LINDSEY LODGE HOSPICE AND HEALTHCARE

Wellbeing Centre Operational Policy

Version 2

Purpose of the policy

- To outline the aim and purpose of operation for the Wellbeing Centre
- To outline and describe the delivery of care offered across the services within the Wellbeing Centre, including; Day care, Counselling and Bereavement support, Lymphoedema services, Complementary Therapy, Physiotherapy and Occupational Therapy
- To provide clear information about roles within the Wellbeing Centre
- To highlight the key principles involved in the delivery of care across services within the Wellbeing Centre
- Guidance document for existing and new staff/volunteers

Philosophy

"Supporting people to live until they die"

The Wellbeing Centre, Lindsey Lodge Hospice, implements a collaborative medical and rehabilitative model, providing holistic and patient centred care. The Wellbeing Centre offers a variety of services aiming to support individuals diagnosed with a life-limiting condition to live as well as they are able for as long as they are able.

The Wellbeing Centre follows National Guidance set out by the National End of Life Care Strategy and National Institute of Clinical Excellence. Additional research and evidence guides practice across the various professions based across the Wellbeing Centre which are referred to within individual service policy.

Lindsey Lodge Hospice is a member of the locality Multi-Agency End of Life Strategy Group and the relevant subgroups.

On a day to day, the Wellbeing Centre staff and volunteers deliver care based on the CQC Key Lines of Enquiry and 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

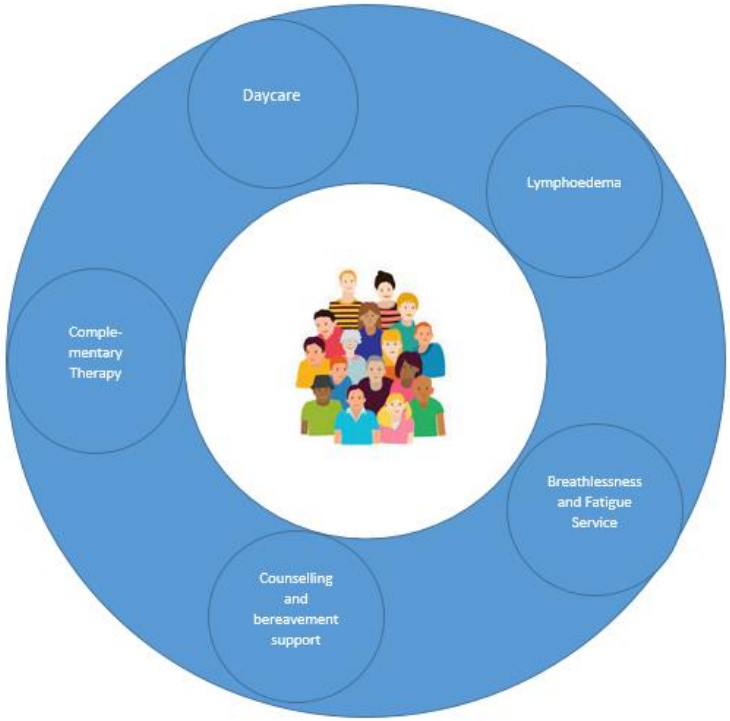
Acting with professionalism and respect

Responsive to the needs of our patients, families and carers

Excellence in all that we do

Model of Care

The Wellbeing Centre model of care is based around Hospice UK's recommendation of providing rehabilitative palliative care whereby the individual is referred into the Wellbeing Centre and all services available 'wrap around' them in order to deliver a gold standard of input.



Staffing structure

The following roles of staff working within the Wellbeing Centre include:

- Wellbeing centre manager (allied health professional)
- Wellbeing centre deputy manager
- Clinical specialist physiotherapist
- Registered Counsellor
- Specialist physiotherapist
- Registered nurses (within Daycare and Lymphoedema)
- Counselling and support practitioner
- Complementary therapy coordinator
- Healthcare assistants

The Wellbeing Centre team also supervise roles for medical students, student nurses, student therapists and work experience placements.

Volunteer structure

A team of volunteers provide support across a number of the Wellbeing Centre services including, day care, complementary therapy, counselling and bereavement support and lymphoedema.

Particularly within day care, the volunteers contribute to the operational running of the day by offering beverages and contributing to the social element and activities within the day care setting.

Training of staff

Induction

All new clinical and voluntary staff at the hospice undertakes 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 members are also required to complete medicines management and practical moving and handling training.

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.

On-going training and development

Learning and development needs are reviewed on a continual basis and at annual appraisal to ensure that all staff members 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.

Supervision

All clinical staff at Lindsey Lodge Hospice attend clinical supervision as required – this may be on a one to one basis or group session. Attendance is reviewed through an annual appraisal process. Training records are maintained by the Clinical Trainer.

Clinical Governance

Governance at Lindsey Lodge Hospice, inclusively the Wellbeing Centre, 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 agenda linked to the SMT that meets quarterly. In addition, the Clinical Senior Management Team and Senior Management Team meet each week to discuss issues at operational and managerial 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.

Referrals

Referrals into the Wellbeing Centre may be taken from another professional involved in the clinical care of patients within the locality, such as general practitioners, Consultants, district nurses, Macmillan nurses, community matrons, specialist nurses and allied health professionals. 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.

Referral Criteria

Patients may be referred into the Wellbeing Centre if they fulfil the following inclusion criteria:

- Aged 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. It is important for the referrer, be that patient or professional, to ring and discuss with the medical director or the Wellbeing Centre Manager/Deputy Manager.

Out of area referrals

Lindsey Lodge Hospice accepts patients into the Wellbeing Centre day services from the North Lincolnshire Clinical Commissioning Group (CCG) with who the service has a grant agreement in place and a separate service level agreement for lymphoedema. In addition there is a small grant provision from East Riding of Yorkshire.

Referrals from any other CCG are negotiated on a case by case basis to seek prior approval of funding. If a referral is made for a patient with whom a service level agreement is not in place, detailed information is required about why the referrer feels that the patient should access Lindsey Lodge Hospice.

Referral Process

Any specific referral details for each individual service within the Wellbeing Centre will be highlighted within this operational policy at the relevant section.

Enquiries can be made about accessing the Wellbeing Centre via telephone on 01724 270835 Monday to Friday, 8:30am – 5pm or via email llh.daycare@nhs.net

Day Care

Introduction

The Day Care unit is the central hub within the Wellbeing Centre which is accessed Monday to Friday. Patients who access day care reside in their usual place of residence. Following assessment, depending upon the patients' symptom presentation and clinical need, the patient may be allocated a regular day of the week to attend the unit and/or receive support via an outpatient basis by other services within the Wellbeing Centre.

The overall aim of day care is to provide specialist palliative care input for patients living with a terminal diagnosis. Patients attending day care are able to access the following services:

- A review on every attendance from a registered nurse OR allied health professional OR healthcare assistant OR advanced assistant depending on need
- A medical review as appropriate (there may be occasions where a review from a doctor is not available therefore the team may signpost back to your registered GP for support)
- Physiotherapy and occupational therapy (as required)
- Lymphoedema (appointment based)
- Complementary therapy (flexible and appointment based)
- Counselling and Pre/Post Bereavement Support (appointment based, access also available to patients families)
- Clinical Psychology (provided by NLaG, referral process via hospice emotional pathway meeting)
- Chaplaincy
- Activities (refer to regular/flexible timetable)
- A three-course lunch
- Hairdresser (voluntary service)
- Beauty therapy (private business in partnership with the hospice, costs applied to treatments)
- Signposting to allied professionals such as district nurses, dietitian, tissue viability nurse etc…

Staffing levels

The Day Care Unit runs to the following establishment:

- Wellbeing Centre Manager (Registered occupational therapist) – Band 7 – 37.5 hours (total) – 30 hours
- Wellbeing Centre Deputy Manager (Registered nurse) – Band 6 – 37.5 hours (total)
- Registered staff nurses – x 2 – Band 5 – 67.5 hours (total) – 30 hours
- Healthcare assistants – x 3 – Band 2 – 75 hours (total)
- Activity co-ordinators – x2 – Band 2 – 22.5 hours (total) – 0 hours

If staffing levels are below the minimum requirement for the day due to unforeseen circumstances, attempts are made to supplement with flexing staff from the Inpatient Unit (if staffing numbers allow) or bank staff. If insufficient replacements can 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.

To maintain quality of care and safety, patient acuity is regularly monitored to determine the number of daily attendees to day care. Acuity is based on multiple factors however the main indicators are phase of illness, carer support, moving and handling needs and cognition.

On a daily basis the service aims to accommodate for up to 15 patients. Due to complexity and stage of illness, some patients are unable to attend as regular as planned. Patient need is reviewed regularly and will determine their frequency of attendance.

Roles and responsibilities

Each patient attending day care will be allocated a named nurse following their initial assessment. They will receive a face to face nurse/therapy/HCA review during every attendance. The patients named nurse overall will be responsible for co-ordinating the patients care that day and allocating tasks to other members of the team as appropriate. Each of these patients will be discussed within the 8:30am SBAR handover.

Assessments/Intervention

A number of routine assessments and screening tools are used within day care to ensure holistic evaluation of the patients. Most assessments are on Systmone with the exception of a duplicate paper copy initial assessment, emotional pathway assessment, medication and homely remedies sheet and the patient's personal evaluation and evacuation plan (PEEPS) form.

All patients fulfilling the referral criteria, who are referred to day care, are contacted via telephone within 7 working days (exceptions are made for any referrals deemed urgent). An appointment will be made for the patient to attend for an initial assessment within 2 weeks (14 working days) with a registered nurse. The Wellbeing Centre Manager/deputy manager may complete the assessment in exceptional circumstances.

During the 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 the patient is experiencing and an initial plan of how to address these is made.

A letter is sent to the patient following the assessment indicating the weekly frequency of visits with a start date. After 6 visits the patients' symptoms are reviewed using the OACC measures bundle.

If patients' symptoms are classed as 'stable' the decision may be made by the day care team, in conjunction with the medical director, to discharge the patient. If patient's symptoms are classed as 'unstable' or 'deteriorating' they will maintain regular weekly visits for another block of 6 and review accordingly. Consideration is given for those patients who are 'stable' as a result of attendance at day care, for example, prevention of hospital admission or carer respite and this may extend their weekly attendances.

Systmone

All care provided for the traditional patient is recorded on Systmone via contemporaneous care plans.

Table 1 highlights the assessments completed within traditional day care including their location and process for completion.

Table 1

Assessment type	Location	Process for completion
Initial assessment	Systmone/Paper	Completed during initial assessment visit. To be typed up OR paper copy completed and scanned onto Systmone.
Consent to share information	Paper	Completed during initial assessment. Scan onto Systmone.
Integrated Palliative Outcomes Scale (IPOS)	Systmone/Paper	Completed on first visit and sixth visit. Complete every sixth visit continuously AND/OR if significant change in condition.
Karnofsky Performance Score and Phase of Illness	Systmone	Completed on first visit and sixth visit. Complete every sixth visit continuously AND/OR if significant change in condition.
Moving and Handling (Inc: Falls)	Systmone	Completed on first visit and as required.
Post Falls Checklist	Systmone	Complete within 24 hours of a patient sustaining a fall within the day care/home environment (may impact on moving and handling risk assessment).
Personal Emergency Evacuation Plan (PEEP)	Systmone	Complete on first visit and review as required.
Malnutrition Universal Screening Tool	Systmone	Complete as required.
Pressure Damage Risk Assessment	Systmone	Complete on initial assessment OR first visit. Complete every sixth visit continuously AND/OR significant change in condition in accordance with hospice policy.
Accessible information standard template	Systmone	Completed annually.
Emotional Pathway Assessment (including initial EMP form, emotional thermometer, PHQ-9, GAD-7)	Paper	Completed as required.

All care plans and risk assessments are reviewed every sixth visit for the patient AND/OR if there is a significant change in their condition. Additional care plans and risk assessment (such as Safeguarding and DOLS) will be carried out as clinically appropriate.

Advanced Care Planning

During attendance to day care 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 resuscitation, this is communicated to the duty doctor that day for completion of a ReSPECT form and countersigning by the consultant if appropriate. Any patients who indicate a wish to be resuscitated, or where the conversation is complex (such as when a patient is experiencing low mood, or altered mental capacity, that may impact on decision making), will be referred to the duty doctor to review.

Plan of Care

The plan of care is individualised for the patients' needs according to the problems raised or goals set during the assessments. Each new patient is discussed within the weekly day care MDT that involves the Wellbeing centre manager/deputy manager, and a doctor and/or advanced nurse practitioner. All assessments, clinic letter and recent investigations are reviewed. DNACPR/ReSPECT and advanced care planning is discussed. A plan to commence discharge planning may also be made. Any updates from MDT must be recorded on the SBAR handover sheet.

Discharge

Day care is a finite resource. In the interests of equity, attendance at day care is reviewed at intervals based on the OACC phase of illness score. 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, and then discharge will be discussed. Staff can help signpost the patient to continue support externally or offer ad-hoc drop-in attendance if the patient is able to transport themselves to the Wellbeing Centre. Re-referral to traditional day care can be made if circumstances warrant it again in the future.

REFERENCES: Authors : Sarah Hodge, Angela Allen, Dr Lucy Adcock				
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07/06/2019	SH	June 2021	All of hospice	QA May 2019
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