

Enter and View Report

Location of visit	Kirkwood Hospice 21 Albany Rd, Huddersfield HD5 9UY
Service provider	Kirkwood Hospice
Date and time	Thursday 18 th July 2019
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Acknowledgements

Thank you to all the patients, staff, visitors and relatives at Kirkwood Hospice, who spent time talking to us about their experiences of using services or working there. Thank you to Sarah Shaw and Sonia Tyndall for helping us to arrange our visit and for talking to us about how the service operates and for taking the time to show us around the hospice.

Disclaimer

Please note: This report relates only to a specific visit and the report is not representative of all service users (**only those who contributed within the limited time available**).

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012. Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings or may be in response to local intelligence about a single setting or from an area we have not visited before or request of the service to understand how services work.

The Service

Purpose of the service

The Hospice provides inpatient palliative care for patients with life limiting illness, to symptom manage pain, and end of life care in Kirklees. This is normally when the needs are complex and cannot be met within the patient's normal place of residence or when it is untenable for the patient to remain at home. This may also be due to family dynamics or challenges within the home environment. Respite care is not provided. The aim is to improve lives in a caring environment. The hospice is a registered charity that is partly publicly funded but relies heavily on charitable giving. Referrals for Hospice support come from a variety of sources which include self-referrals. Inpatient unit admissions are assessed by a specialist palliative care nurse or consultant in palliative care.



(Reception entrance)

Staffing and patient numbers on the day of the visit

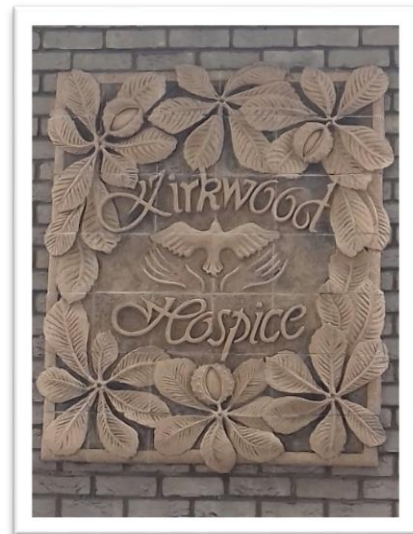
On the day of the visit there were two Doctors, four Staff nurses, three Auxiliary nurses, one Student nurse and one senior nurse with supervision responsibilities, Cook and Domestic support. There were eight patients staying at the Hospice during our visit but the service can accommodate sixteen patients for inpatient care.

The Visit

What we did?

We completed an announced visit of Kirkwood Hospice by request of the service. The visit took 2 hours and 30 minutes. During the visit we spoke to as many patients, visitors and staff as we were able during the time restraints and provided a survey for staff and visitors to complete online if they were unable to speak to us on the day. The survey was available for a short period of time after the visit for people to access.

The visit concentrated on the inpatient facility. We agreed that it would be informal and we would speak to as many people as we were able within the restrictions of the Hospice and the patients who were using the service. We used prompt sheets with questions relating to how the service feels, good practice or recommendations for change, use of technology, choice and access to services; questions were not asked in a specific order, nor were all questions asked of all people. People were asked if they would like to speak to us at the time of the visit, we noted their comments as they spoke to us, after getting their consent to do this. In



addition, we used the 'five senses' approach to report on the overall impression of Kirkwood; this approach considers the atmosphere, smell and appearance of the environment and whether patients seem comfortable in their surroundings. We spoke to visitors and staff mainly on this visit, as at the time of our visit many patients felt too unwell, were resting, having their care needs met, uninterested or spending time with their thoughts or visitors.

Why we did this visit

Healthwatch visited the service after being contacted by the Hospice themselves who wanted to gather independent feedback from patients and visitors. They had been in conversation with another service who recommended the Enter and View visits as a positive way to gather this. The service wanted to find out if the new paperless systems and technology was received positively by patients and visitors. Staff were also asked how technology was used in their role and if this impacted positively. The hospice wanted to know if they could do anything more to help improve patients' experience. They also wanted Healthwatch to take a look around and give their own account of the service. We were told that the Healthwatch visit had not been announced to staff before

the day so no advance preparation could be planned and the Hospice would run as it normally would.

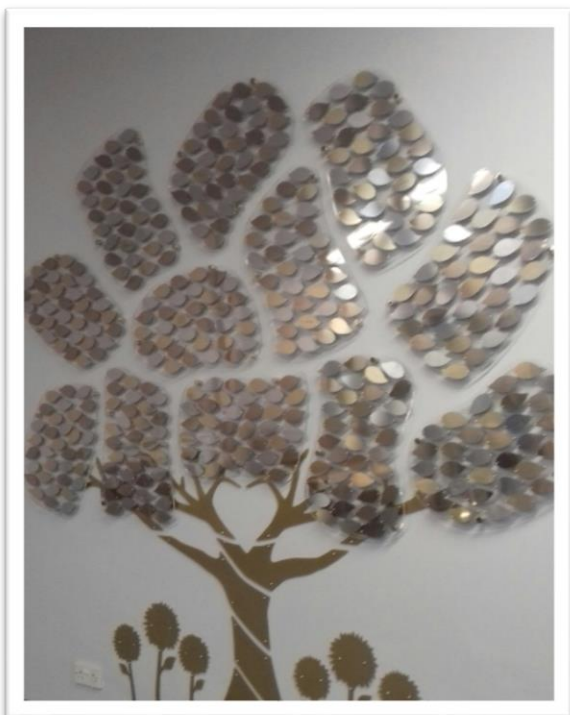
Who we spoke to

Patients had the opportunity to speak to us directly and visitors could either speak to us or fill in a survey about their friend or family member's experience during their stay at the hospice. Staff and volunteers also had access to a survey about working at the service which they were able to do via an online survey or return to us at the time of the visit. We also spoke to some staff members directly on the day.

Overall Impressions

Premises

As we entered the Hospice we were welcomed by the friendly team at the reception desk. The reception area itself is a good size and there is a well-equipped shop with many gifts, cards, snacks to purchase and a hot and cold drinks vending machine. There is a visitor's toilet with disability adaptations, adjacent to the reception desk. We also noticed there was a Hospice feedback box at the entrance door.



(Memory Tree) this day by the Royal Horticultural Society.

We were asked to sign in and met with Sarah and a senior sister from the hospice, Sonia, in the community meeting space to find out some preliminary information. This room is used for many things including cinema nights, community choir visits, meetings, parties and family gatherings.

There is a memory tree displayed on the wall with names of loved ones on leaves. There was a refreshment stand and many flower arrangements in vases in this room.

We were told that we may notice activity in the outside areas as the Hospice gardens were been judged on

The Hospice is very spacious and split into two main areas, Area A and Area B. There are nine individual patient bedrooms. These rooms have en-suite facilities with a large walk in shower area, and most have access leading into the garden. The single rooms all have a ceiling hoist and have a discrete “cupboard effect” storage area which has a pull down bed for visitors to stay overnight. There is a TV in each bedroom.

At the end of each area, there is either a three or four bedded ward with a shared toilet and shower facilities. These larger rooms also have access to the garden. The beds from each room can be pushed outside so that patients can enjoy the fresh air and gardens.

Drinking water dispensers were available at various locations throughout the Hospice for all to access. In the corridor areas there were refreshment bays, which had a sink and facilities for making hot drinks, with biscuits provided. We also noticed there was a soup tureen, which we were told was free for visitors. There were seats and magazines placed in these areas. In Areas A and B, there was a “Keeping You Informed” board on the corridor walls.

The Lounge areas looked comfortable, well-furnished and welcoming. We noticed one had a book case with a good choice of reading material. These spaces can be used for meetings with families, e.g. for discharge planning, and extra sofa beds are available when families want to stay overnight. The dining rooms have fridge/freezer, microwave, tea and coffee facilities, tables and dining chairs and a lounge area with soft and comfortable seating. There is an allocated smoking room tucked out of the way for patients only, this has a double door access to keep out the smoke from other areas of the service.

There was ambient lighting in all communal and reception areas creating a soothing environment, in contrast to the bright, stark lighting seen in a hospital environment. None of the spaces felt cluttered, the Hospice has a very light, airy feel. The enabling activity area was not as well-lit as the rest of the areas, and a little dark, one representative thought the area was rather small also. There was no one using this area at the time of our visit. This area is also used as a children's area. We were told the Enabling space is more of a hub for the enablers to coordinate activities and store resources. They are looking to further develop use of this area in the future for, Tovertafel, which is an activity using interactive light projections on a table. Most patients we were told engage with enabling activity in their room or other areas of the hospice such as garden and Support & Therapy. We were told this section has been selected as an area for re-painting in a planned refurbishment in August. There was a board on the wall with the Hospice volunteer photos in the enabling section. Signs and notices are only present where needed, there were many fresh flowers placed around the Hospice which were a nice addition and pleasing touch.

The garden was tranquil place to spend time with winding paths, a wide variety of plants, plenty of outdoor seating areas and sun parasols to use. There are raised planters designated as patient planting areas. *“Gardens are beautiful although I think some plants need a good water”* a visitor told us.



The smokers’ gazebo (patients only) is located well away from where rooms open up to the garden and there is a separate visitors’ smoking shelter. The grounds around the Hospice entrance area were tidy and well signposted, there was also Defibrillator equipment located just outside the main entrance.

(Outside decoration)

There is limited car parking on site and parking on the road outside can create an obstruction - as it is a bus route. We were told on-going attempts are being made to acquire an additional parking area, but this is proving difficult due to the adjacent residential area.



(Outside decoration)

How does the service feel?

The service had a peaceful, calm environment throughout. It was very clean and smelt fresh. One representative noticed there were no noisy cleaning machines disturbing the environment and peace. The temperature of the Hospice was just right and the décor throughout the service felt uplifting and in good condition.

We noticed that, where possible, there were handrails on both sides of the corridors installed for ease of movement. The design and layout of the Hospice is such that there is plenty of space, including wide corridors.

All visitors completing the surveys provided said the overall service at the Hospice and the care of the person they visit was *“Very Good”* and they all agreed that the person they visit gets the care and treatment they need. Everyone said the individual needs of the person they visit were catered for,

they felt involved and informed about their care and the Hospice felt a safe environment. One visitor said the Hospice was good in “All known matters”.

“When it was first suggested about coming here, we thought were in the bit between where the hospital had done all that they could and end of life - we didn’t feel that we belonged here - yet but we found out that we do.” said a visitor

Visitor and patient comments about how the service feels.



Staff and volunteers told us what they thought was good about the Hospice via the online survey and chatting to us. They told us about patient care, what it's like to work at Kirkwood and the staff team.

Patients

"Patients well looked after"

*"Individualised patient care.
Family/carer involvement
Multidisciplinary Team approach
means the patient receives constant
holistic care Good nurse/patient
ratio"*

Working at Kirkwood

*"Excellent place to work, almost
feels like a family."*

"Bright light and friendly"

Staff and volunteers

"Caring attitude"

"The staff commitment and empathy"

"Always welcoming and kind & considerate to all patients and all visitors"

"The team, everyone from all departments are working towards the good of the patient the patients really are at the heart of everything"

"Everything! Amazing place to work. Time to care and so proud to be a nurse here. Fabulous Sisters on the IPU and great nursing team with a brilliant MDT and time to care."

The patients and visitors we spoke to told us there was virtually nothing they would change about the Hospice at all. One person said *"Apart from one thing, which it would not be realistic to change for one person - from a cost point of view, there is nothing else that we've come across that we would change."*

Staff had a few ideas that would improve the service. One staff or volunteer said that *"No, it is a wonderful place and staff are kind and considerate"* These are the comments from staff and volunteers about what would improve service;

More forward notice to be involved in public events and be more involved in community events.

Unsettled climate at the moment due to Pay review but this will pass

“The only thing I would change is how the meals for the patients are put in place. We have to remember that people will lose their sense of taste. And will want simple foods but sometimes they don't have this option.”

“Very busy at times - work load”

Kirkwood Hospice for Visitors

We were told it was an open door policy for visitors and they are welcome at any time. Hospice staff are not too prescriptive as regards the number of visitors that patients can see at any one time - however they do monitor this and will raise any related issues as required. The Hospice just asks for understanding of other patients especially on the three and four bedded bays. There is a facility for families to stay if they want to be near their loved one as there are two family spaces, both which have sofa beds available to use, we were told by one visitor they had used this facility. Each of the individual rooms also has a pull down bed for visitors to rest. It is important to say that all the representatives noticed the service caters for the whole family and friends. They are also thought about and taken care of, from the offer of counselling services to complementary treatments. It is good to see that it is recognised that the carers supporting patients need that extra care too. Visitors told us;

“Very kind, caring and professional staff. Thank you very much”

*“Kept well informed,
all treatments
explained”*

*“Fabulous, nothing too much
trouble”*

Staff and Volunteers

Staff working hours are from 7am-3pm, 1pm-9pm and the evening/night shift is 8.30pm-7.30am. There are daily ward rounds and a weekly MDT (Multi-disciplinary team) meeting. The doctors, nurses, physios meet at this point to discuss needs of patients. We were advised that there is a good mix of specialist skills within the Hospice team. A typical nursing team, at any one time will include: four staff nurses; three auxiliary staff; a matron and sometimes a student nurse. There is clinical nurse specialist involvement. There are also two doctors at the Hospice between 9am and 5pm Monday to Friday and there is an on call doctor available outside those times. Doctors also visit the Hospice

during weekends, and there is always one consultant doctor on call for in-patients.

We were told that staff have yearly appraisals and have regular 1:1 supervision meetings. Staff can also request clinical supervisions at any time; two-way communication is actively encouraged. There are focused debrief sessions which are held for staff and volunteers, as required due to the nature of the service and its users. There is a counsellor available for staff and volunteers as and when needed. Staff told us about the support they receive.

“Clinical supervision is available if and when required. If I’ve dealt with a difficult case, I might ask for clinical supervision and it is offered routinely. Can also be done in a group”

“When people die it can be upsetting because we get close to some patients. If we’re upset, we can talk to the Sister. Staff always notice if there’s anything wrong”

Working alongside staff are the team of volunteers, these include enabling volunteers and the befrienders, who work in community settings. The Hospice sometimes have students working towards their Duke of Edinburgh Award as part of their related activities.

Staff training and communication of other matters generally takes place between 2pm and 3pm each day. There is a monthly learning forum and additional ad hoc training as required, which provide staff with support to learn from actual events that have taken place. Staff told us about the other different training that is offered to them at Kirkwood;

“Have done other training such as dementia friends and food hygiene”

“Very good access to training and we have personal development days”

We noticed that the communication between staff members was good. Staff showed much care and empathy to the patients at Kirkwood, and we noticed they were really pleased when they were able to make patients smile. All visitors we spoke to or gathered feedback from said the staff communicated well with them and the person they visit. The staff we spoke to on the day all stated that it is very good working at the service. One telling us *“we feel valued here”*.

There are some “Enabling Volunteers” who support patients, they also get involved in helping with the patient profiles which can be displayed behind the bed. The one page profiles provide an easy-to-see, simple overview of patients’ likes, dislikes, personal preferences and any goals they have; goals can be anything, to get into the garden, to have a bath, to have a picnic in the garden. Patients can opt out of this and staff are guided by patients, with regard to

sharing information with others and establishing who patients would like to see. Staff do everything possible to support and enable patients to reach their goals.

“They focus on what’s important to each person and invite them to put all of that down in writing on a form that sits in a holder on the wall by the bed - but there is the option not to complete the form” one visitor told us.

One staff member told us that the *“workload varies depending on how many patients are in”*. Another said *“When full it can be quite challenging but when it’s quieter staff can also be extremely busy because of the complex care needs of patients”*. We were told that taking a break can be a struggle when things are really busy. One staff member talked about the Hospice piloting ‘long day’ shifts from September which some staff feel would be beneficial as some nurses generally prefer this pattern of working, rather than shorter shifts. *“One thing that’s good about working here is that you generally have more time to spend with patients”* said a staff member. *One staff member wanted to let us know how accommodating the service was “Can request a change in hours fairly easily. I’ve just changed to longer days so that I get more days off in between because that works better for me”*.

“It is good to volunteer & know you are of use and helping others” said one volunteer. *“Having worked in the health sector for some time then coming to work at the hospice the ethos is different here. People genuinely care.”* Said a staff member

We also discussed about a review of staff uniforms; the service may be looking at different colours to make different roles more identifiable.

Patient and visitor’s comments about staff and volunteers;

Everyone we spoke to or who filled in the surveys wanted to tell us about the staff and volunteers at Kirkwood. A visitor told us that the *very good service provided is special*. *“Some carers become volunteers’ afterwards.”* another told us.



Everybody here is friendly and approachable without being in your face and this applies to everyone - including the lady who cleans the floors."

"Staff are always smiling and positive - I don't know how they do it when they're surrounded with so much pain. They even get my husband smiling. Feels like one big family here"

Our authorised representatives felt very positively about the wealth of positive feedback for staff, and recorded several more comments, both in person and through the surveys, about the kindness of the staff.

"The volunteers are marvellous friendly people and when there are not many people needing their help they will come and have a chat or read to you - but they are sensitive to you and have insight - because they realise that you can get tired talking and reading and so after a while, they will ask: "Would you like a rest now?"

"The staff are truly amazing nothing is too much trouble for the patients and carers."

"Amazing how the staff cope with the situations they have to deal with"

"The volunteer staff are so kind and so helpful"

Staff & Volunteer Survey

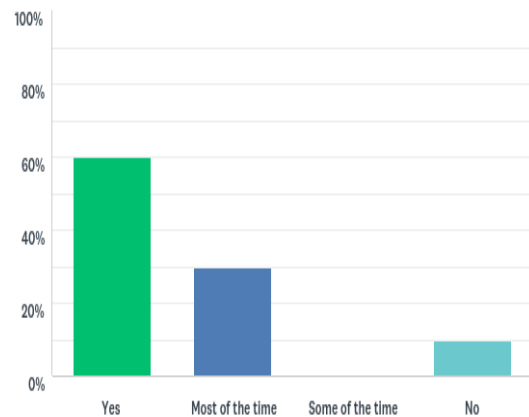
The majority of Staff or Volunteers thought the overall service for patient was "Very Good" with one saying "Good"

Nine of the Staff or Volunteers said that working at the service was "Very good" and two said "Good"

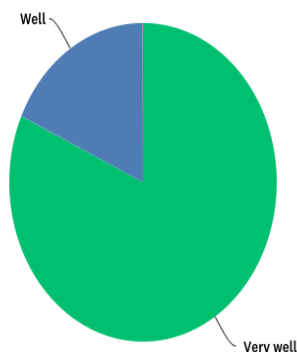
All staff told us they are offered opportunities for further training

Q7 Do you feel you have enough time with each patient?

All but one staff member told us "Yes" they would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work. One said "Not Sure"



Q10 How well do you think that the hospice and the staff cater for people's individual needs? e.g. support eating, specialist equipment, difficulties communicating?



50% of the staff answering the Survey Said "Yes" They were happy with their work load? The rest said "Most of the time"

Health and safety

There were hand gels placed around the hospice in dispensers for hand sanitizing in sufficient quantity. We noticed dispensers for disposable aprons and gloves were fixed on the walls at regular intervals along the corridors. There were fire extinguishers placed around the building and we were told there were no fire alarm practice on this day and where to meet should the alarm sound during our initial meeting. A visitor wanted to tell us about safety aspect of the service *“Staff double check everything, especially medication”* Ten of the staff and volunteers completing the provided survey said the Hospice felt safe, one was unsure.

Care, Choice and Dignity

It was also apparent to see that patients are at the heart of care, and this was confirmed by visitors in several of our conversations. *“When anyone has talked to him and I have been present, I have always been asked whether I understood what had been said and whether I had any questions. He must feel alright about it as he has been happy to stay longer than he had expected to do.”* said one visitor.

Families are asked to nominate a single point of contact and this person is generally expected to share information to all relevant others.

There is a Family Care Team, which is located in a separate building within the grounds. Both pre and post bereavement counselling is offered to patients and their families. There is also a monthly bereavement drop-in group for visitors. There is also the option of a translation service for patients; there has been a small increase in uptake of patients using the service who may want to access this service.

We were told that patients at the Hospice who wished to smoke had the option to visit an allocated smoking room, which had a double door to stop any smoke leaking into other areas of the Hospice. There is also a gazebo in the garden where patients can smoke.

We were told there is flexibility around “getting up” time on a morning and the same for having baths and showers. We felt that the service was very person centred care and this was reflected back to us by the service users we spoke to. A patient told us, *“I mentioned that the mattress on my Hospice bed was a bit uncomfortable and they swapped it for a different type straight away.”*

We were told that hospice medics ensure the smooth and effective transition of care, back to the patient’s GP, on discharge from the Hospice, while staying at the hospice the patient is registered under the Hospice Palliative Care Consultant/Medical Director service. *“All three prongs have worked well since diagnosis - GP surgery; District Nurse service and the Hospice. It’s been perfect for us”* a patient told us.

Patients and visitor's comments;

“Anything we want, the staff will move heaven and earth to try and make it happen. They all go the extra mile”

“There is always a prompt response to my needs. Everything works well here.”

“Discharge from hospital to Kirkwood was easy and well planned”

“No problem to ask for pain relief whenever needed”

“Whatever he has needed, he has got it.”

“If I’m worried when I’ve gone home I can ring up, or I can just turn up at 3 o’clock in the morning and it’s not a problem”

Staff told us that there were many ways the hospice involves patients and carers in their care. These were their comments;

“The admission process is completed with the patient and family present with the doctor and nurse to ensure that all have the same information. The care plan is agreed with the patient and updated on twice weekly consultant ward rounds, daily doctor rounds, 24 hours by nurse and MDT as necessary”

“Patient centred care and continuous assessment and adaptation of care if needed. Looking at all areas of patients care from medical to spiritual and psychological. Also very supportive to their families and regular updates for family and patients”

“Always there to help people, patient, & relatives and friends.”

“Patients have priority in how their care is delivered and it is tailored to each individual’s needs”

“Future Forum held 3 times a year to get feedback from service users and relatives Real time feedback. When planning patient care patients are involved in decisions and changes to their care Family Meetings when discharge planning”

Therapies, activities and support

We were told that there were many activities, therapies and support available to patients and carers. Activities are available for patients who wish to and are well enough to participate, such as “Grow Groups”. One visitor told us *“Having a massage here tomorrow’ another said “Wife getting hair cut on Monday and they’ve told me about all the therapies she can get, and me too”.*

We were shown one of the bathrooms which has a Jacuzzi bath. It was discussed that every effort is made to ensure a pamper experience; relatives can assist with baths if a patient request this. Occupational therapy, physiotherapy

services, speech and language therapy are available for patients and there are complimentary therapy sessions that can be accessed by both patients and their family members.

Visitor and patient told us;

“There is help and support relating to living with and coping with fatigue - as you undergo transition from being active to having no strength.”

“It’s as much about carers as patients. I am going to die and so there is also a focus on the people who will be left behind and making sure that everyone understands what they need to-because managing change can be problematic.”

“We went together to two therapy sessions at the Family Support Unit - to see what they offer in relation to being self-sufficient and organised and, from my point of view, they were informative and I got some benefit.”

“Choir came to sing the other day which was lovely’

One of the things the Hospice asked us to talk to people about was the new system of trying to go paper light by using technology or electronic devices to help assist staff in their role. All patient’s records and information is now stored on the computer database “System One”. This new system started in October and the electronic recording of medications in May 2019. We were told a project team has been supporting the service with this transition as staff computer skills are varied and some staff needed basic computer skills training prior to having training on the new system. *“Staff can see the benefits as it can free them up to do more nursing because the system avoids duplication and everything can be seen more easily and quickly”*. We gathered feedback from staff, volunteers, patients and visitors about their opinions of how this is going so far. The patients and visitors we spoke said they were happy to see staff using the new systems to help with medications and recording information and that they have no concerns about this.

“I like the idea that my records can be viewed on-line by all of my care team - even when they visit me at home, they have communal access.”

“No problem at all with electronic records”

There were varying comments and opinions from staff and volunteers, with someone saying *“it doesn’t significantly affect me”* to *“it’s the future and the way to go”* and *“Can be time consuming at times”*.

“Computer and till on reception are very good”

“Excellent IT very helpful”

“It’s new, trying to grips with it”

A staff member said the problem at the moment was how long it was taking to set up syringe drivers. They felt perhaps the old way was easier but recognised that its early days. We were told that it can take up to 30 minutes to do one syringe driver so there was some concern that if they have many patients with syringe drivers it will tie up staff with this one task. Staff said;

“We use System-one data base so all information is accessible from community to hospice resulting in a seamless service. We have many computers available for staff use”

“Moving to paper light with System-one does increase compliance with record keeping as it is designed to ensure all elements of record keeping are maintained. It hasn't released any more time to care but it has improved record keeping”

“Sometime electronic devices can get in the way if it's introduced incorrectly”

“I feel it's hard adapting to new technology but it benefits patient care and reporting of care I appreciate its positive impact. Would be nice to be part of the development of the technology rolling out and possibly iron out some practical issues from all disciplines of the MDT (Multi-Disciplinary Team) before used in practice”

We were told later by a patient that the information given out before accessing the Hospice was very well worded. They also said *“On the day of admission, we received a telephone call to check regarding our ETA and when we got here, the staff were waiting; we were welcomed in; there was a room ready and there was a doctor immediately available to see us.”* It is good to hear this transition into service was good.

Meals and refreshments

The food is prepared by the catering team who are on site from 7.30am onwards. There is an all-day menu from 7.30am until 6.30pm, but there is flexibility outside of those times, which also includes later on during the evening. The chef will prepare food that is not on the menu, if requested to do so. Lunch is around 12.30pm but meals are led by how a patients feel. The hospice is happy for food to be brought in from an outside source. Patients are able to eat where they wish from the dining room to a table outside. Catering staff visit each patient each day to gather their meal choices; we witnessed this taking place during our visit. Visitors can also dine at the Hospice - including having a continental or a cooked breakfast. There is a price lists for meals and a donation box for tea and coffee. Families can request food for a picnic in the garden area and this request will be accommodated. One staff member said

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that the head chef is new and has good ideas they have given staff lots of tips and on the job training. Another staff member said *“I like chatting to the patients as I go round asking them what they would like to eat”, and “If they don’t want what’s on the menu we can offer anything else”*. We were told that patients don’t need to wait for set meal times, they can have anything they want at any time.

Visitor and patient comments about food;

‘I know I can order a meal if I want one but I bring my own sometimes, just because I like my own food’

“The food is nicely presented.”

‘Food is excellent - much better than hospital. There was even sea bass on the menu!’

“Staff will get patients anything they fancy. My husband has asked for sorbet, marmite and crumpets and they’ve all been provided”

General

There is a community based End of Life Care Admiral Nurse. Providing specialist advice, guidance, training and support to people living with advanced dementia in Kirklees. This service is provided to the patient and their families and provides telephone and home support. There is a community based Admiral Nurse team who are not part of Kirkwood and are not specialized in End of life care. Our Admiral Nurse has the remit for End of Life care and is funded by Kirkwood and the Council. They offer support to care homes with loaning syringe pumps and offering support during end of life care.

The Hospice have many special days of remembrance for loved ones no longer with us; **‘Sunflower memories’** which is held during the summer where people are able to purchase a sunflower to remember a person lost in their life. They have a **‘Light up a life’** evening with celebration of lives and candle lit. They provide lots of fundraising events from the Midnight Memory Walk to selling gifts in the shop. They are also happy to welcome new volunteers to support the service.

Conclusion

The visit to the Hospice was a really positive experience for all authorised representatives. It was fantastic to see and hear from visitors, carers, patients and staff there is a clear and ongoing focus on patient centred care and that carers were thought about in this process at the hospice. There is a clear recognition of the carer role and the related demands; distress and anxiety and that this support is invaluable to family members and loved ones providing a **‘whole family’** approach. The environment felt a safe and supportive and appeared a calm place to be looked after. It was lovely to see staff really taking

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an interest in providing the best care for each individual patient and being genuinely pleased if they were able to make someone's experience better. We enjoyed talking to everyone using and working at the service and thank you for welcoming us. We all went away with a good feeling.

Recommendations

	Managers comments
<p>We recommend further and ongoing training on the new electronic devices for the staff needing this support. It would be beneficial to evaluate this in a few months' time to see how comfortable staff feel then.</p>	<p>We have a comprehensive S1 training plan which is ongoing. Clinical employees had face to face training prior to go live of the system and this included 1-1 training if additional support was needed. A robust evaluation plan has been developed by the project team that will evidence the benefits and continued development needs of the electronic system.</p>
<p>We recommend when parts of the Hospice are being updated and redecorated, ensure that patients and visitors are offered the opportunity to share their views on how this should be done.</p>	<p>We have only recently had the IPU re-decorated and using the Kings Fund Environmental Assessment tool 'Is your Ward dementia friendly' (Improving the environment for people living with cognitive impairment) improvements were made based on these findings and recommendations. However we have the service user forum that can be used as a vehicle for gaining feedback and involvement in the future.</p>