Care' patient feedback system. All patients and families have the opportunity to give anonymous feedback via a third party, either online or paper form.

- The Hospice at Home and Bereavement services have bespoke feedback forms sent to all bereaved relatives.
- The hospice has an externally facilitated user group.
- The Chronic Oedema service has a user group.

*"People were referred to healthcare professionals promptly when needed. Staff worked in partnership with health professionals, sharing end of life expertise, to ensure that processes benefited people and supported their choices in a timely way."*

CQC report 2016



*"It is helping me adjust to life which is more restricted and to achieve as much as possible. Simple re-assurance and help with side effects. Great. Living up to my present possibilities."*

Rowcroft patient



## Being responsive

We have made several changes to our referral processes so that we can prioritise a patient's needs and respond effectively. For example, when a patient is referred for an inpatient stay, we are now asking about their skin condition and if they have had any falls. This enables us to have the appropriate equipment in place before they arrive for their stay.

### Tripudio

Exercise is an important part of the treatment of chronic oedema. As well as being taught specific exercises, people with chronic oedema are advised to take up lifestyle exercise such as swimming or fitness classes. The patients in our Chronic Oedema User Group told us that this is easier said than done. The condition itself can make exercise difficult and they are also concerned that the wrong type of exercise could make the condition worse. Many of them have not exercised for some time. They asked for help with getting started.

Our Chronic Oedema Team all undertook training in Tripudio, a system of exercise to music that is specifically designed for patients with the condition. It can be adapted to target specific areas, for example upper or lower limbs. A key feature of the class is the Tripudio flow, a series of gentle moves designed to give the lymphatics a workout.

The nurses offer sessions to patients whom they have assessed to be able to carry out the exercises safely and who would be likely to benefit from them. They have carried out a pilot study and following the success of this have rolled out a programme of courses aimed at patients with upper limb oedema and are now proceeding to do the same with a course of lower limb oedema.

Feedback so far has been very positive.

*"It has helped in many ways and I have used the Tripudio flow often. I will continue with these exercises"*

*"My arm is less achy, I am less breathless, I also feel brighter mentally for having attended. I try to do the Tripudio flow every day."*

### Working with carers of the homeless population

It was recognised that the homeless population are less likely than other groups to access adequate end of life care. A Social Worker and Education Facilitator have piloted an outreach initiative for staff who work with the homeless population. It is intended to progress this into 2016/2017.

*"The hospice used knowledge of the local community to develop a service which best met local needs."*

CQC report 2016



*"The care was constant and of the highest standard. It made us feel supported at a difficult time. Happy to know there was always help when we need it."*

Rowcroft patient



## Caring

### Supporting Young Family Members

Our Social Work Team support patients and families through difficult times. Sometimes, this involves supporting children and teenagers who are facing the loss of a loved one. This work requires resources such as memory boxes and books for different age groups, which are given to the young people to use and to keep. Obviously, there is a not insignificant cost implication in providing such resources.

Four years ago, one of our Community Social Workers set up a stall near the Community Team offices. Staff donate books and DVDs as stock and staff members then buy them, often returning them for resale once read or watched. This initiative has so far raised over four thousand pounds, all of which is spent on resources for children and teenagers. This has helped young people and their families to talk together and face difficult times.



*"Staff communicated effectively with people and treated them with utmost kindness, compassion and respect."*

CQC report 2016



*"The staff treated my mum with such kindness, respect and dignity."*

Carer of a Rowcroft patient

## Well led

*"The Service was exceptionally well led. The provider and registered manager provided outstanding and compassionate leadership and support to ensure people's needs were met"*

CQC report 2016



## Education 2015/2016

Education and training in Palliative and End of Life Care remains integral to the provision of great care for people with any life limiting illness.

This care and compassion may be needed at any time during someone's illness and also beyond a loved one's death. Rowcroft's education service continues to positively influence the knowledge, skills and confidence for a wide workforce caring for patients, residents, carers and families across this local health community, as well as for our

own specialist workforce. Rowcroft provided 76 open events for 1163 participants. These courses, workshops and study days were aimed for the diverse workforce at different levels and in a variety of roles within both primary and secondary care, public and private sector. In addition to their mandatory training and having access to the open programme, our own staff have also benefited from a further 26 tailored workshops and study days designed to enhance their specialist skills.






# Statutory information

Rowcroft Hospice is required to register with the Care Quality Commission (CQC) and is currently registered under the categories:

- Treatment of disease, disorder or injury
- Personal Care

Rowcroft has the following conditions on registration:

<p>We provide overnight beds for a maximum of <b>17</b> patients at any one time</p> 	 <p>We may not treat patients under 18 years of age*</p>	<p>Prior written approval of the CQC must be obtained at least one month before providing any treatment or service not detailed in our statement of purpose.</p>	 <p>We are subject to periodic review by the CQC.</p>
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Our last CQC inspection was in January 2016.

The report is available at [www.rowcrofthospice.org.uk/CQC-report-2016](http://www.rowcrofthospice.org.uk/CQC-report-2016)

<p><b>Rowcroft Hospice provides the following services:</b></p> <ul style="list-style-type: none"> <li>• Inpatient Unit</li> <li>• Community specialist palliative care service</li> <li>• 24/7 Hospice at Home service</li> <li>• Outpatient services</li> <li>• Chronic Oedema service</li> <li>• Bereavement service</li> <li>• Education and training for health and social care staff, volunteers and carers, in palliative and end of life care</li> </ul>	<p><b>Numbers of people referred to our service from 1st April 2015 to 31st March 2016</b></p> <table border="0"> <tr> <td>Community Referrals</td> <td style="text-align: right;">937</td> </tr> <tr> <td>Hospice at Home Referrals</td> <td style="text-align: right;">422</td> </tr> <tr> <td>Chronic Oedema Referrals</td> <td style="text-align: right;">275</td> </tr> <tr> <td>Inpatient Unit Admissions</td> <td style="text-align: right;">357</td> </tr> <tr> <td>Outpatient Appointments</td> <td style="text-align: right;">2547</td> </tr> </table>	Community Referrals	937	Hospice at Home Referrals	422	Chronic Oedema Referrals	275	Inpatient Unit Admissions	357	Outpatient Appointments	2547
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Outpatient Appointments	2547										

\*The only exception being that the Chronic Oedema team can work with 13–18 year olds, delivering specialist input, working alongside Paediatric clinicians

# Last year's priorities

## Safety

We achieved the outcomes outlined in the priorities for 2015/2016.

### Skincare

- Six education sessions led by the Tissue Viability Lead for the Acute Trust were delivered to registered and non-registered staff during June and July 2015.
- A staff nurse from the ward has been identified to take the lead in promoting best practice for skin care and pressure ulcer prevention.
- The reporting area on the electronic patient record has been redesigned to distinguish between pressure damage and other skin care issues.

### Medical gas storage

We have achieved the outcomes outlined in the priorities for 2015/2016.

- A new storage area has been constructed on the outside wall of the building.
- Staff can now access the storage area from inside the building and there is access for deliveries and collection from outside, in line with best practice.

## Caring

We have achieved the outcome outlined in our account for 2015/2016.

- Where appropriate, Spiritual issues have been included in the learning outcomes of our courses.

## Leadership

We have achieved most of the outcomes outlined in the priorities for 2015/2016 and work on leadership capacity has been merged into a broader ongoing project.

- Role descriptors for Trustee, Chair of Trustees and Vice Chair have been revised. Current vacancies for Trustees are being reviewed with these in mind.
- The Strategic Management Board was operational by the summer of 2015.
- We have been engaging in a significant project regarding our organisational culture and are still in the process of holding focus groups with all our staff. The strategy for enhancing leadership capacity has been absorbed into this project as it forms an essential part of our strategy going forward.

*"Kindness and consideration every way from all the staff. Their support for patients and family is really appreciated."*

**Carer of a Rowcroft patient**



# Our priorities for 2016/2017

Our focus for future developments as we move into 2016/2017 will be:

## Ward attendant role

We have developed a role descriptor for the role of Ward Attendant. This is a voluntary role designed to support patients one to one in tasks such as encouraging them to eat or sitting with patients who are at risk of falls to remind them to ask for help. We intend to progress this initiative through 2016/2017.

### Outcome Measure

- First Volunteers undergo induction during Spring 2016.
- Volunteers in place by Summer 2016.

## Progress the work for carers of the homeless population

### Outcome Measure

Complete delivery of the Education Programme by September 2016.

## Continue to prioritise patient safety

### Outcome Measure

Join the 'Sign up to Safety' Initiative by September 2016.

## Further development of work with pressure ulcer and falls prevention

We wish to continue with the progress made in 2015/2016, ensuring best practice with assessment and planning to ensure high quality care.

### Outcome Measure

- Carry out the newly published Hospice UK Pressure Ulcer Audit by Summer 2016.
- Update skin and pressure area assessment and care planning by October 2016.

## Further development of bedside care plans

### Outcome Measure

The Quality and Service Development Manager will work with a group of staff nurses to redesign bedside care plans to facilitate clearer and more concise documentation by November 2016.

*"The care I have received has always been first class. I am always treated with respect, kindness and dignity and everyone is so nice."*

**Rowcroft patient**



# Chairman of the Board of Trustees statement

This is the second year that I have reviewed the Quality Account as Chairman of the Board of Trustees.

Everyone involved in the Hospice remains committed to making every day the best day possible for patients and their families, whether they are in their own home, our Inpatient Unit, Outpatient Centre, Community Hospital or Care Home. We rely on the expertise of our staff, Trustees and Executive team and the unwavering commitment of our many volunteers, who give so generously of their time.

We remain dependent on and extremely grateful for the financial support of the people of South Devon, in an economic climate that remains extremely challenging for a charity such as ours.

I am, therefore, extremely proud that, despite all the challenges, a recent inspection of Rowcroft Hospice by the Care Quality Commission has resulted in an overall rating of 'Outstanding', the highest possible rating.

As Chairman of the Board of Trustees, I endorse this report and give my assurance that the Board of Trustees will continue to support the staff and Executive Team in their efforts to meet their priorities for 2016/2017.

**Bill Grahamslaw**  
Chairman of the Board of Trustees



# Annex

## NHS South Devon and Torbay Clinical Commissioning Group statement:

South Devon and Torbay Clinical Commissioning Group (SDT CCG) is pleased to provide our commentary on the Quality Account for Rowcroft Hospice.

This Quality Account demonstrates a high level of commitment to quality in the broadest sense and we commend it. The information contained within this Quality Account accords with data received throughout the year during our regular contract review meetings.

SDT CCG view Rowcroft as a key partner in the delivery of integrated end of life care, and we value the excellent open and regular communication we have with them about quality of care.

We are very pleased to note that Rowcroft were rated as 'outstanding' in their recent CQC inspection. The report highlights the delivery of patient-centred care and how the hospice is focused on continuous improvement.

### Looking Back:

Last year Rowcroft Hospice committed to prioritise patient safety, clinical effectiveness and to enhance the experience of patients and their families using Rowcroft. Throughout the year we have seen evidence of this commitment which has been reaffirmed in the recent CQC report and through excellent results in the 'iwantgreatcare' feedback reports.

We also note that Rowcroft have initiated benchmarking to compare the quality of care against other hospices in the South West, and see this as a valuable addition to the quality report.

### Looking Forward:

The CCG supports the priorities chosen for next year as set out in the Quality Account. The priorities reflect the organisations aim to continually improve and provide good quality effective care to its patient and the community.

The CCG is pleased that Rowcroft will continue to develop the work during 15/16 in relation to pressure ulcers and falls prevention; in particular the role of the ward attendant to help patients who are at risk of falls.

### General comments:

Quality Accounts are intended to help the general public understand how their local health services are performing and with that in mind should be written in plain English. Rowcroft have produced a comprehensive, attractive and well written Quality Account which is easy to read and clearly set out.

Overall we are happy to commend this Quality Account and Rowcroft for its continuous focus on quality care.

# Annex

## Healthwatch Torbay statement:

Healthwatch Torbay is the local independent consumer champion for health and adult social care. We have a range of ways to engage with local people to ensure that their voice is heard. Our volunteers are out and about encouraging the public to share their insight, our office in Paignton Library is open for drop-in and our on-line Rate and Review is available at any time.

It is a real pleasure to read the Rowcroft Quality Account when it contains so many positive areas of development and innovation confirmed by the "Outstanding" award from the Care Quality Commission. In the last year, Healthwatch Torbay has received no comments about Rowcroft which in itself reflects the high level of support given by the local community. Nor have we been asked to use our independent approach for evaluation of consumer experience. The Account shows that the voice of those who use the service is listened to and is used to support the aim of continuous quality improvement and service redesign.

The NHS strategy for the future expects a substantial shift towards people being supported at home for as long as possible and their wellbeing being promoted to stay well and coping for longer. The Account shows how the hospice is also following this path, with Hospice at Home, support for young carers and innovative work for those without a home of their own.

Lastly thank you for presenting this report in a form which is friendly and open and in a format for the public to read easily.

# Annex

## Torbay Carers Service:

Yet again Rowcroft's Quality Account demonstrates the fact that Carers are an integral part of the high-quality services which they provide. They continue to work in partnership with local services for Carers such as GP-based Carer Support quoted as good practice in Macmillan's Top Tips Guide for Commissioners, and the course for Carers of People with Long-term Conditions commended in CQC's report into Torbay and South Devon NHS Foundation Trust. It is reassuring that the feedback which we receive from Carers is that Rowcroft treat them and the person that they care for with dignity and respect at what is a very difficult time in their lives.