Operational Policy for Day Care Unit

Version 1.0

6/7/2017

1. **Purpose of the policy**

- To outline the aim and purpose of operation for Day Care Unit at Lindsey Lodge Hospice
- To describe the delivery of care offered in the Day Care Unit
- To provide clear information about roles within the Day Care Unit
- Key principles involved in delivery care in the Day Care Unit
- Guidance document for new and existing staff

2. Philosophy and model of care

- The Day Care Unit at Lindsay Lodge Hospice runs with a medical and rehabilitative model, providing holistic and patient centred care, supporting patients to live as well as they are able, for as long as they are able.
- The service follows National Guidance set out by National End of Life Care Strategy and NICE Guidance
- The Hospice is a member of the locality Multi-Agency End of Life Strategy Group and the relevant subgroups.
- Lindsey Lodge Hospice vision and values:

✓ Our vision

Lindsey Lodge Hospice provides specialist palliative care to patients with life-limiting conditions and supports their family and carers during illness and into the bereavement period.
We aim to further develop the highest quality of care in North Lincolnshire, meet individual needs and facilitate choice.
We aspire to be a responsive and innovative organisation and become a centre of excellence with our service users at the heart of all we do.

✓ Our mission

We will ensure income generated from the local area is focused on our priorities of providing a safe and welcoming environment along with offering physical, emotional, social and spiritual support to patients, their families and carers.
We will invest in our workforce, nurture creativity and support empowerment in order to generate ideas that will deliver high standards and good practices.

Partnerships and collaborations will be encouraged, forming trusting relationships in the interests of our patients and staff.

✓ Our values

Caring, compassionate, facilitating choice

Acting with professionalism and respect

Responsive to the needs of our patients, families and carers

Excellence in all that we do

Always there to Care

- Patients attending the Day Care Unit are able to access the following services:
  - ✓ Nursing review at every attendance
  - ✓ Medical review on a needs basis
  - ✓ Physiotherapy, referral to Occupational Therapist in Community as required
  - ✓ Lymphoedema
  - ✓ Complementary Therapy
  - ✓ Family support
  - ✓ Clinical Psychology (provided by NLaG, but pathway of referrals through the hospice)
  - ✓ Chaplaincy
  - ✓ Activities
  - ✓ Meals tailored to their taste, consistency or portion size.
  - ✓ Hairdresser and nail art therapy
  - ✓ Referral to allied professionals such as District Nurses, Dietician, Tissue Viability Nurse.

3. Introduction

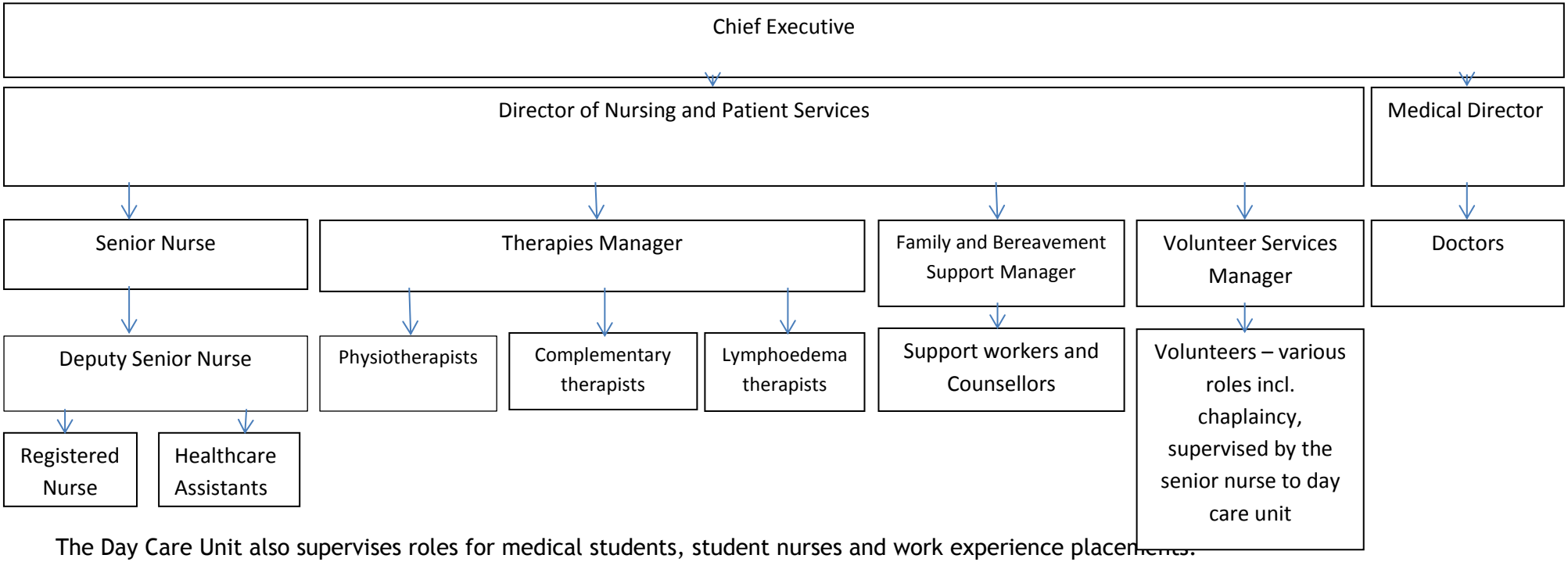
- Day Care setting – patients residing in their usual place of residence, attending on allocated day of the week Mon-Fri between 09.30 – 15.30 hours.

- To provide Specialist Palliative Care input for patients with a terminal diagnosis
- Lindsey Lodge Hospice is registered charity. The hospice receives grants from local Clinical Commissioning Groups (CCGs). The remainder of our running costs are obtained via fundraising and charitable donation.
- Any patient registered with a GP within North Lincolnshire. A Service Level agreement in place to take referrals from Goole and Lincolnshire. Out of area referrals are discussed with the Medical Director and Chief Executive.
- Age adults (18yrs +)

4. Staffing

4.1 Staffing structure

The following is a structure of staff with direct operational roles within the service of the Day Care Unit.



The Day Care Unit also supervises roles for medical students, student nurses and work experience placements.

4.2 Staffing levels

The Day Care Unit runs to the following establishment:

- Senior Nurse – Band 7 – 37.5 hrs
- Deputy Senior Nurse – Band 6 – 37.5 hrs
- 2 Staff Nurses Band 5 - 37.5 hrs and 30 hrs
- 2 Health Care Assistant (HCA) - Band 2 – 37.5 hrs each
- Activities Co-ordinator - Band 2 – 15 hours .
- Volunteers – various roles

A team of volunteers provide support in the operational running of day care by greeting and welcoming patients on arrival, interacting socially and providing activities and beverages within the day care setting. Suitable roles are allocated by the Volunteer Services Manager. They are required to attend Induction and are offered any relevant mandatory training.

If staffing levels are below the minimum requirement for the day due to unforeseen circumstances, attempts are made to supplement with bank staff or flexing of staff from the Inpatient Unit (if staffing levels and patient numbers allow). If insufficient replacements cannot be sought to ensure safe staffing levels for the numbers of patients attending, consideration to cancel some patients' attendance for that day(s) will be made.

4.3 Roles and responsibilities

Each patient attending the day care unit will be allocated a named nurse. In the event of absence an alternative nurse will be nominated for the duration of the absence. It is the responsibility of the named nurse (or nominated nurse) to review the patients at the beginning of each attendance. They are responsible for co-ordinating the care for the day and referring to other members of the team as appropriate.

4.3.1 Assessments

A number of routine assessments and screening tools are used within the Day Care Unit to ensure a holistic evaluation of the patients.

- **Initial Assessment**

All patients fulfilling the referral criteria, who are referred to the Day Care Unit are made an appointment to attend for an initial assessment with a nurse from the Day Care Unit (band 5 or 6). During this assessment, patients are introduced to the unit and given a tour of the premises. Facilities and services on offer are explained. A clinical review is made, to explore the current problems with patient is experiencing and an initial plan of how to address these is made. Patients are offered a place on a day that is most suitable, and at a frequency that meets their needs (weekly/fortnightly/monthly) and offered an initial block of 6 visits. Permission to share records is also taken during this first visit.

- **Nursing Care Plans and Risk Assessments**

All patients will have a clinical care record, and this will contain the following mandatory risk assessments and care plans:

- Falls risk
- Moving and Handling
- Personal Emergency Evacuation Plan
- MUST
- Wound assessments
- Waterlow scores
- Mental Capacity

Additional care plans and risk assessments (such as Safeguarding and DOLs) will be carried out as clinically appropriate. All care plans and risk assessments are reviewed on monthly basis.

- **Emotional Pathway Assessment Form**

All patients are taken through an Emotional Pathway Assessment Form during their first visit and at monthly intervals. This form aims to highlight any emotional difficulties the patient is experiencing and assesses emotional risk. All completed forms that raise concerns are taken to a weekly Emotional Pathways meeting led by the Clinical Psychologist commissioned by the NHS Trust for cancer and end of life. At this meeting, a decision on whether i) specific input is required, and ii) what level of input is required.

- **Integrated Palliative Outcomes Scale**

On first visit and at monthly intervals (or suitable alternatively agreed interval) patients are taken through the Integrated Palliative Outcome Scale. This is used to highlight any outstanding issues that are not already known about or being addressed. The results are documented onto the questionnaire template within the SystmOne record and can be used to compare trends and monitor progress. The nursing staff will annotate the template so colleagues can see how the problems highlighted are being addressed.

- **Karnofsy Performance Score and Phase of Illness**

Periodically, the nursing staff will score the patients using the Karnofsky Performance Score and record the Phase of illness, as per the OACC suite of measures. This is recorded within the templates on the SystmOne record.

- **Advanced Care Planning**

During attendance to the Day Care Unit, patients are offered the opportunity to discuss Advanced Care Plans. Initially they are offered a My Future Care Plan document for them to take home and start to complete with their family or loved ones. On returning this document, further discussions may develop. Patients will be asked about their preferred place of care. Any specific plans will be recorded within the Palliative Care Template on SystmOne. A discussion about DNACPR may initiated by the nursing staff (band 5 or above) and if appropriate a patient will be offered the Trust booklet What Happens If My Heart Stops. If it is a patients wish to not be for cardiopulmonary rescuscitation, this is communicated to the duty doctor that day for completion of a DNACPR form and countersigning by the consultant if appropriate. Any patients who a felt to not be medically appropriate for CPR and require a medical decision plus more in-depth discussion will be referred to the duty doctor.

4.3.2 Plan of care

The plan of care is individualised for the patient's needs according to the problems raised or goals set by the assessments made. If it is felt that a period of assessment on the inpatient unit would be beneficial or clinically indicated, then this is arranged with the consent of the patient.

Each patient is discussed in a rotational fashion (on a 5 weekly cycle) within the weekly Day Care MDT that involves, at a minimum, a registered nurse and a doctor (usually the medical director). All assessments are reviewed, clinic letters, recent investigations. DNACPR status is discussed and any advanced care plans in place. These are recorded onto the regional Palliative Care Template on SystmOne (if not already done so) and a plan of outstanding care is discussed. A plan to commence discharge planning may also be made if the patient

remains clinically stable and this is the agreed course of action by the MDT. Decisions to discharge are also made outside this meeting on agreement with the patient.

4.3.3 Medical input

Each day, a named doctor from the medical team is allocated responsibility to attend the Day Care Unit and see those patients who have been identified by the nurses to require medical input that day. The doctor has a consultant in Palliative Medicine available for advice and support. Following assessment by the doctor, appropriate liaison with the patient's registered GP practice is made for any suggested changes to medication. Reviews are documented onto the Journal within the SystmOne record.

4.4.4 Allied professionals

Within the day care unit, referrals are made to other multi-professional teams within the hospice as appropriate – physiotherapy, complementary therapy, lymphoedema, chaplaincy, family support. Referrals can also be made to allied professionals outside of the hospice –psychology, rehabilitation team, SALT, dietician, Macmillan therapies (OT/physiotherapy), district nursing, community matron. We also liaise with other professionals involved in the care such as General Practitioner, specialist nurse, hospital consultants. In addition, there are volunteer hairdressers who attend the day care unit for the patient's use.

Once a month, the Day Care runs a Pamper Friday event that focusses on enhancing well-being and positive body image. This is open to patients who are already attending another service within the hospice, and tends to be popular with breast cancer patients who have body image issues as a result of their disease or treatment. During these afternoons, the patients can access complementary therapy, nail art therapy, hairdressing, and benefit from meeting as a group, making friends with others with similar issues. Such an approach to issues with body image can reduce anxiety and depression.

5.0 Referrals

Referrals may be taken from another professional involved in the clinical care of patients within the locality, such as general practitioners, Consultants, district nurses, community matrons, Macmillan nurses, specialist nurses. Referrers must obtain the patient's consent prior to making the referral. Patients may also self-refer via informal processes (e.g. telephone, drop-in).

5.1 Referral criteria

Patients may be referred if to the day care unit if they fulfil the following inclusion criteria:

- Age over 18 years **AND**

- Palliative or terminal diagnosis **AND**
- Physical symptoms that are difficult to manage (require regular review and monitoring) **OR**
- Psychological support needs **OR**
- Psychological adjustment to new terminal diagnosis (referrals may also be considered in exceptional circumstances for those adjusting to a new diagnosis where curative treatment is being given – please ring to discuss these patients with the medical or nursing team)

5.2 Referral process

Referrals forms can be found on SystmOne and sent via SystmOne, or on the hospice website. These can be printed and sent via post or emailed.

Postal address: Day Care Unit,

Lindsey Lodge Hospice,

Burringham Road,

Scunthorpe

DN17 2AA

Telephone: 01724 270835 (Mon-Fri 9am-5pm, and ask to be put through to day care unit)

Email: llh.daycare@nhs.net

5.3 Discharge

The Day Care Unit is a finite resource. In the interests of equity, attendance to the Day Care Unit is reviewed at intervals. If the clinical team (or the patient themselves) feel that the patient's clinical circumstances have improved and there are no outstanding specialist palliative care needs to be addressed, then discharge will be discussed. Phased discharges are more appropriate for some patients. Staff will help patients to find suitable alternative social groups within the community if they wish. Re-referral to the day care unit can be made if the circumstances warrant it again in the future.

6.0 Training of staff

6.1 Induction for new staff

All new clinical and voluntary staff at the hospice undertake an induction programme that covers Information Governance, Infection Control and Prevention, Fire Safety Awareness, Health and Safety, Safeguarding Adults, Moving and Handling, Equality and Diversity and Communication Skills. In addition, clinical staff are also required to complete Medicines Management and practical Moving and Handling training.

6.2 Mandatory training

All clinical staff receive mandatory training that covers information Governance, Infection control and Prevention, Basic life support and use of automated defibrillator, Anaphylaxis, Risk management, Conflict Resolution, Dementia Awareness, Moving and Handling, Fire Safety Awareness, Safeguarding Adults and Children Level 2, Mental Capacity and Deprivation of Liberty Safeguards.

6.3 On-going training and development

Learning and development needs are reviewed on a continual basis and at annual appraisal to ensure that all staff are trained to provide safe, effective and compassionate care. There are opportunities to attend internal and external training events to reflect individual and organisational needs.

6.4 Supervision

All clinical staff at Lindsey Lodge Hospice attend mandatory clinical supervision. Attendance is reviewed through an annual appraisal process. Training records are maintained by the Clinical Trainer.

7.0 Clinical Governance

Governance at Lindsey Lodge Hospice is overseen by the Board of Trustees. There are a number of board subgroups that meet on a quarterly basis. Clinical Governance (including Information Governance) is overseen by the Quality Assurance Subgroup. There is a separate Information Governance Team that meet quarterly. In addition, the Clinical Senior Management Team meet each week to discuss issues at operational level, and heads of departments attend monthly Team Leaders meetings.

Clinical audits are carried out on a regular basis to ensure the highest standard of care is being delivered.

Incidents are reported in line with Lindsey Lodge Hospice Risk Management Policy, supporting an open and honest environment in accordance with Duty of Candour.

REFERENCES: Lead Author Dr Lucy Adcock Ratified by QA committee 13th July 2017 Review period: 2 years				
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July 2019				